



TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton Advisors LLC
Special Instructions	<p>The return should be signed and dated by the appropriate officer(s).</p> <p>Exempt organizations are required to provide copies of their returns for a period of three years from the filing date for public inspection upon request. On the Form 990 the names of any contributors should not be disclosed, so we have deleted them. Charities must also provide copies of: 1) Forms 990-T filed after August 17, 2006. 2) Forms 4720 filed by the organization. Form 990-PF contributors must be disclosed.</p>
Application for Recognition of Exemption	<p>Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application.</p> <p>An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.</p>
Requests made in person	If the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, response is generally required within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$1.00 for the first page and \$0.15 for each additional page.
What if we post the Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public
Inspection

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICARES FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 88 HAMILTON AVENUE City or town, state or province, country, and ZIP or foreign postal code STAMFORD, CT 06902-3105 F Name and address of principal officer: CHRISTINE SQUIRES 88 HAMILTON AVENUE, STAMFORD, CT 06902-3105	D Employer identification number 06-1008595 E Telephone number (203) 658-9500 G Gross receipts \$ 2,040,816,355. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.AMERICARES.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Year of formation: 1979		M State of legal domicile: CT

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: AMERICARES IS A HEALTH-FOCUSED RELIEF & DEVELOPMENT ORGANIZATION. (SEE SCHEDULE O).			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	22	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21	
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	270	
	6	Total number of volunteers (estimate if necessary)	6	0	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
8		Contributions and grants (Part VIII, line 1h)	8	1,558,728,826.	
9		Program service revenue (Part VIII, line 2g)	9	1,109,523.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	1,569,309.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	-617,852.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	1,560,789,806.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	1,418,749,740.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	40,918,002.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	1,295,371.	
	b	Total fundraising expenses (Part IX, column (D), line 25)	16b	18,423,627.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	51,893,269.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	1,512,856,382.	
	19	Revenue less expenses. Subtract line 18 from line 12	19	47,933,424.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	20	380,165,817.	
	21	Total liabilities (Part X, line 26)	21	18,989,995.	
	22	Net assets or fund balances. Subtract line 21 from line 20	22	361,175,822.	

Part II Signature Block

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

Sign Here	Signature of officer TAXPAYER COPY	Date		
	BRUCE PANKEY, CFO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature <i>Scott Thompson</i>	Date 05/15/25	Check if self-employed <input type="checkbox"/> PTIN P00741490
	Firm's name GRANT THORNTON ADVISORS LLC	Firm's EIN 99-1856619	Phone no. 212-599-0100	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. AMERICARES FOUNDATION, INC.	Taxpayer identification number (TIN) 06-1008595
	Number, street, and room or suite no. If a P.O. box, see instructions. 88 HAMILTON AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. STAMFORD, CT 06902-3105	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of RICHARD K. TROWBRIDGE, JR.
88 HAMILTON AVENUE - STAMFORD, CT 06902-3105

Telephone No. 203-658-9500 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☐ calendar year 20 _____ or
☒ tax year beginning JUL 1, 20 23, and ending JUN 30, 20 24

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **8868** (Rev. 1-2024)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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 \$ 1,873,175,723. including grants of \$ 1,785,403,376.) (Revenue \$ 0.)
SEE SCHEDULE O**4b** (Code:) (Expenses \$ 52,317,000. including grants of \$ 39,179,982.) (Revenue \$ 0.)
SEE SCHEDULE O**4c** (Code:) (Expenses \$ 15,869,412. including grants of \$ 13,390,267.) (Revenue \$ 1,688,053.)
SEE SCHEDULE O**4d** Other program services (Describe on Schedule O.)

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

4e Total program service expenses 1,941,362,135.Form **990** (2023)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 59	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 270		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

	1a	22	1b	21	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b Enter the number of voting members included on line 1a, above, who are independent						
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?						X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?						X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						X
6 Did the organization have members or stockholders?						X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?						X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?						X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					X	
b Each committee with authority to act on behalf of the governing body?					X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O						X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 BRUCE PANKEY - 203-658-9500
 88 HAMILTON AVENUE, STAMFORD, CT 06902-3105

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTINE SQUIRES PRESIDENT/CEO	40.00 1.00	X		X				574,695.	0.	67,846.
(2) ELANA LOPEZ CHIEF PEOPLE OFFICER	40.00 0.00			X				328,266.	0.	59,100.
(3) JENNY GOLDSTEIN SVP & CHIEF DEVELOPMENT OFFICER	40.00 0.00			X				313,508.	0.	60,086.
(4) RICHARD K. TROWBRIDGE, JR. TREASURER, SVP OPERATIONS, CFO	40.00 1.00			X				305,811.	0.	60,299.
(5) JULIE VARUGHESE CHIEF MEDICAL OFFICER	40.00 0.00			X				305,447.	0.	17,858.
(6) MEGIN WOLFMAN SVP, CHIEF STRATEGY OFFICER	40.00 1.00			X				260,954.	0.	56,756.
(7) KISHA DAVIS DEPUTY SVP, STRATEGIC PSHIPS	40.00 0.00					X		221,796.	0.	46,744.
(8) JOAN LITTLEFIELD DEPUTY SVP, GLOBAL PROGRAMS	40.00 0.00					X		226,565.	0.	40,327.
(9) VISHESH JAIN DEPUTY SVP, IT AND ADMIN	40.00 0.00					X		246,957.	0.	18,853.
(10) Yael GOTTLIEB DIRECTOR, 3RD PARTY WAREHOUSES	40.00 0.00					X		216,930.	0.	48,369.
(11) LYNEISHA VAUGH-PEREZ VP, FINANCE, PLANNING & GRANTS	40.00 0.00					X		217,494.	0.	14,383.
(12) MONICA BARBER GENERAL COUNSEL	40.00 0.00			X				194,454.	0.	6,420.
(13) JENNIFER M. NAUMANN ASSISTANT SECRETARY	40.00 1.00			X				84,667.	0.	26,302.
(14) SUSAN GROSSMAN BOARD CHAIR	1.00 0.00	X		X				0.	0.	0.
(15) JEFFREY T. BECKER BOARD VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(16) PERCIVAL BARRETTO-KO DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) ROBERT M. BAYLIS DIRECTOR (THRU 06/30/24)	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) TIM BOSEK DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) KATHERINE CLOSE, MD DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) ROBERTA CONROY DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) STEPHEN GALLUCCI DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) TONY GOLDWYN DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) ERICA HILL DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) SAMHITA JAYANTI DIRECTOR (THRU 06/30/24)	1.00 0.00	X						0.	0.	0.
(25) JEAN-MARC LAUCHEZ DIRECTOR (AS OF 01/2024)	1.00 0.00	X						0.	0.	0.
(26) MEHDI MAHMUD DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								3,497,544.	0.	523,343.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,497,544.	0.	523,343.

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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RWT PRODUCTION, LLC, 5624 BELLINGTON AVENUE, SPRINGFIELD, VA 22151	PRINTING AND MAILING	1,965,452.
SAFEGUARD WORLD INTERNATIONAL LTD., SUITE 3-5 EDWINFODEN BUSI. CTR, SANDBACH, GEODIS USA, INC., 7101 EXECUTIVE CENTER DR, STE 333, BRENTWOOD, TN 37027	GLOBAL PAYROLL/STAFFING	1,662,090.
THE HARRINGTON AGENCY, LLC 329 DICKINSON AVE, SWARTHMORE, PA 19081	TRANSPORTATION	1,074,664.
RADIANT GLOBAL LOGISTICS, INC., 700 S RENTON VILLAGE PL, 7TH FL, RENTON, WA	FUNDRAISING COUNSEL	708,604.
	TRANSPORTATION	486,957.
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	23	

SEE PART VII, SECTION A CONTINUATION SHEETS

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[illegible]

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	80,928.			
	b	Membership dues	1b				
	c	Fundraising events	1c	1,646,167.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	8,148,555.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,985,104,671.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,914,075,422.			
	h	Total. Add lines 1a-1f		1,994,980,321.			
Program Service Revenue	2 a	PATIENT SVC. REVENUE	Business Code	621400	1,688,053.	1,688,053.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,688,053.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,981,266.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	48,112.			
b		Less: rental expenses ...	(ii) Personal	41,328.			
c		Rental income or (loss)		6,784.			
d		Net rental income or (loss)		6,784.			
7 a		Gross amount from sales of assets other than inventory	(i) Securities	40,342,765.			
b		Less: cost or other basis and sales expenses	(ii) Other	40,908,975.			
c		Gain or (loss)		-566,210.			
d		Net gain or (loss)		-566,210.			
8 a		Gross income from fundraising events (not including \$ 1,646,167. of contributions reported on line 1c). See Part IV, line 18		67,500.			
b		Less: direct expenses		626,199.			
c		Net income or (loss) from fundraising events		-558,699.			
9 a		Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		1,237,913.				
b	Less: cost of goods sold		1,146,406.				
c	Net income or (loss) from sales of inventory		91,507.				
Miscellaneous Revenue	11 a	EL SALVADOR CAFETERIA	Business Code	900099	278,977.		278,977.
	b						
	c						
	d	All other revenue	900099	191,448.		191,448.	
	e	Total. Add lines 11a-11d		470,425.			
	12	Total revenue. See instructions		1,998,093,447.	1,688,053.	0.	1,425,073.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	153,386,102.	153,386,102.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,403,255,704.	1,403,255,704.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	281,331,819.	281,331,819.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,822,988.	959,816.	931,586.	931,586.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	28,988,425.	15,082,216.	7,908,793.	5,997,416.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,341,668.	745,363.	338,873.	257,432.
9 Other employee benefits	9,384,058.	6,069,705.	1,842,752.	1,471,601.
10 Payroll taxes	2,087,859.	1,121,900.	540,995.	424,964.
11 Fees for services (nonemployees):				
a Management	2,929,958.	1,587,644.	600,771.	741,543.
b Legal	284,425.	51,475.	228,950.	4,000.
c Accounting	277,835.	25,645.	252,190.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,455,585.			1,455,585.
f Investment management fees	42,942.		42,942.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,613,846.	2,190,213.	423,633.	
12 Advertising and promotion	4,366,241.	320,547.	2,935.	4,042,759.
13 Office expenses	220,168.	203,821.	4,889.	11,458.
14 Information technology	2,943,281.	1,156,929.	876,690.	909,662.
15 Royalties				
16 Occupancy	3,360,783.	2,582,666.	419,760.	358,357.
17 Travel	2,278,767.	1,701,134.	192,538.	385,095.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	87,773.	84,771.	2,999.	3.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	545,699.	402,678.	112,136.	30,885.
23 Insurance	623,475.	213,598.	326,469.	83,408.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COST OF EXPIRED GOODS	51,400,173.	51,400,173.		
b POSTAGE AND FREIGHT	17,228,798.	16,106,427.	14,178.	1,108,193.
c				
d				
e All other expenses	1,991,444.	1,381,789.	399,975.	209,680.
25 Total functional expenses. Add lines 1 through 24e	1,975,249,816.	1,941,362,135.	15,464,054.	18,423,627.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	20,675.	1	12,660.
	2 Savings and temporary cash investments	8,878,461.	2	5,797,950.
	3 Pledges and grants receivable, net	8,521,799.	3	9,568,248.
	4 Accounts receivable, net	1,804,630.	4	535,604.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	292,927,900.	8	331,004,098.
	9 Prepaid expenses and deferred charges	7,145,865.	9	2,604,195.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,523,338.		
	b Less: accumulated depreciation	10b 7,014,700.		
	11 Investments - publicly traded securities	52,707,925.	11	42,953,612.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,388,180.	15	17,467,940.
16 Total assets. Add lines 1 through 15 (must equal line 33)	380,165,817.	16	412,452,945.	
Liabilities	17 Accounts payable and accrued expenses	9,486,316.	17	9,653,185.
	18 Grants payable	1,793,094.	18	1,459,876.
	19 Deferred revenue	1,548,409.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,162,176.	25	14,388,214.
	26 Total liabilities. Add lines 17 through 25	18,989,995.	26	25,501,275.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	85,106,302.	27	57,197,704.
	28 Net assets with donor restrictions	276,069,520.	28	329,753,966.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	361,175,822.	32	386,951,670.
	33 Total liabilities and net assets/fund balances	380,165,817.	33	412,452,945.

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,998,093,447.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,975,249,816.
3	Revenue less expenses. Subtract line 2 from line 1	3	22,843,631.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	361,175,822.
5	Net unrealized gains (losses) on investments	5	2,798,374.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	133,843.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	386,951,670.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2023)

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

AMERICARES FOUNDATION, INC.

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

06-1008595

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- ☐ 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- ☐ 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- ☐ 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- ☐ 10 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.)
- ☐ 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- ☐ 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - ☐ a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - ☐ b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - ☐ c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - ☐ d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - ☐ e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1438445654.	1229643718.	1366006518.	1558728826.	1994980321.	7587805037.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1438445654.	1229643718.	1366006518.	1558728826.	1994980321.	7587805037.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4443501430.
6 Public support. Subtract line 5 from line 4.						3144303607.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1438445654.	1229643718.	1366006518.	1558728826.	1994980321.	7587805037.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,435,551.	1,209,228.	1,568,655.	2,289,652.	2,029,378.	8,532,464.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,340,871.	1,538,906.	1,773,025.	1,760,379.	1,775,838.	8,189,019.
11 Total support. Add lines 7 through 10						7604526520.
12 Gross receipts from related activities, etc. (see instructions)					12	6,563,587.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	41.35 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	43.76 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
		<input type="checkbox"/>

Schedule A (Form 990) 2023

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

(Complete only if you checked the box on line 10 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Part VI

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SPECIAL EVENTS

2019 AMOUNT: \$ 134,560.

2020 AMOUNT: \$ 8,625.

2021 AMOUNT: \$ 61,090.

2022 AMOUNT: \$ 62,500.

2023 AMOUNT: \$ 67,500.

SALES OF INVENTORY

2019 AMOUNT: \$ 996,403.

2020 AMOUNT: \$ 1,275,951.

2021 AMOUNT: \$ 1,358,494.

2022 AMOUNT: \$ 1,317,658.

2023 AMOUNT: \$ 1,237,913.

MISCELLANEOUS

2019 AMOUNT: \$ 209,908.

2020 AMOUNT: \$ 254,330.

2021 AMOUNT: \$ 353,441.

2022 AMOUNT: \$ 380,221.

2023 AMOUNT: \$ 470,425.

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 767,451,008.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 571,932,546.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 94,676,612.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 767,451,008.	06/30/24
2	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 571,932,546.	06/30/24
3	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 94,676,612.	06/30/24
		\$	
		\$	
		\$	

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I

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

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

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2023

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 make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,987,835.	11,677,243.	12,208,794.	5,686,992.	4,521,288.
b Contributions	25,000.	442,739.	2,025,000.	4,555,746.	1,125,000.
c Net investment earnings, gains, and losses	1,849,107.	906,769.	-2,520,310.	2,164,185.	58,848.
d Grants or scholarships					
e Other expenditures for facilities and programs				172,000.	
f Administrative expenses	42,942.	38,916.	36,241.	26,129.	18,144.
g End of year balance	14,819,000.	12,987,835.	11,677,243.	12,208,794.	5,686,992.

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

a Board designated or quasi-endowment 81.0000 %

b Permanent endowment 18.0000 %

c Term endowment 1.0000 %

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

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

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

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

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		175,000.		175,000.
b Buildings		1,426,243.	865,720.	560,523.
c Leasehold improvements		2,633,273.	2,633,273.	0.
d Equipment		5,288,822.	3,515,707.	1,773,115.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,508,638.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENTS	5,692,482.
(3) RIGHT OF USE LEASE LIABILITY	8,695,732.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	14,388,214.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2023

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

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

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	

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

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

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

Part XIII Supplemental Information

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

PART V, LINE 4:

ENDOWMENT FUNDS

THE AMERICARES FOUNDATION ENDOWMENT IS INTENDED TO SUPPORT THE GENERAL

CHARITABLE MISSION OF THE ORGANIZATION. THE FOUNDATION INTENDS THAT THE

PRINCIPAL IN THE TEMPORARILY RESTRICTED AND PERMANENT ENDOWMENTS SHOULD

REMAIN UNTOUCHED, WHILE THE EARNINGS ON THE ENDOWMENT'S INVESTMENTS SHALL

BE USED TO SUPPORT VARIOUS CHARITABLE PROGRAMS.

MANAGEMENT OF AMERICARES HAS REMOVED PLANNED GIVING GIFTS FROM ITS ANNUAL

OPERATING BUDGET AND HAS ESTABLISHED GUIDELINES FOR ALLOCATING THESE GIFTS

ON AN ANNUAL BASIS BETWEEN THE MANAGEMENT-DIRECTED QUASI ENDOWMENT, AN

INNOVATION FUND, AND STRATEGIC INITIATIVES OR OPERATING FUNDS. THESE

Part XIII Supplemental Information (continued)

GUIDELINES ARE REVIEWED AT THE END OF EACH FISCAL YEAR DEPENDENT ON THE
LEVEL OF PLANNED GIVING GIFTS AND THE FINANCIAL RESULTS FOR THE FISCAL
YEAR. MANAGEMENT INFORMS THE BOARD OF DIRECTORS OF THESE DECISIONS.

PART X, LINE 2:

INCOME TAXES

AMERICARES FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY
IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING
ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS
GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN
ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS
CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS
BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO
THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

AMERICARES IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3),
THOUGH THEY ARE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE,
UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. AMERICARES HAS
PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT
STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING
AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO
IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS.
AMERICARES HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX
POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL
STATEMENTS.

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA / CARIBBEAN	2	140	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	84,633.
EAST ASIA AND THE PACIFIC	1	30	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	81,768.
MIDDLE EAST AND NORTH AFRICA	0	1	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	3,800,329.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	1,529,782.
SOUTH AMERICA	12	157	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	424,303.
SOUTH ASIA	0	4	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	1,761,287.
SUB-SAHARAN AFRICA	2	34	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	74,021.
CENTRAL AMERICA / CARIBBEAN	0	0	GRANTMAKING		72,140,014.
3 a Subtotal	17	366			79,896,137.
b Total from continuation sheets to Part I	0	13			209,191,805.
c Totals (add lines 3a and 3b)	17	379			289,087,942.

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

Schedule F (Form 990) 2023

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(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
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		17,455,723.
EUROPE	0	12	GRANTMAKING		757,221.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		31,021,651.
NORTH AMERICA	0	1	GRANTMAKING		3,746,175.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		72,528,899.
SOUTH AMERICA	0	0	GRANTMAKING		17,644,321.
SOUTH ASIA	0	0	GRANTMAKING		8,544,387.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		57,493,428.
Totals		13			209,191,805.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAMS - PARTNER SUPPORT	10,005.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAMS - PARTNER SUPPORT	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	EMERGENCY - PARTNER SUPPORT	16,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAMS - PARTNER SUPPORT	87,500.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAMS - PARTNER SUPPORT	42,500.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAMS - PARTNER SUPPORT	215,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAMS - PARTNER SUPPORT	25,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAMS - PARTNER SUPPORT	20,747.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 586

3 Enter total number of other organizations or entities 0

Schedule F (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	28,200.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	31,532.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	31,500.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	67,500.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	31,500.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	31,440.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	17,500.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	17,497.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	60,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	62,770.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	171,117.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	42,187.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	181,300.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	26,050.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	591,170.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	34,020.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	24,972.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	27,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PROGRAMS - PARTNER SUPPORT	35,000.	WIRE	0.		
		SOUTH AMERICA	PROGRAMS - PARTNER SUPPORT	15,000.	WIRE	0.		
		SOUTH AMERICA	PROGRAMS - PARTNER SUPPORT	35,000.	WIRE	0.		
		SOUTH AMERICA	PROGRAMS - PARTNER SUPPORT	84,528.	WIRE	0.		
		SOUTH AMERICA	PROGRAMS - PARTNER SUPPORT	28,000.	WIRE	0.		
		SOUTH AMERICA	PROGRAMS - PARTNER SUPPORT	9,000.	WIRE	0.		
		SOUTH AMERICA	EMERGENCY - PARTNER SUPPORT	18,000.	WIRE	0.		
		SOUTH ASIA	PROGRAMS - PARTNER SUPPORT	23,731.	WIRE	0.		
		SOUTH ASIA	PROGRAMS - PARTNER SUPPORT	16,914.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	PROGRAMS - PARTNER SUPPORT	50,000.	WIRE	0.		
		SOUTH ASIA	PROGRAMS - PARTNER SUPPORT	56,253.	WIRE	0.		
		SOUTH ASIA	PROGRAMS - PARTNER SUPPORT	50,000.	WIRE	0.		
		SOUTH ASIA	PROGRAMS - PARTNER SUPPORT	50,000.	WIRE	0.		
		SOUTH ASIA	PROGRAMS - PARTNER SUPPORT	50,000.	WIRE	0.		
		SOUTH ASIA	PROGRAMS - PARTNER SUPPORT	30,000.	WIRE	0.		
		SOUTH ASIA	PROGRAMS - PARTNER SUPPORT	27,000.	WIRE	0.		
		SOUTH ASIA	PROGRAMS - PARTNER SUPPORT	15,000.	WIRE	0.		
		SOUTH ASIA	PROGRAMS - PARTNER SUPPORT	50,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	PROGRAMS - PARTNER SUPPORT	45,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	43,974.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	36,710.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	36,818.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	37,301.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	38,551.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	45,998.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	44,375.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	45,393.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	50,050.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	35,451.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	21,270.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	24,083.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	45,659.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	29,979.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	48,956.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	29,372.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	30,651.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	58,111.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	36,845.	WIRE	0.		
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		14,132,006.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		8,911,994.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		5,944,839.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		4,988,973.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		4,071,507.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		4,022,306.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		3,739,105.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		1,434,300.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		1,396,334.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		576,275.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		528,088.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		779,834.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		591,389.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		558,862.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		523,401.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		505,132.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		491,418.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		449,015.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		427,847.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		397,804.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		390,631.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		386,104.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		375,114.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		342,072.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		330,975.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		326,701.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		326,512.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		323,833.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		314,286.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		295,293.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		293,436.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		286,257.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		281,037.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		266,559.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		261,674.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		237,731.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		233,041.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		226,892.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		226,093.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		225,933.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		224,952.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		223,236.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		220,230.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		211,036.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		205,966.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		196,884.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		193,598.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		186,028.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		184,244.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		183,715.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		179,852.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		178,815.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		178,195.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		172,837.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		170,679.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		167,065.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		158,566.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		156,632.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		156,143.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		152,490.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		149,124.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		148,960.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		148,327.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		144,050.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		139,477.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		132,504.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		132,173.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		125,993.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		125,840.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		125,247.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		122,404.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		120,703.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		119,538.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		114,491.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		113,905.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		113,874.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		111,301.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		104,283.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		103,547.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		101,312.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		100,929.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		100,533.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		99,631.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		96,056.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		93,856.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		91,701.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		90,502.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		90,231.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		89,231.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		86,312.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		84,617.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		83,304.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		83,269.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		79,189.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		78,889.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		78,879.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		78,243.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		69,551.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		69,292.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		69,244.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		68,631.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		67,875.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		65,476.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		64,562.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		63,535.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		57,384.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		55,208.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		51,577.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		49,698.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		48,825.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		48,743.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		47,466.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		47,214.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		46,361.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		44,919.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		44,851.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		44,320.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		44,312.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		42,530.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		42,235.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		41,550.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		41,417.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		41,366.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		40,572.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		39,363.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		38,623.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		38,401.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		38,259.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		38,099.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		36,824.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		36,708.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		36,551.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		36,363.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		36,185.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		36,092.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		36,042.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		32,983.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		32,742.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		32,476.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		31,454.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		29,581.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		27,975.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		27,974.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		27,142.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		26,073.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		25,522.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		25,408.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		25,209.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		24,197.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		22,887.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		21,914.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		20,330.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		20,315.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		20,286.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		19,976.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		19,945.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		19,171.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		17,998.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		17,694.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		17,580.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		13,564.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		12,964.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		12,543.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		11,879.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		11,499.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		11,142.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		10,988.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		10,500.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		10,223.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		8,932.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		8,753.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		8,610.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		8,023.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		7,236.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		6,747.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		6,577.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		6,402.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		6,329.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		5,906.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		5,634.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		5,595.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		5,481.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		5,082.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		5,060.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		1,594,850.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		195,195.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		30,862.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		27,716.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		27,316.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		22,462.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		10,475.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		7,528.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		13,302,082.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	EMERGENCY SUPPLIES	0.		30,920.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		325,288.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		279,121.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	ONGOING	0.		253,265.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		251,836.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		239,181.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		207,894.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		206,557.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		162,525.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		156,926.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		149,046.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		144,316.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	ONGOING	0.		142,911.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		136,507.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		129,673.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		102,351.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		93,447.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		86,403.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		65,552.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		62,120.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		57,683.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	ONGOING	0.		55,885.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		55,884.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		55,216.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		36,903.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		33,854.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		26,617.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		26,257.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		21,517.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		20,751.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	ONGOING	0.		18,018.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		16,578.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		11,768.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		8,911.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		339,681.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		107,165.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		57,576.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		29,356.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		25,987.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	ONGOING	0.		12,948.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		11,033.	MEDICAL SUPPLIES	FMV
		EUROPE	EMERGENCY SUPPLIES	0.		262,500.	MEDICAL SUPPLIES	FMV
		EUROPE	ONGOING	0.		176,600.	MEDICAL SUPPLIES	FMV
		EUROPE	ONGOING	0.		176,092.	MEDICAL SUPPLIES	FMV
		EUROPE	ONGOING	0.		108,292.	MEDICAL SUPPLIES	FMV
		EUROPE	ONGOING	0.		35,936.	MEDICAL SUPPLIES	FMV
		EUROPE	ONGOING	0.		5,975.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		7,521,949.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		5,813,115.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		4,888,476.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY SUPPLIES	0.		3,429,118.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY SUPPLIES	0.		2,171,565.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		499,200.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY SUPPLIES	0.		437,730.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY SUPPLIES	0.		126,635.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY SUPPLIES	0.		103,752.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY SUPPLIES	0.		89,376.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		354,858.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		291,812.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		279,213.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		264,049.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		195,844.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		169,769.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		105,365.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		68,983.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		32,913.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		5,069.	MEDICAL SUPPLIES	FMV
		NORTH AMERICA	ONGOING	0.		1,135,204.	MEDICAL SUPPLIES	FMV
		NORTH AMERICA	ONGOING	0.		655,300.	MEDICAL SUPPLIES	FMV
		NORTH AMERICA	ONGOING	0.		518,604.	MEDICAL SUPPLIES	FMV
		NORTH AMERICA	ONGOING	0.		416,436.	MEDICAL SUPPLIES	FMV
		NORTH AMERICA	ONGOING	0.		331,992.	MEDICAL SUPPLIES	FMV
		NORTH AMERICA	ONGOING	0.		170,227.	MEDICAL SUPPLIES	FMV
		NORTH AMERICA	ONGOING	0.		108,304.	MEDICAL SUPPLIES	FMV
		NORTH AMERICA	ONGOING	0.		102,555.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	ONGOING	0.		88,338.	MEDICAL SUPPLIES	FMV
		NORTH AMERICA	ONGOING	0.		87,130.	MEDICAL SUPPLIES	FMV
		NORTH AMERICA	ONGOING	0.		77,022.	MEDICAL SUPPLIES	FMV
		NORTH AMERICA	ONGOING	0.		30,476.	MEDICAL SUPPLIES	FMV
		NORTH AMERICA	ONGOING	0.		24,077.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		16,925,844.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY SUPPLIES	0.		15,361,408.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		8,727,099.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		7,485,804.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		7,252,853.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY SUPPLIES	0.		6,144,781.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY SUPPLIES	0.		3,605,175.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY SUPPLIES	0.		1,434,704.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY SUPPLIES	0.		1,055,763.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY SUPPLIES	0.		225,772.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY SUPPLIES	0.		91,296.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY SUPPLIES	0.		88,128.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		74,597.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY SUPPLIES	0.		66,573.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		31,400.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		31,093.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		392,547.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		319,012.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		47,568.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		46,785.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		28,370.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		16,041.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ONGOING	0.		10,435,990.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		2,026,519.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		792,258.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		649,654.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		520,370.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		362,953.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		203,257.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		199,737.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		188,355.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ONGOING	0.		143,457.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		139,505.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		137,387.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		122,117.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		112,466.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		94,633.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		82,360.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		78,545.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		78,135.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ONGOING	0.		71,373.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		70,646.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		61,193.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		55,177.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		50,581.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		50,378.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		37,533.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		36,521.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		25,389.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ONGOING	0.		22,226.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		22,216.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		16,460.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		14,386.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		13,696.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		11,789.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		10,165.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		7,795.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		6,891.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ONGOING	0.		6,783.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		5,553.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		5,453.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		5,322.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		284,732.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		87,922.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		12,107.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		5,304,831.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		258,808.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	EMERGENCY SUPPLIES	0.		127,743.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	EMERGENCY SUPPLIES	0.		58,617.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	EMERGENCY SUPPLIES	0.		32,045.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		5,356.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		146,083.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		80,709.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		60,674.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		52,773.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		44,660.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	ONGOING	0.		30,444.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		28,552.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		27,379.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		16,046.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		13,277.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		11,453.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		8,299.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		5,709.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		11,408,358.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		8,048,677.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		4,564,344.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		4,240,775.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		3,333,458.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		1,984,449.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		1,236,080.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		920,840.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		881,971.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		806,607.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		300,000.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	EMERGENCY SUPPLIES	0.		170,942.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		166,400.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		125,375.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	EMERGENCY SUPPLIES	0.		68,424.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		44,712.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		37,500.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	EMERGENCY SUPPLIES	0.		6,027.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		1,323,774.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		625,448.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		591,284.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		586,467.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		545,793.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		438,353.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		421,067.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		405,578.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		362,551.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		360,997.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		359,798.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		346,159.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		344,461.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		340,233.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		333,564.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		309,696.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		280,822.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		279,500.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		271,782.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		270,013.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		268,404.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		260,512.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		246,172.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		237,800.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		232,795.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		229,370.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		219,948.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		218,241.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		210,777.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		207,741.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		200,946.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		200,686.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		187,452.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		177,209.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		171,071.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		170,273.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		167,313.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		162,846.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		161,217.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		155,834.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		153,603.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		142,689.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		142,303.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		134,281.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		131,105.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		129,920.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		129,775.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		126,074.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		125,283.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		122,093.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		120,534.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		120,134.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		117,247.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		115,221.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		112,288.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		111,452.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		107,128.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		102,248.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		101,670.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		100,886.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		100,074.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		98,682.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		92,258.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		89,736.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		89,536.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		86,647.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		82,635.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		81,785.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		78,113.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		77,955.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		75,894.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		75,770.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		75,608.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		74,126.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		73,147.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		70,362.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		67,548.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		64,370.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		60,421.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		60,322.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		59,908.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		56,552.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		53,311.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		50,948.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		48,606.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		47,709.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		46,233.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		43,179.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		40,283.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		39,002.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		38,501.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		37,040.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		36,892.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		35,821.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		35,600.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		34,396.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		34,061.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		33,825.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		33,645.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		33,210.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		31,782.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		28,793.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		27,599.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		27,263.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		23,528.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		22,446.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		21,445.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		19,088.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		18,066.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		17,677.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		16,550.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		15,738.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		13,261.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		13,244.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		12,328.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		11,909.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		11,632.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		11,535.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		11,509.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		11,076.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		11,063.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		11,053.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		10,730.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		10,339.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		9,984.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		9,441.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		9,378.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		8,606.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		8,437.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		8,371.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		8,270.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		8,142.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		8,112.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		7,788.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		6,885.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		6,258.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		6,175.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		5,770.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		5,457.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		5,177.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		4,885,127.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		43,419.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		24,930.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		11,884.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		10,327.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		5,339.	MEDICAL SUPPLIES	FMV

Part III can be duplicated if additional space is needed.

[illegible]

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 the 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 separately 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ☒ Yes ☐ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the 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 the 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 separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ☒ Yes ☐ No

Schedule F (Form 990) 2023

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2

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

AMERICARES TRACKS EVERY DONATION AS IT ENTERS AND LEAVES OUR WAREHOUSES

AND REQUIRES REPORTING OF EACH RECEIVING PARTNER ORGANIZATION, WHICH

INCLUDE DETAILED CONFIRMATION OF RECEIPT AND QUARTERLY UPDATES ON

DISTRIBUTION. INDIVIDUAL LICENSED HEALTH CARE PROVIDERS RECEIVING

DONATIONS THROUGH OUR MEDICAL OUTREACH PROGRAM MUST PROVIDE A REPORT

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

OTHER INFORMATION. HEALTH PARTNERS THAT RECEIVE FUNDING FROM AMERICARES

ARE REQUIRED TO COMPLETE A GRANT APPLICATION AND A GRANT REPORT,

INCLUDING DATA ON HOW FUNDS WERE USED AND, IF APPLICABLE, THE HEALTH

OUTCOME OF THE FUNDED PROJECT OR ACTIVITY. AMERICARES STAFF ALSO

PERFORM SITE VISITS TO MONITOR PARTNERS' USE OF PRODUCT DONATIONS AND

FUNDING. TARGETED HEALTH INITIATIVES SUCH AS THOSE DESCRIBED IN THE

"ONGOING" SECTION ABOVE, MAY INCLUDE BASELINE AND FINAL PROJECT

ASSESSMENTS.

SCHEDULE F, PART IV, LINE 3

AMERICARES FOUNDATION HAS TWO RELATED TAX-EXEMPT SUBSIDIARIES THAT IT

EFFECTIVELY CONTROLS: AMERICARES FOUNDATION TANZANIA AND AMERICAS

LIMITED (MALAWI).

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I

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

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

- a ☒ Mail solicitations
- 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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ **No**

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
LAUTMAN, MASKA, NEIL AND COMPANY - 1730 RHODE ISLAND	FUNDRAISING COUNSEL		X	10,906,288.	425,600.	10,480,688.
ANNE LEWIS STRATEGIES (DBA MISSION WIRED) - 650	FUNDRAISING COUNSEL		X	4,999,315.	388,035.	4,611,280.
THE HARRINGTON AGENCY, LLC - 329 DICKINSON AVENUE,	FUNDRAISING COUNSEL		X	1,578,998.	141,950.	1,437,048.
GIVEBRIDGE INC - 550 W. VAN BUREN SUITE 1100, CHICAGO, IL	FUNDRAISING COUNSEL		X	59,488.	500,000.	-440,512.
Total				17,544,089.	1,455,585.	16,088,504.

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

AL AK AZ AR CA CO CT DE 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, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

DC

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

Schedule G (Form 990) 2023

SEE PART IV FOR CONTINUATIONS

LHA 332081 09-13-23

102

16390515 153424 0178001-00004

2023.05070 AMERICARES FOUNDATION, IN 01780011

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

	(a) Event #1 AIRLIFT BENEFIT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	1,713,667.			1,713,667.
2 Less: Contributions	1,646,167.			1,646,167.
3 Gross income (line 1 minus line 2)	67,500.			67,500.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	48,753.			48,753.
7 Food and beverages	119,003.			119,003.
8 Entertainment	202,833.			202,833.
9 Other direct expenses	255,610.			255,610.
10 Direct expense summary. Add lines 4 through 9 in column (d)				626,199.
11 Net income summary. Subtract line 10 from line 3, column (d)				-558,699.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

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

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

Part IV Supplemental Information. Provide the 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 provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: LAUTMAN, MASKA, NEIL AND COMPANY

(I) ADDRESS OF FUNDRAISER: 1730 RHODE ISLAND AVE, NW, WASHINGTON, DC 20036

(I) NAME OF FUNDRAISER: ANNE LEWIS STRATEGIES (DBA MISSION WIRED)

(I) ADDRESS OF FUNDRAISER:

650 MASSACHUSETTS AVENUE NW, STE 505, WASHINGTON, DC 20001

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: GIVEBRIDGE INC

(I) ADDRESS OF FUNDRAISER: 550 W. VAN BUREN SUITE 1100, CHICAGO, IL 60607

PART I - FUNDRAISING CONSULTANTS

THE AMOUNTS PAID BY AMERICARES TO THE FUNDRAISING CONSULTANT LISTED IN

THE SCHEDULE G ARE REPORTED (AS REQUIRED BY THE FORM 990) ON A FISCAL

YEAR BASIS. THE CONSULTANT MAY BE REPRESENTED IN PART VII, SECTION B AS

A TOP HIGHLY PAID INDEPENDENT CONTRACTOR. THE AMOUNTS REPORTED IN PART

VII ARE REPORTED ON A CALENDAR-YEAR END BASIS, THEREFORE THEY MAY

DIFFER FROM AMOUNTS REPORTED ON SCHEDULE G. AMOUNTS REPORTED IN PART

VII MAY ALSO REFLECT ALL AMOUNTS BILLED BY THE FUNDRAISER, INCLUSIVE OF

MAILING COSTS AND OTHER DIRECT CHARGES.

AMERICARES ENGAGED THE FUNDRAISING SERVICES OF GIVEBRIDGE INC. IN

FISCAL 2024, BUT THE CAPITAL CAMPAIGN RAMPED UP IN FY25; ACCORDINGLY,

THE REVENUE DISCLOSED ON THE FORM 990 IS UNDERSTATED DUE TO THE BULK OF

THE CONTRIBUTION REVENUE BEING EARNED IN THE SUBSEQUENT TAX YEAR (AND

WILL BE REPORTED ON NEXT YEAR'S FORM 990).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ARCARE 405 HIGHWAY 11 NORTH DES ARC, AR 72040	58-1666179	501(C)(3)	517,954.	0.			ONGOING
SAMARITAN HEALTH AND WELLNESS CENTER, INC. - 643 CAPE CORAL PARKWAY EAST, SUITE B - CAPE CORAL, FL 33904	46-0922358	501(C)(3)	363,000.	0.			ONGOING
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 1033 MASSCHUSETTS AVE - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	234,356.	0.			ONGOING
MAYFIELD GRAVES LTRG, INC. 1365 LUISA LANE MAYFIELD, KY 42066	88-2562759	501(C)(3)	190,000.	0.			ONGOING
PROJECT VISION HAWAII P.O. BOX 23212 HONOLULU, HI 96817	27-2831637	501(C)(3)	115,000.	0.			ONGOING
NORTH FLORIDA MEDICAL CENTERS, INC 2804 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308	59-1915144	501(C)(3)	100,000.	0.			ONGOING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 557.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOZO WELLNESS CENTER INC. 3510 DR. MARTIN LUTHER KING BLVD., FORT MYERS, FL 33916	83-1754540	501(C)(3)	95,000.	0.			ONGOING
SWLA CENTER FOR HEALTH SERVICES 2000 OPELOUSAS STREET LAKE CHARLES, LA 70601	72-1015384	501(C)(3)	86,000.	0.			ONGOING
THE UNIVERSITY OF CHICAGO 5801 S. ELLIS AVE CHICAGO, IL 60637	36-2177139	501(C)(3)	85,000.	0.			ONGOING
AMERICAN ACADEMY OF PEDIATRICS - PR CHAPTER - PO BOX 79746 - CAROLINA, PR 00984	66-0556544	501(C)(3)	80,000.	0.			ONGOING
UBI CARITAS 4400 HIGHLAND AVENUE BEAUMONT, TX 77705	76-0558225	501(C)(3)	74,375.	0.			ONGOING
VIRGINIA B. ANDES VOLUNTEER COMMUNITY CLINIC, INC. - 21297 OLEAN BOULEVARD - PORT CHARLOTTE, FL 33952	65-0958642	501(C)(3)	66,700.	5,040.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITYHEALTH 2611 W CHICAGO AVE CHICAGO, IL 60622-0000	36-3831793	501(C)(3)	66,125.	31,670.	FMV	MEDICAL ASSISTANCE	ONGOING
MAUI A.I.D.S. FOUNDATION 1935 MAIN ST WAILUKU, HI 96793	99-0256926	501(C)(3)	60,000.	12,313.	FMV	MEDICAL ASSISTANCE	ONGOING
HEART TO HEART INTERNATIONAL, INC P.O. BOX 15566 LENEXA, KS 66285	48-1108359	501(C)(3)	50,000.	0.			ONGOING

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HEALTH BRIGADE 1010 N THOMPSON ST RICHMOND, VA 23230	54-0927792	501(C)(3)	43,125.	0.			ONGOING
WEST HAWAII COMMUNITY HEALTH CENTER INC - 75-5751 KUAKINI HWY, STE. 203 - KAILUA KONA, HI 96740	20-0495394	501(C)(3)	40,000.	5,321.	FMV	MEDICAL ASSISTANCE	ONGOING
INFORMATION TECHNOLOGY DISASTER RESOURCE CENTER, INC. - P.O. BOX 79146 - BRIAN MEAGHER, TX 76179	26-3865869	501(C)(3)	40,000.	0.			ONGOING
COMMUNITY CLINIC OF MAUI, INC. 1881 NANI ST WAILUKU, HI 96793	99-0303304	501(C)(3)	40,000.	0.			ONGOING
SAMU FIRST RESPONSE 2001 L STREET, NW, SUITE 500 WASHINGTON, DC 20036	81-4198809	501(C)(3)	38,000.	0.			ONGOING
ANTHONIE'S VOICE 43496 DODARO DR. TEMECULA, CA 92592	81-3255832	501(C)(3)	38,000.	0.			ONGOING
THE NATIONAL ASSOCIATION OF FREE & CHARITABLE CLINICS - 1800 DIAGONAL ROAD, SUITE 600 - ALEXANDRIA, VA 22314	56-2273242	501(C)(3)	37,500.	0.			ONGOING
PROJECT VIDA 3607 RIVERS AVE EL PASO, TX 79905	68-0541648	501(C)(3)	36,000.	0.			ONGOING
SAN JOSE CLINIC 2615 FANNIN ST HOUSTON, TX 77002	76-0373703	501(C)(3)	33,375.	49,801.	FMV	MEDICAL ASSISTANCE	ONGOING

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FLORIDA COUNCIL OF PRIMARY CARE 2340 HANSON LANE TALLAHASSEE, FL 32601	59-2559163	501(C)(3)	32,000.	0.			ONGOING
FORT BEND FAMILY HEALTH CENTER INC., D/B/A ACCESSHEALTH - 400 AUSTIN STREET - RICHMOND, TX 77469	74-1951476	501(C)(3)	32,000.	0.			ONGOING
SHEPHERD'S CLINIC, INC. 2800 KIRK AVE BALTIMORE, MD 21218	52-1739001	501(C)(3)	29,375.	0.			ONGOING
UHPHEALTH 110 ROCKLEIGH PL HOUSTON, TX 77017-2516	61-1757254	501(C)(3)	27,750.	28,706.	FMV	MEDICAL ASSISTANCE	ONGOING
OCEANA COMMUNITY HEALTH, INC. 229 NW 15TH ST BOCA RATON, FL 33432-1515	88-1889523	501(C)(3)	27,000.	0.			ONGOING
MIAMI RESCUE MISSION CLINIC 2015 NW 1ST AVENUE MIAMI, FL 33127	45-1481860	501(C)(3)	24,000.	111,767.	FMV	MEDICAL ASSISTANCE	ONGOING
ALOHA HOUSE, INC. P.O. BOX 791749 PAIA, HI 96779	99-0173804	501(C)(3)	22,000.	0.			ONGOING
HEAL THE CITY FREE CLINIC 609 S. CAROLINA AMARILLO, TX 79106	46-5694050	501(C)(3)	20,000.	0.			ONGOING
WELL-ONE HEALTH INC. 300 E. 5TH ST. PERRIS, CA 92570	47-3356072	501(C)(3)	20,000.	0.			ONGOING

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INSPIRADA TECH 9115 LINDA RIO DRIVE SACRAMENTO, CA 95826	88-2142086	501(C)(3)	20,000.	0.			ONGOING
VIDA MOBILE CLINIC 10718 WHITE OAK AVE, UNIT 6 GRANADA HILLS, CA 91344	81-4209248	501(C)(3)	19,000.	0.			ONGOING
SAVIE HEALTH CORP 1111 E. OCEAN AVENUE SUITE 2 LOMPOC, CA 93436	46-4068788	501(C)(3)	19,000.	266,382.	FMV	MEDICAL ASSISTANCE	ONGOING
ON EAGLES WINGS, INC. DBA WOVEN HEALTH CLINIC - 1 MEDICAL PKWY, PLAZA ONE, SUITE 149 - FARMERS BRANCH, TX 75234	75-2616002	501(C)(3)	18,750.	58,516.	FMV	MEDICAL ASSISTANCE	ONGOING
VOLUNTEERS IN MEDICINE WILKES-BARRE - 190 PENNSYLVANIA AVE - WILKES BARRE, PA 18702	20-3531527	501(C)(3)	18,750.	16,267.	FMV	MEDICAL ASSISTANCE	ONGOING
THE GOOD SAMARITAN HEALTH CENTER 1015 DONALD LEE HOLLOWELL PARKWAY ATLANTA, GA 30318	58-2373395	501(C)(3)	18,750.	8,937.	FMV	MEDICAL ASSISTANCE	ONGOING
POCATELLO FREE CLINIC 429 WASHINGTON POCATELLO, ID 83201	82-0351133	501(C)(3)	18,375.	334,854.	FMV	MEDICAL ASSISTANCE	ONGOING
INSPIRADA TECH INC. 4525 NOROCO CIRCLE FREMONT, CA 95555	88-2142086	501(C)(3)	18,000.	0.			ONGOING
VOLUNTEERS IN MEDICINE CLINIC OF THE CASCADES - 2300 NE NEFF RD - BEND, OR 97701	57-0959206	501(C)(3)	15,375.	86,800.	FMV	MEDICAL ASSISTANCE	ONGOING

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GREENVILLE FREE MEDICAL CLINIC, INC. - 600 ARLINGTON - GREENVILLE, SC 29601	57-0855205	501(C)(3)	15,000.	0.			ONGOING
HOPE CLINIC AND CARE CENTER, INC. 1814 APPLETON RD MANASHA, WI 54952	47-3031346	501(C)(3)	15,000.	91,474.	FMV	MEDICAL ASSISTANCE	ONGOING
IBN SINA FOUNDATION INC. 11226 SOUTH WILCREST DR HOUSTON, TX 77099	76-0698464	501(C)(3)	15,000.	51,832.	FMV	MEDICAL ASSISTANCE	ONGOING
OUR HOUSE, INC. 173 BOULEVARD NE ATLANTA, GA 30312	58-1743333	501(C)(3)	15,000.	18,651.	FMV	MEDICAL ASSISTANCE	ONGOING
THE CROSS-OVER MINISTRY, INC 108 COWARDIN AVE RICHMOND, VA 23224	54-1371067	501(C)(3)	15,000.	0.			ONGOING
GRACE MEDICAL HOME, INC 1417 E CONCORD ST ORLANDO, FL 32803	26-1817966	501(C)(3)	15,000.	0.			ONGOING
UNIVERSITY OF ARIZONA 888 N EUCLID AVE, ROOM 502 TUCSON, AZ 85721	74-2652689	501(C)(3)	14,000.	0.			ONGOING
NATIONAL ASSOCIATION FOR COUNTY AND CITY HEALTH OFFICIALS (NACCHO) - 1201 EYE ST. NW 4TH FLOOR - WASHINGTON, DC 20005	52-1426663	501(C)(3)	12,500.	0.			ONGOING
MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM (DBA MEHOP) (VIBRANCE HEALTH) - 101 AVENUE F NORTH - BAY CITY, TX 77414	20-0537948	501(C)(3)	12,000.	0.			ONGOING

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HOSPICE MAUI, INC 400 MAHALANI ST WAILUKU, HI 96793	99-0215149	501(C)(3)	11,700.	0.			ONGOING
GRASSROOTS HEALTHCARE FOUNDATION 743 E TABOR AVE FAIRFIELD, CA 94533	32-0600776	501(C)(3)	11,500.	0.			ONGOING
LESTONNAC FREE CLINIC 1215 E. CHAPMAN AVE. ORANGE, CA 92688	95-3499011	501(C)(3)	10,000.	73,413.	FMV	MEDICAL ASSISTANCE	ONGOING
NATIONAL HEALTHCARE FOR HOMELESS COUNCIL - 604 GALLATIN AVE. #106 - NASHVILLE, TN 37206	62-1475145	501(C)(3)	10,000.	0.			ONGOING
ROTACARE BAY AREA, INC 100 OAK STREET, RM F3 SAN JOSE, CA 95110	77-0328723	501(C)(3)	10,000.	0.			ONGOING
SYMBA CENTER 20601 HWY 18 SUITE 171 APPLE VALLEY, CA 92307	84-3729902	501(C)(3)	10,000.	0.			ONGOING
SAN FRANCISCO FREE CLINIC 4900 CALIFORNIA STREET SAN FRANCISCO, CA 94118	94-3186248	501(C)(3)	10,000.	365,749.	FMV	MEDICAL ASSISTANCE	ONGOING
VOLUNTEERS IN MEDICINE SAN DIEGO 1457 E MADISON AVE EL CAJON, CA 92019	26-0057391	501(C)(3)	10,000.	301,085.	FMV	MEDICAL ASSISTANCE	ONGOING
CONEJO FREE CLINIC 80 E. HILLCREST SUITE 102 THOUSAND OAKS, CA 91360	45-4517261	501(C)(3)	10,000.	0.			ONGOING

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CAL POLY WOMEN'S MOBILE HEALTH 1 GRAND AVENUE, 43A SAN LUIS OBISPO, CA 93407	95-1648080	501(C)(3)	10,000.	0.			ONGOING
USA TELEHEALTH SUPPORT FOR FREE & CHARITABLE CLINICS - QUEST - 500 PLAZA DRIVE - SEACAUCUS, NJ 07094	22-3093807	501(C)(3)	9,375.	0.			ONGOING
PEDIPLACE 502 SOUTH OLD ORCHARD LANE SUITE 12 LEWISVILLE, TX 75067	75-2512752	501(C)(3)	9,000.	0.			ONGOING
LA CLINICA DE LA RAZA, INC. PO BOX 22210 OAKLAND, CA 94623	94-1744108	501(C)(3)	9,000.	0.			ONGOING
CHRIST CLINIC 25722 KINGSLAND BLVD. SUITE 101 KATY, TX 77494	90-0789318	501(C)(3)	9,000.	0.			ONGOING
SPACE COAST VOLUNTEERS IN MEDICINE (INDIAN RIVER VOLUNTEERS IN MEDICINE) - 2555 JUDGE FRAN JAMIESON WAY - VIERA, FL 32940	27-2135914	501(C)(3)	9,000.	0.			ONGOING
LIGHT OF THE WORLD CLINIC, INC. 5333 N. DIXIE HWY #201 OAKLAND PARK, FL 33334	65-0266070	501(C)(3)	9,000.	249,111.	FMV	MEDICAL ASSISTANCE	ONGOING
SNAKE RIVER COMMUNITY CLINIC P.O. BOX 6, 215 10TH ST LEWISTON, ID 83501	31-1726460	501(C)(3)	9,000.	331,257.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION OF MERCY 360 E. CORONADO RD., SUITE 160 PHOENIX, AZ 85004	86-0704883	501(C)(3)	9,000.	287,292.	FMV	MEDICAL ASSISTANCE	ONGOING

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SAMARITAN HOUSE 4031 PACIFIC BLVD SAN MATEO, CA 94403	23-7416272	501(C)(3)	9,000.	0.			ONGOING
GET UP PROJECT HOPE CLINIC 3556 ASHMORE LOOP ROUND ROCK, TX 78701	45-4931906	501(C)(3)	9,000.	0.			ONGOING
VILLA THERESE CATHOLIC CLINIC 219 CATHEDRAL PLACE SANTA FE, NM 87501	85-0229019	501(C)(3)	9,000.	0.			ONGOING
GREATER KILLEEN FREE CLINIC DBA GREATER KILLEEN COMMUNITY CLINIC - 718 N 2ND STREET, SUITE A - KILLEEN, TX 76541	74-2724725	501(C)(3)	9,000.	312,684.	FMV	MEDICAL ASSISTANCE	ONGOING
LUKE'S HOUSE: A CLINIC FOR HEALING AND HOPE - 2023 SIMON BOLIVAR AVENUE - NEW ORLEANS, LA 70113	26-0332262	501(C)(3)	9,000.	18,344.	FMV	MEDICAL ASSISTANCE	ONGOING
SPRING BRANCH COMMUNITY HEALTH CENTER - 800 WEST SAM HOUSTON PARKWAY SOUTH SUITE 200 - HOUSTON, TX 77042	30-0198705	501(C)(3)	9,000.	0.			ONGOING
COASTAL BEND WELLNESS FOUNDATION 2882 HOLLY ROAD CORPUS CHRISTI, TX 78415	74-2429518	501(C)(3)	6,000.	0.			ONGOING
COVE HOUSE FREE CLINIC 108 E HALSTEAD SUITE H COPPERAS COVE, TX 76522	74-2764062	501(C)(3)	6,000.	135,978.	FMV	MEDICAL ASSISTANCE	ONGOING
AMERICARES FREE CLINICS, INC 88 HAMILTON AVENUE STAMFORD, CT 06902	61-1422741	501(C)(3)	2,590,000.	0.			ONGOING

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AGAPE CLINIC 4104 JUNIUS STREET DALLAS, TX 75246	14-1847977	501(C)(3)	0.	6,190,309.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION ARLINGTON MEDICAL CLINIC 210 W. SOUTH ARLINGTON, TX 76010	75-2354962	501(C)(3)	0.	5,993,179.	FMV	MEDICAL ASSISTANCE	ONGOING
YAKIMA UNION GOSPEL MISSION 1300 N 1ST STREET YAKIMA, WA 98901	23-7050061	501(C)(3)	0.	4,847,168.	FMV	MEDICAL ASSISTANCE	ONGOING
PALMETTO HEALTH COUNCIL, INC. 643 MAIN STREET PALMETTO, GA 30268	58-1307597	501(C)(3)	0.	4,042,984.	FMV	MEDICAL ASSISTANCE	ONGOING
FAITH COMMUNITY PHARMACY INC. 601 WASHINGTON AVE NEWPORT, KY 41071	61-1378914	501(C)(3)	0.	3,881,053.	FMV	MEDICAL ASSISTANCE	ONGOING
UNIVERSAL MEDICAL INSTITUTE 700 NW 183RD ST MIAMI, FL 33169	85-0504960	501(C)(3)	0.	3,458,166.	FMV	MEDICAL ASSISTANCE	ONGOING
RIVER VALLEY FAMILY HEALTH CENTER 1010 RIO GRANDE AVE MONTROSE, CO 81401	27-3757444	501(C)(3)	0.	2,913,379.	FMV	MEDICAL ASSISTANCE	ONGOING
EUNICE COMMUNITY HEALTH CENTER 450 MOOSA BLVD. STE. E EUNICE, LA 70535	27-0213992	501(C)(3)	0.	2,780,771.	FMV	MEDICAL ASSISTANCE	ONGOING
CHRISTIAN MEDICAL MINISTRIES, INC 13450 PARKER COMMONS BLVD FORT MYERS, FL 33912	47-2641606	501(C)(3)	0.	2,403,653.	FMV	MEDICAL ASSISTANCE	ONGOING

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GREATER SEACOAST COMMUNITY HEALTH 311 ROUTE 108 SOMERSWORTH, NH 03878	02-0304203	501(C)(3)	0.	2,217,148.	FMV	MEDICAL ASSISTANCE	ONGOING
THE TEXAS INTL. INSTITUTE OF HEALTH PROFESSIONS - 9644 COURT GLEN DRIVE - HOUSTON, TX 77099	46-1267820	501(C)(3)	0.	1,974,310.	FMV	MEDICAL ASSISTANCE	ONGOING
MEDICAL MINISTRIES INC. 633 THOMAS KATE RD DORCHESTER, SC 29437	47-2062464	501(C)(3)	0.	1,796,105.	FMV	MEDICAL ASSISTANCE	ONGOING
OPEN DOOR HEALTH CENTER 151 NW 11TH STREET, STE. E202A HOMESTEAD, FL 33030	83-0375996	501(C)(3)	0.	1,746,463.	FMV	MEDICAL ASSISTANCE	ONGOING
UNIVERSITY OF MARYLAND ST. JOSEPH FOUNDATION INC. - 1407 YORK ROAD - LUTHERVILLE TIMONIUM, MD 21093	52-1681044	501(C)(3)	0.	1,723,436.	FMV	MEDICAL ASSISTANCE	ONGOING
DIVINE GRACE MEDICAL MISSIONARIES 11000 FONDREN RD HOUSTON, TX 77096	27-4000666	501(C)(3)	0.	1,711,143.	FMV	MEDICAL ASSISTANCE	ONGOING
EDISTO INDIAN FREE CLINIC 1125 RIDGE RD RIDGEVILLE, SC 29472	82-1691197	501(C)(3)	0.	1,592,711.	FMV	MEDICAL ASSISTANCE	ONGOING
MERCY GOOD SAMARITAN CLINIC 4505 MEMORIAL CIR, OKLAHOMA CITY, OKLAHOMA CITY, OK 73142	73-0579285	501(C)(3)	0.	1,588,303.	FMV	MEDICAL ASSISTANCE	ONGOING
CLINICA ESPERANZA HOPE CLINIC 60 VALLEY ST STE 104 PROVIDENCE, RI 02909	26-1714340	501(C)(3)	0.	1,534,635.	FMV	MEDICAL ASSISTANCE	ONGOING

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SAMARITANS TOUCH CARE CENTER 2306 HOPE CIRCLE SEBRING, FL 33870	02-0773338	501(C)(3)	0.	1,510,900.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CARE CENTER FOR FORSYTH CO. INC. - 2135 NEW WALKERTOWN RD - WINSTON SALEM, NC 27101	58-1403699	501(C)(3)	0.	1,505,969.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION OF MERCY INC. 22 SOUTH MARKET ST., SUITE 6D FREDERICK, MD 21701	86-0704883	501(C)(3)	0.	1,323,536.	FMV	MEDICAL ASSISTANCE	ONGOING
CLEVELAND COUNTY HEALTH DEPARTMENT 200 S POST RD SHELBY, NC 28152	56-6000288	501(C)(3)	0.	1,315,880.	FMV	MEDICAL ASSISTANCE	ONGOING
CASA RUBEN INC. 1700 ELTON ROAD SILVER SPRING, MD 20903	26-0340539	501(C)(3)	0.	1,238,517.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. MICHAEL'S MEDICAL CLINIC 426 MULBERRY AVE ANNISTON, AL 36201	82-5246184	501(C)(3)	0.	1,195,194.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPEHEALTH MANNING FAMILY PRACTICE 12 WEST SOUTH STREET MANNING, SC 29102	57-0984427	501(C)(3)	0.	1,099,578.	FMV	MEDICAL ASSISTANCE	ONGOING
OZARKS COMMUNITY HEALTH CENTER 18614 JACKSON ST HERMITAGE, MO 65668	20-5822485	501(C)(3)	0.	1,061,967.	FMV	MEDICAL ASSISTANCE	ONGOING
OPEN ARMS HEALTH CLINIC 3311 LITTLE RD. ARLINGTON, TX 76016	45-0621201	501(C)(3)	0.	1,037,087.	FMV	MEDICAL ASSISTANCE	ONGOING

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COMPASSIONATE CARE OF SHELBY COUNTY, INC. - 124 N. OHIO AVE - SIDNEY, OH 45365	20-8479583	501(C)(3)	0.	953,974.	FMV	MEDICAL ASSISTANCE	ONGOING
FAMILY PLANNING PLUS 4612 WESTBRANCH HWY LEWISBURG, PA 17837	23-2032597	501(C)(3)	0.	949,272.	FMV	MEDICAL ASSISTANCE	ONGOING
MINISTRIES OF JESUS 1100 E. I-35 FRONTAGE ROAD EDMOND, OK 73034	73-1622804	501(C)(3)	0.	934,950.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH SERVICES, INC 1804 SW TROTT AVE WILLMAR, MN 56201	41-1000060	501(C)(3)	0.	884,498.	FMV	MEDICAL ASSISTANCE	ONGOING
AMERICARES FREE CLINIC OF DANBURY 76 WEST STREET DANBURY, CT 06810	06-1422741	501(C)(3)	0.	881,914.	FMV	MEDICAL ASSISTANCE	ONGOING
BEERSHEBA SPRINGS MEDICAL CLINIC 19592 STATE HIGHWAY 56 BEERSHEBA SPRINGS, TN 37305	26-4579813	501(C)(3)	0.	878,213.	FMV	MEDICAL ASSISTANCE	ONGOING
HOMESTEAD COMMUNITY HEALTH CENTER 151 NW 11TH STREET SUITE E400 HOMESTEAD, FL 33030	85-2514662	501(C)(3)	0.	837,094.	FMV	MEDICAL ASSISTANCE	ONGOING
FIU COLLEGE OF MEDICINE MOBILE HEALTH CENTER - 11200 SW 8TH STREET - MIAMI, FL 33199	23-7047106	501(C)(3)	0.	784,868.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. JOSEPH HEALTH CENTER 510 W. ADAMS ST PLYMOUTH, IN 46563	35-1142669	501(C)(3)	0.	779,652.	FMV	MEDICAL ASSISTANCE	ONGOING

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SAMARITAN HEALTH AND WELLNESS CENTER - 209 WEST STATE LINE ROAD - SOUTH FULTON, TN 38257	45-3745315	501(C)(3)	0.	768,084.	FMV	MEDICAL ASSISTANCE	ONGOING
PANCARE OF FLORIDA, INC. 2235 EAST 15TH STREET PANAMA CITY, FL 32405	91-2189932	501(C)(3)	0.	750,118.	FMV	MEDICAL ASSISTANCE	ONGOING
GUADALUPE CLINIC 940 S SAINT FRANCIS WICHITA, KS 67211	20-1285208	501(C)(3)	0.	747,741.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. JOHN BOSCO CLINIC, INC. 730 NW 34 STREET MIAMI, FL 33127	65-0435764	501(C)(3)	0.	716,651.	FMV	MEDICAL ASSISTANCE	ONGOING
RILEY MEDICAL CLINIC/FIRST BAPTIST CHURCH JONESBOR - 147 CHURCH STREET - JONESBORO, GA 30236	58-0685903	501(C)(3)	0.	705,515.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH SERVICE INC 2720 BROADWAY AVE N ROCHESTER, MN 55906	41-1000060	501(C)(3)	0.	702,891.	FMV	MEDICAL ASSISTANCE	ONGOING
FAMILY CENTERS HEALTH CARE 111 WILBUR PECK COURT GREENWICH, CT 06830	06-0646656	501(C)(3)	0.	700,858.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD NEIGHBOR HOUSE 627 EAST FIRST ST DAYTON, OH 45402	31-1374154	501(C)(3)	0.	683,903.	FMV	MEDICAL ASSISTANCE	ONGOING
OZARKS COMMUNITY HEALTH CENTER 406 S DALLAS ST URBANA, MO 65767	20-5822485	501(C)(3)	0.	676,566.	FMV	MEDICAL ASSISTANCE	ONGOING

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PIONEER MEDICAL GROUP CLINIC FOUNDATION - 13067 N TELECOM PKWY - TAMPA, FL 33637	81-2781401	501(C)(3)	0.	669,119.	FMV	MEDICAL ASSISTANCE	ONGOING
STREET OUTREACH TEAMS 11475 E, OUTER DR E, DETROIT, MI 48224	88-4216333	501(C)(3)	0.	663,919.	FMV	MEDICAL ASSISTANCE	ONGOING
BOLINGBROOK CHRISTIAN HEALTH CENTER - 151 E BRIARCLIFF RD - BOLINGBROOK, IL 60440	36-4401468	501(C)(3)	0.	656,833.	FMV	MEDICAL ASSISTANCE	ONGOING
MORTON COMPREHENSIVE SERVICES 1334 N LANSING AVE TULSA, OK 74106	73-1177858	501(C)(3)	0.	652,371.	FMV	MEDICAL ASSISTANCE	ONGOING
LIFE CHOICES MEDICAL CLINIC 700 S. ZARZAMORA SAN ANTONIO, TX 78207	74-2809910	501(C)(3)	0.	640,633.	FMV	MEDICAL ASSISTANCE	ONGOING
VARIETY CARE 111 W MAIN ST FORT COBB, OK 73038	73-1088577	501(C)(3)	0.	637,622.	FMV	MEDICAL ASSISTANCE	ONGOING
FAITH FAMILY MEDICAL CLINIC 326 21ST AVE N NASHVILLE, TN 37203	62-1816811	501(C)(3)	0.	619,032.	FMV	MEDICAL ASSISTANCE	ONGOING
AMERICARES FREE CLINIC OF NORWALK 10 MOTT AVENUE NORWALK, CT 06850	06-1422741	501(C)(3)	0.	595,973.	FMV	MEDICAL ASSISTANCE	ONGOING
SCOTT COUNTY HEALTH DEPARTMENT 825 HIGHWAY 31 NORTH AUSTIN, IN 47102	00-3118924	501(C)(3)	0.	550,049.	FMV	MEDICAL ASSISTANCE	ONGOING

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SOUTHWEST UTAH COMMUNITY HEALTH CENTER - 2276 E RIVERSIDE DR - SAINT GEORGE, UT 84790	35-2163112	501(C)(3)	0.	548,931.	FMV	MEDICAL ASSISTANCE	ONGOING
MCKINNEY MEDICAL CENTER 218 QUARTERMAN STREET WAYCROSS, GA 31501	58-2101260	501(C)(3)	0.	539,241.	FMV	MEDICAL ASSISTANCE	ONGOING
BROWNSVILLE MEDICAL CENTER INC. 2400 NW 54TH STREET MIAMI, FL 33142	20-3856290	501(C)(3)	0.	536,794.	FMV	MEDICAL ASSISTANCE	ONGOING
CAMILLUS HEALTH CONCERN 336 NW 5TH ST MIAMI, FL 33128	65-0063921	501(C)(3)	0.	533,837.	FMV	MEDICAL ASSISTANCE	ONGOING
AMERICARES FREE CLINIC OF BRIDGEPORT - 115 HIGHLAND AVENUE - BRIDGEPORT, CT 06604	06-1422741	501(C)(3)	0.	527,445.	FMV	MEDICAL ASSISTANCE	ONGOING
BROTHER BILLS HELPING HAND 3906 N. WESTMORELAND RD. DALLAS, TX 75212	75-6027740	501(C)(3)	0.	504,900.	FMV	MEDICAL ASSISTANCE	ONGOING
CHARLOTTE COMMUNITY HEALTH CLINIC 8401 MEDICAL PLAZA DR CHARLOTTE, NC 28262	56-2274174	501(C)(3)	0.	500,929.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. JOSEPH PRIMARY CARE 4057 US-70 BUS. W. CLAYTON, NC 27520	46-5192720	501(C)(3)	0.	495,974.	FMV	MEDICAL ASSISTANCE	ONGOING
FRIENDSHIP MEDICAL CLINIC 1396 HWY 544 CONWAY, SC 29526	30-0127648	501(C)(3)	0.	487,914.	FMV	MEDICAL ASSISTANCE	ONGOING

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SMITH MEDICAL CLINIC, INC 99 BASKERVILL DRIVE PAWLEYS ISLAND, SC 29585	57-0786699	501(C)(3)	0.	467,006.	FMV	MEDICAL ASSISTANCE	ONGOING
VOLUNTEERS IN MEDICINE CLINIC 417 SE BALBOA AVENUE STUART, FL 34994	65-1115793	501(C)(3)	0.	444,688.	FMV	MEDICAL ASSISTANCE	ONGOING
OF ONE ACCORD INC. 401 RICHMOND STREET CHURCH HILL, TN 37642	62-1391365	501(C)(3)	0.	443,332.	FMV	MEDICAL ASSISTANCE	ONGOING
ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET BANDERA, TX 78003	77-0697361	501(C)(3)	0.	440,751.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SAMARITAN HEALTH CLINIC 401 ARNOLD STREET, NE CULLMAN, AL 35055	20-0149215	501(C)(3)	0.	431,240.	FMV	MEDICAL ASSISTANCE	ONGOING
CHARITABLE PHARMACY OF CENTRAL OHIO - 200 EAST LIVINGSTON AVE - COLUMBUS, OH 43215	27-0147099	501(C)(3)	0.	429,804.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH SERVICE INC 1113 W 11TH ST GRAFTON, ND 58237	41-1000060	501(C)(3)	0.	429,761.	FMV	MEDICAL ASSISTANCE	ONGOING
NEWHOPE CLINIC 41 S. COURT STREET OWINGSVILLE, KY 40360	61-1363437	501(C)(3)	0.	425,347.	FMV	MEDICAL ASSISTANCE	ONGOING
OPERATON CARE INC. 615 WASHINGTON STREET SHELBYVILLE, KY 40065	61-1211189	501(C)(3)	0.	421,206.	FMV	MEDICAL ASSISTANCE	ONGOING

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BETHESDA HEALTH CLINIC 409 WEST FERGUSON TYLER, TX 75702	26-0036674	501(C)(3)	0.	416,081.	FMV	MEDICAL ASSISTANCE	ONGOING
LTP MEDICAL MOBILE INC DBA THE HEALTH HUT - 310 WEST MISSISSIPPI AVE - RUSTON, LA 71270	27-3764078	501(C)(3)	0.	410,763.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD HEALTH CLINIC, INC 91555 OVERSEAS HWY, STE 2 TAVERNIER, FL 33070	04-3745805	501(C)(3)	0.	409,688.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HELPING PLACE FREE CLINIC - 75 ROCK HOUSE RD - DAHLONEGA, GA 30533	37-1554432	501(C)(3)	0.	388,140.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SAMARITAN CLINIC 3880 WATERMELON RD STE A NORTHPORT, AL 35473	63-1199900	501(C)(3)	0.	386,359.	FMV	MEDICAL ASSISTANCE	ONGOING
FAYETTE C.A.R.E. CLINIC, INC. 105-C BRADFORD SQUARE FAYETTEVILLE, GA 30215	20-0314897	501(C)(3)	0.	386,345.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1596731	501(C)(3)	0.	385,319.	FMV	MEDICAL ASSISTANCE	ONGOING
PRYMED MEDICAL CARE CARRETERA 149, KM 13 CIALES, PR 00638	66-0428120	501(C)(3)	0.	385,209.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH SERVICE INC. 2310 4TH AVE N. MOORHEAD, MN 56560	41-1000060	501(C)(3)	0.	382,031.	FMV	MEDICAL ASSISTANCE	ONGOING

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ROANOKE CHOWAN COMMUNITY HEALTH CENTER (RCCHC) - 120 HEALTH CENTER DRIVE - AHOSKIE, NC 27910	42-1638714	501(C)(3)	0.	379,879.	FMV	MEDICAL ASSISTANCE	ONGOING
DSAMH DENTAL CLINIC 1901 N. DUPONT HIGHWAY NEW CASTLE, DE 19720	51-6000279	501(C)(3)	0.	375,737.	FMV	MEDICAL ASSISTANCE	ONGOING
TRIANGLE AREA NETWORK - ORANGE 3727 N 16TH STREET ORANGE, TX 77632	76-0226835	501(C)(3)	0.	374,169.	FMV	MEDICAL ASSISTANCE	ONGOING
TRIANGLE AREA NETWORK - BEAUMONT 1495 N. 7TH STREET BEAUMONT, TX 77702	76-0226835	501(C)(3)	0.	367,324.	FMV	MEDICAL ASSISTANCE	ONGOING
BAAL PARAZIM WELLNESS, INC. 3416 SOUTH HALSTED CHICAGO, IL 60608	46-5746945	501(C)(3)	0.	364,789.	FMV	MEDICAL ASSISTANCE	ONGOING
CASS COUNTY HEALTH DEPARTMENT 1616 SMITH STREET LOGANSPOUT, IN 46947	35-6000131	501(C)(3)	0.	362,565.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CARE CLINIC OF ROWAN COUNTY - 315G MOCKSVILLE AVE. - SALISBURY, NC 28144	56-1964773	501(C)(3)	0.	361,704.	FMV	MEDICAL ASSISTANCE	ONGOING
AZZARELLI OUTREACH CLINIC 341 N ST JOSEPH AVE KANKAKEE, IL 60901	82-1706706	501(C)(3)	0.	358,268.	FMV	MEDICAL ASSISTANCE	ONGOING
INTEGRAL CARE/INTEGRAL CARE PHARMACY - 6937 NORTH IH 35 - AUSTIN, TX 78752	74-1547909	501(C)(3)	0.	356,122.	FMV	MEDICAL ASSISTANCE	ONGOING

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COOS COUNTY FAMILY HEALTH SERVICES 133 PLEASANT ST BERLIN, NH 03570	02-0350051	501(C)(3)	0.	355,587.	FMV	MEDICAL ASSISTANCE	ONGOING
RXASSIST PHARMACY, INCORPORATED 17020 BEAVER SPRINGS DR, HOUSTON, HOUSTON, TX 77090	85-0962828	501(C)(3)	0.	339,792.	FMV	MEDICAL ASSISTANCE	ONGOING
THE HEALTH UNIT ON DAVISON AVENUE 13240 WOODROW WILSON DETROIT, MI 48238	37-1490937	501(C)(3)	0.	329,893.	FMV	MEDICAL ASSISTANCE	ONGOING
SOCIAL WELFARE BOARD 904 S. 10TH, SUITE A SAINT JOSEPH, MO 64503	80-0308973	501(C)(3)	0.	327,970.	FMV	MEDICAL ASSISTANCE	ONGOING
OPEN ARMS CLINIC 109 BIG A ROAD TOCCOA, GA 30577	20-3296577	501(C)(3)	0.	327,723.	FMV	MEDICAL ASSISTANCE	ONGOING
PRESBYTERIAN MEDICAL CARE MISSION 1857 PINE ST STE 100 ABILENE, TX 79601	75-1910600	501(C)(3)	0.	326,258.	FMV	MEDICAL ASSISTANCE	ONGOING
THE FLOATING HOSPITAL 21-01 41ST AVENUE LONG ISLAND CITY, NY 11101	13-1624169	501(C)(3)	0.	324,697.	FMV	MEDICAL ASSISTANCE	ONGOING
HILL COUNTRY MISSION FOR HEALTH, INC. - 122 COMMERCE AVENUE - BOERNE, TX 78006	48-1262832	501(C)(3)	0.	322,790.	FMV	MEDICAL ASSISTANCE	ONGOING
CLAY BEHAVIORAL HEALTH CENTER 3292 COUNTY ROAD 220 MIDDLEBURG, FL 32068	59-2219317	501(C)(3)	0.	314,908.	FMV	MEDICAL ASSISTANCE	ONGOING

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ST ANDREW COMMUNITY MEDICAL CENTER 3101-B WEST HIGHWAY 98 PANAMA CITY, FL 32401	32-0103234	501(C)(3)	0.	310,384.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD NEWS CLINICS 810 PINE STREET GAINESVILLE, GA 30501	58-2058853	501(C)(3)	0.	310,366.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE MEDICAL CLINIC 108 SOUTH MAIN NOBLE, OK 73068	82-2624100	501(C)(3)	0.	309,529.	FMV	MEDICAL ASSISTANCE	ONGOING
UHI COMMUNITYCARE CLINIC 870 FISHERMAN STREET OPA LOCKA, FL 33054	65-0268904	501(C)(3)	0.	301,797.	FMV	MEDICAL ASSISTANCE	ONGOING
LONGVIEW WELLNESS CENTER, INC. DBA WELLNESS POINTE - 1011 E WHALEY ST - LONGVIEW, TX 75601	75-2723993	501(C)(3)	0.	298,715.	FMV	MEDICAL ASSISTANCE	ONGOING
OPEN CITIES HEALTH CENTER 409 N. DUNLAP STREET SAINT PAUL, MN 55104	36-3381598	501(C)(3)	0.	297,161.	FMV	MEDICAL ASSISTANCE	ONGOING
LIBERTY AND HEALTH ALLIANCE 7031 EAST THUNDERBIRD ROAD SCOTTSDALE, AZ 85254	87-2654750	501(C)(3)	0.	295,760.	FMV	MEDICAL ASSISTANCE	ONGOING
WEST HAWAII COMMUNITY HEALTH CENTER - 75-5751 KUAKINI HWY - KAILUA KONA, HI 96740	20-0495394	501(C)(3)	0.	295,408.	FMV	MEDICAL ASSISTANCE	ONGOING
WILLING HELPERS MEDICAL, INC 4186 MILL STREET COVINGTON, GA 30014	56-2602392	501(C)(3)	0.	293,828.	FMV	MEDICAL ASSISTANCE	ONGOING

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COMMUNITY FREE CLINIC, INC. 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501(C)(3)	0.	292,622.	FMV	MEDICAL ASSISTANCE	ONGOING
CLEARWATER FREE CLINIC 1218 COURT STREET CLEARWATER, FL 33756	59-1852871	501(C)(3)	0.	288,566.	FMV	MEDICAL ASSISTANCE	ONGOING
ADVANTAGE BEHAVIORAL HEALTH SYSTEMS - 240 MITCHELL BRIDGE RD - ATHENS, GA 30606	58-2112427	501(C)(3)	0.	286,688.	FMV	MEDICAL ASSISTANCE	ONGOING
DREAM CENTERS WOMEN'S CLINIC 4360 MONTEBELLO DR, SUITE 900 COLORADO SPRINGS, CO 80918	27-4876080	501(C)(3)	0.	285,348.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTH BROWARD HOSPITAL DISTRICT DBA BROWARD HEALTH - 2011 NW 3RD AVENUE - POMPANO BEACH, FL 33060	59-6012065	501(C)(3)	0.	278,504.	FMV	MEDICAL ASSISTANCE	ONGOING
PEOPLES HEALTH CLINIC 650 ROUND VALLEY DRIVE PARK CITY, UT 84060	87-0638042	501(C)(3)	0.	277,694.	FMV	MEDICAL ASSISTANCE	ONGOING
LAKE COUNTY FREE CLINIC 462 CHARDON ST. PAINESVILLE, OH 44077	34-1081191	501(C)(3)	0.	274,061.	FMV	MEDICAL ASSISTANCE	ONGOING
LA CLINICA CRISTIANA 1915 AVALON AV MUSCLE SHOALS, AL 35661	20-1624284	501(C)(3)	0.	274,048.	FMV	MEDICAL ASSISTANCE	ONGOING
SOUTHEAST MISSOURI HEALTH NETWORK 6738 STATE HWY 77 BENTON, MO 63736	43-1253101	501(C)(3)	0.	267,399.	FMV	MEDICAL ASSISTANCE	ONGOING

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NOVELTY BEHAVIORAL HEALTH 1409 S 9TH AVENUE EDINBURG, TX 78539	92-0518554	501(C)(3)	0.	267,164.	FMV	MEDICAL ASSISTANCE	ONGOING
ST PETERSBURG FREE CLINIC 5501 4TH STREET NORTH SAINT PETERSBURG, FL 33703	23-7208280	501(C)(3)	0.	261,552.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTHREACH COMMUNITY CLINIC 400 EAST STATESVILLE AVE MOORESVILLE, NC 28115	20-1020941	501(C)(3)	0.	261,008.	FMV	MEDICAL ASSISTANCE	ONGOING
UGM OF DALLAS 3211 IRVING BLVD DALLAS, TX 75247	75-6003612	501(C)(3)	0.	260,711.	FMV	MEDICAL ASSISTANCE	ONGOING
AVICENNA FREE CLINIC 1838 FRANKFORD AVE PANAMA CITY, FL 32405	82-2554695	501(C)(3)	0.	259,744.	FMV	MEDICAL ASSISTANCE	ONGOING
KATALLASSO FAMILY HEALTH CENTER 38 SOUTH BELVIDERE AVENUE YORK, PA 17401	45-3170905	501(C)(3)	0.	255,954.	FMV	MEDICAL ASSISTANCE	ONGOING
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES/NSC - 1125 N COLLEGE AVE - FAYETTEVILLE, AR 72703	71-6046242	501(C)(3)	0.	254,107.	FMV	MEDICAL ASSISTANCE	ONGOING
GRACE MEDICAL HOME 1417 E CONCORD ST. ORLANDO, FL 32803	26-1817966	501(C)(3)	0.	253,032.	FMV	MEDICAL ASSISTANCE	ONGOING
PARKER FAMILY HEALTH CENTER 211 SHREWSBURY AVENUE RED BANK, NJ 07701	22-3619518	501(C)(3)	0.	251,054.	FMV	MEDICAL ASSISTANCE	ONGOING

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THIRD CITY COMMUNITY CLINIC 1107 N. BROADWELL AVE. GRAND ISLAND, NE 68803	47-0769419	501(C)(3)	0.	249,285.	FMV	MEDICAL ASSISTANCE	ONGOING
GARDEN OF EDEN HEALTH CENTER ROAD 141 KM 13.1, VISTA ALEGRE JAYUYA, PR 00664	66-0869427	501(C)(3)	0.	245,036.	FMV	MEDICAL ASSISTANCE	ONGOING
TRI CITY HEALTH PARTNERSHIP 318 WALNUT STREET SAINT CHARLES, IL 60174	36-4475369	501(C)(3)	0.	240,789.	FMV	MEDICAL ASSISTANCE	ONGOING
ADVENTHEALTH WATERMAN COMMUNITY CLINIC - 2300 KURT STREET - EUSTIS, FL 32726	59-3140669	501(C)(3)	0.	238,858.	FMV	MEDICAL ASSISTANCE	ONGOING
RAPHAEL COMMUNITY FREE CLINIC, INC. - 1807 WATER STREET - KERRVILLE, TX 78028	74-2819628	501(C)(3)	0.	226,961.	FMV	MEDICAL ASSISTANCE	ONGOING
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF WASHINGTO - 1618 MONROE ST. NW - WASHINGTON, DC 20010	52-0980905	501(C)(3)	0.	221,720.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE MEDICAL CLINIC 150 BEACH DRIVE DESTIN, FL 32541	26-3811078	501(C)(3)	0.	220,767.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION WACO HEALTH CLINIC 1226 WASHINGTON AVE WACO, TX 76701	74-2605621	501(C)(3)	0.	218,892.	FMV	MEDICAL ASSISTANCE	ONGOING
CATHOLIC CHARITIES OF DALLAS-CHC 4510 MEDICAL CENTER DRIVE MCKINNEY, TX 75069	20-0637782	501(C)(3)	0.	217,971.	FMV	MEDICAL ASSISTANCE	ONGOING

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THE ARK 6450 N CALIFORNIA AVE SUITE 104 CHICAGO, IL 60645	23-7164967	501(C)(3)	0.	215,930.	FMV	MEDICAL ASSISTANCE	ONGOING
BUDDHIST TZU CHI MEDICAL CENTER 1000 S. GARFIELD ALHAMBRA, CA 91801	95-4457939	501(C)(3)	0.	215,426.	FMV	MEDICAL ASSISTANCE	ONGOING
ACACIA MEDICAL MISSION 1781 E. AMMANN RD. BULVERDE, TX 78163	90-0401594	501(C)(3)	0.	215,358.	FMV	MEDICAL ASSISTANCE	ONGOING
EBENEZER MEDICAL OUTREACH 1448 10TH AVE HUNTINGTON, WV 25701	55-0745033	501(C)(3)	0.	214,890.	FMV	MEDICAL ASSISTANCE	ONGOING
WESTCARE GULFCOAST FLORIDA INC 1735 DR MARTIN LUTHER KING ST SAINT PETERSBURG, FL 33705	59-3714627	501(C)(3)	0.	214,547.	FMV	MEDICAL ASSISTANCE	ONGOING
NEIGHBORHOOD HEALTH PARTNERS OF INDIANAPOLIS - 7911 MICHIGAN RD - INDIANAPOLIS, IN 46268	84-4269148	501(C)(3)	0.	214,115.	FMV	MEDICAL ASSISTANCE	ONGOING
LIFESPRING HEALTH SYSTEMS 480 EVERS MAN DR JASPER, IN 47546	35-1097350	501(C)(3)	0.	213,188.	FMV	MEDICAL ASSISTANCE	ONGOING
C-ASSIST 30260 CHERRY HILL ROAD GARDEN CITY, MI 48135	81-3386484	501(C)(3)	0.	212,277.	FMV	MEDICAL ASSISTANCE	ONGOING
MCINTOSH TRAIL, CSB 1209 GREENBELT DRIVE GRIFFIN, GA 30224	20-8623233	501(C)(3)	0.	211,003.	FMV	MEDICAL ASSISTANCE	ONGOING

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

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JOHN P. MURRAY COMMUNITY CARE CLINIC - 303 YADKIN STREET, STE C - ALBEMARLE, NC 28001	56-2098720	501(C)(3)	0.	210,285.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SHEPHERD HEALTHCARE CLINIC OF MUSKOGEE, OKLA. - 2130 WEST OKMULGEE - MUSKOGEE, OK 74401	73-1581613	501(C)(3)	0.	208,885.	FMV	MEDICAL ASSISTANCE	ONGOING
SPACE COAST VOLUNTEERS IN MEDICINE 2555 JUDGE FRAN JAMIESON WAY MELBOURNE, FL 32940	27-2135914	501(C)(3)	0.	208,021.	FMV	MEDICAL ASSISTANCE	ONGOING
CORPUS CHRISTI METRO MINISTRIES INC. - 1919 LEOPARD ST. - CORPUS CHRISTI, TX 78408	74-2247261	501(C)(3)	0.	207,423.	FMV	MEDICAL ASSISTANCE	ONGOING
CENTER FOR HAITIAN STUDIES, INC 8260 NE 2ND AVE MIAMI, FL 33138	65-0136723	501(C)(3)	0.	203,547.	FMV	MEDICAL ASSISTANCE	ONGOING
OCEANA COMMUNITY HEALTH INC 2828 S SEACREST BLVD BOYNTON BEACH, FL 33435	88-1889523	501(C)(3)	0.	203,111.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CLINIC OF SHELBYVILLE BEDFORD CO - 200 DOVER ST SUITE 202 - SHELBYVILLE, TN 37160	34-1974609	501(C)(3)	0.	202,556.	FMV	MEDICAL ASSISTANCE	ONGOING
CITY OF CINCINNATI HEALTH DEPARTMENT - 5818 MADISON RD - CINCINNATI, OH 45227	31-6000064	501(C)(3)	0.	202,146.	FMV	MEDICAL ASSISTANCE	ONGOING
CLINICA COLORADO 8300 ALCOTT ST. WESTMINSTER, CO 80031	27-3794068	501(C)(3)	0.	200,377.	FMV	MEDICAL ASSISTANCE	ONGOING

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COMCARE OF SEDGWICK COUNTY 1919 N AMIDON SUITE 206 WICHITA, KS 67203	48-6000798	501(C)(3)	0.	197,892.	FMV	MEDICAL ASSISTANCE	ONGOING
AVITA COMMUNITY PARTNERS 915 INTERSTATE RIDGE DR GAINESVILLE, GA 30501	58-2109706	501(C)(3)	0.	195,369.	FMV	MEDICAL ASSISTANCE	ONGOING
WESLEY CHURCH HEALTH CENTER- INC. 410 SOUTH PITTSBURGH STREET CONNELLSVILLE, PA 15425	25-1844565	501(C)(3)	0.	190,619.	FMV	MEDICAL ASSISTANCE	ONGOING
DR GARY BURNSTEIN COMMUNITY HEALTH CLINIC - 45580 WOODWARD AVE - PONTIAC, MI 48341	32-0015321	501(C)(3)	0.	189,228.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTH HUDSON COMMUNITY ACTION CORPORATION - 800 31ST STREET - UNION CITY, NJ 07087	22-1818699	501(C)(3)	0.	187,096.	FMV	MEDICAL ASSISTANCE	ONGOING
HANDS OF HOPE CLINIC, INC. 1010 HOSPITAL DRIVE BLDG B STOCKBRIDGE, GA 30281	42-1591970	501(C)(3)	0.	186,960.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. JOSEPH'S NEIGHBORHOOD CENTER 417 SOUTH AVE. ROCHESTER, NY 14620	46-1176792	501(C)(3)	0.	185,897.	FMV	MEDICAL ASSISTANCE	ONGOING
SOUTH CENTRAL MISSOURI COMMUNITY HEALTH CENTER - 1081 EAST 18TH STREET - ROLLA, MO 65401	26-2522083	501(C)(3)	0.	182,878.	FMV	MEDICAL ASSISTANCE	ONGOING
SAFENETRX PHARMACY 1500 SE 19TH STREET GRIMES, IA 50111	42-1518875	501(C)(3)	0.	182,409.	FMV	MEDICAL ASSISTANCE	ONGOING

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MATTHEW 25 HEALTH AND DENTAL CLINIC - 413 E. JEFFERSON BLVD - FORT WAYNE, IN 46802	35-1484951	501(C)(3)	0.	181,809.	FMV	MEDICAL ASSISTANCE	ONGOING
SHIFA CLINIC 668 MARINA DRIVE UNIT A-5 CHARLESTON, SC 29492	04-3810161	501(C)(3)	0.	181,733.	FMV	MEDICAL ASSISTANCE	ONGOING
EMMANUEL BAPTIST CHURCH CLINIC 350 SUNET DRIVE GRENADA, MS 38901	64-0384300	501(C)(3)	0.	180,807.	FMV	MEDICAL ASSISTANCE	ONGOING
ARUBAH COMMUNITY CLINIC 1021 W. MAIN ST COLLINSVILLE, OK 74021	27-3865132	501(C)(3)	0.	178,718.	FMV	MEDICAL ASSISTANCE	ONGOING
BRIDGES TO HEALTH 119 S WASHINGTON ST MARION, IN 46952	20-5405181	501(C)(3)	0.	178,101.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. MARY'S LEGACY CLINIC 10932 CARMICHAEL ROAD KNOXVILLE, TN 37932	46-2331706	501(C)(3)	0.	177,844.	FMV	MEDICAL ASSISTANCE	ONGOING
CENTER OF HOPE AND HEALING AT MISSION HOPE - 3604 N MCCOLL RD - MCALLEN, TX 78501	27-2389624	501(C)(3)	0.	174,918.	FMV	MEDICAL ASSISTANCE	ONGOING
KNOX COUNTY HEALTH CLINIC 22 WHITE STREET ROCKLAND, ME 04841	01-0528885	501(C)(3)	0.	173,248.	FMV	MEDICAL ASSISTANCE	ONGOING
ALABAMA FREE CLINIC 212 COURTHOUSE SQUARE BAY MINETTE, AL 36507	63-1247879	501(C)(3)	0.	171,937.	FMV	MEDICAL ASSISTANCE	ONGOING

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MALTA HOUSE OF CARE, INC 136 FARMINGTON AVENUE HARTFORD, CT 06105	20-3562424	501(C)(3)	0.	171,803.	FMV	MEDICAL ASSISTANCE	ONGOING
COOPERATIVE CHRISTIAN MINISTRIES AND CLINIC - 133 ARBOR ST - HOT SPRINGS NATIONAL PARK, AR 71901	62-1671396	501(C)(3)	0.	171,295.	FMV	MEDICAL ASSISTANCE	ONGOING
NC MEDASSIST 4428 TAGGART CREEK RD CHARLOTTE, NC 28208	56-2018957	501(C)(3)	0.	168,936.	FMV	MEDICAL ASSISTANCE	ONGOING
RIVER VALLEY CHRISTIAN CLINIC 3001 E H STREET RUSSELLVILLE, AR 72802	20-5193973	501(C)(3)	0.	168,719.	FMV	MEDICAL ASSISTANCE	ONGOING
12TH STREET HEALTH AND WELLNESS CENTER - 4010 W 12TH ST - LITTLE ROCK, AR 72204	71-6046242	501(C)(3)	0.	166,942.	FMV	MEDICAL ASSISTANCE	ONGOING
PARKVIEW MEDICAL CLINIC 1205 DR. MARTIN L KING JR. WAY HAINES CITY, FL 33844	01-0790991	501(C)(3)	0.	163,395.	FMV	MEDICAL ASSISTANCE	ONGOING
MALTA HOUSE OF CARE-WATERBURY, INC. - 56 FRANKLIN ST - WATERBURY, CT 06706	26-3484648	501(C)(3)	0.	161,963.	FMV	MEDICAL ASSISTANCE	ONGOING
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH NAPLES, FL 34102	59-3546884	501(C)(3)	0.	161,863.	FMV	MEDICAL ASSISTANCE	ONGOING
DADE COUNTY STREET RESPONSE 4300 NW 12TH AVE MIAMI, FL 33127	84-1958579	501(C)(3)	0.	160,669.	FMV	MEDICAL ASSISTANCE	ONGOING

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ORANGEBURG-CALHOUN FREE MEDICAL CLINIC - 141 CENTRE STREET - ORANGEBURG, SC 29115	26-3762573	501(C)(3)	0.	160,636.	FMV	MEDICAL ASSISTANCE	ONGOING
WEST CALDWELL HEALTH COUNCIL, INC 4330 COLLETTSVILLE RD COLLETTSVILLE, NC 28611	59-1756933	501(C)(3)	0.	159,527.	FMV	MEDICAL ASSISTANCE	ONGOING
RURAL HEALTH NETWORK OF MONROE COUNTY - 3706 N ROOSEVELT BLVD SUITE G - KEY WEST, FL 33040	65-0474953	501(C)(3)	0.	158,372.	FMV	MEDICAL ASSISTANCE	ONGOING
THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W. FILLMORE PHOENIX, AZ 85009	86-0839580	501(C)(3)	0.	158,239.	FMV	MEDICAL ASSISTANCE	ONGOING
CROSSINGS COMMUNITY CLINIC 10255 N PENN AVE OKLAHOMA CITY, OK 73120	86-1115863	501(C)(3)	0.	158,147.	FMV	MEDICAL ASSISTANCE	ONGOING
CAMP HONOR 1919 E. THOMAS ROAD PHOENIX, AZ 85016	86-0209257	501(C)(3)	0.	156,118.	FMV	MEDICAL ASSISTANCE	ONGOING
HIGHLANDS HEALTH FREE AND CHARITABLE CLINIC - 315 LOCUST 2ND FLOOR - JOHNSTOWN, PA 15901	23-2922409	501(C)(3)	0.	155,758.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CARE CLINIC OF DARE 425 HEALTH CENTER DRIVE NAGS HEAD, NC 27959	20-2230717	501(C)(3)	0.	153,984.	FMV	MEDICAL ASSISTANCE	ONGOING
MONTGOMERY COUNTY FREE CLINIC 816 MILL ST CRAWFORDSVILLE, IN 47933	27-1198512	501(C)(3)	0.	152,586.	FMV	MEDICAL ASSISTANCE	ONGOING

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CHARIS HEALTH CENTER 2620 N. MOUNT JULIET RD. MOUNT JULIET, TN 37122	35-2298919	501(C)(3)	0.	151,597.	FMV	MEDICAL ASSISTANCE	ONGOING
BREAD OF HEALING CLINIC 1821 N 16TH ST MILWAUKEE, WI 53205	81-0669867	501(C)(3)	0.	149,373.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. VINCENT DE PAUL CLINIC 420 WEST WATKINS ROAD PHOENIX, AZ 85003	86-0096789	501(C)(3)	0.	148,975.	FMV	MEDICAL ASSISTANCE	ONGOING
LIFESPRING HEALTH SYSTEMS 1036 SHARON DRIVE JEFFERSONVILLE, IN 47130	35-1097350	501(C)(3)	0.	147,748.	FMV	MEDICAL ASSISTANCE	ONGOING
MILAN PUSKAR HEALTH RIGHT 341 SPRUCE STREET MORGANTOWN, WV 26505	31-1118673	501(C)(3)	0.	146,888.	FMV	MEDICAL ASSISTANCE	ONGOING
TRINITY COMMUNITY SERVICES AND EDUCATIONAL FOUNDAT - 1234 PORTER STREET - DETROIT, MI 48226	38-3129349	501(C)(3)	0.	146,729.	FMV	MEDICAL ASSISTANCE	ONGOING
CACTUS HEALTH SERVICES INC. 700 N MAIN ST FORT STOCKTON, TX 79735	16-1663081	501(C)(3)	0.	146,353.	FMV	MEDICAL ASSISTANCE	ONGOING
CROSSINGS COMMUNITY CLINIC 222 NW 12TH ST OKLAHOMA CITY, OK 73103	86-1115863	501(C)(3)	0.	144,129.	FMV	MEDICAL ASSISTANCE	ONGOING
THE ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND - 131 S. ROBERTSON STREET, 10TH FLOOR MURPHY - NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	0.	141,453.	FMV	MEDICAL ASSISTANCE	ONGOING

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HOPE CLINIC OF GARLAND 800 S. 6TH STREET, SUITE 100 GARLAND, TX 75040	75-2960314	501(C)(3)	0.	141,008.	FMV	MEDICAL ASSISTANCE	ONGOING
VOLUNTEERS IN MEDICINE 15 NORTHRIDGE DRIVE HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	0.	140,104.	FMV	MEDICAL ASSISTANCE	ONGOING
ST VINCENT DE PAUL CHARITABLE PHARMACY - 1146 BANK ST. - CINCINNATI, OH 45214	30-0272954	501(C)(3)	0.	138,114.	FMV	MEDICAL ASSISTANCE	ONGOING
MAYFLOWER CLINIC 401 E. 1ST ST. N WICHITA, KS 67202	27-3298626	501(C)(3)	0.	137,403.	FMV	MEDICAL ASSISTANCE	ONGOING
AMERICAN MUSLIM COMMUNITY CLINIC 588 WILMA STREET LONGWOOD, FL 32750	81-4681715	501(C)(3)	0.	135,790.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMONWEALTH HEALTHCARE CORPORATION - 1 LOWER NAVY HILL - SAIPAN, MP 96950	66-0774364	501(C)(3)	0.	134,669.	FMV	MEDICAL ASSISTANCE	ONGOING
FINDLEY FOUNDATION INC 6114 W. CAPITOL DRIVE MILWAUKEE, WI 53216	82-3097119	501(C)(3)	0.	133,214.	FMV	MEDICAL ASSISTANCE	ONGOING
UPHAM'S CORNER HEALTH CENTER 415 COLUMBIA ROAD DORCHESTER, MA 02125	23-7211732	501(C)(3)	0.	132,963.	FMV	MEDICAL ASSISTANCE	ONGOING
CHARITABLE PHARMACY OF HOPE CLINIC OF ROSS COUNTY - 610 CENTRAL CENTER - CHILLICOTHE, OH 45601	45-2390821	501(C)(3)	0.	131,120.	FMV	MEDICAL ASSISTANCE	ONGOING

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TROUP CARES 301 MEDICAL DR. SUITE 501 LAGRANGE, GA 30240	20-8176300	501(C)(3)	0.	130,981.	FMV	MEDICAL ASSISTANCE	ONGOING
MOUNTAIN AREA HEALTH EDUCATION INC 25 WESTRIDGE MARKET PLACE CANDLER, NC 28715	56-1071426	501(C)(3)	0.	130,216.	FMV	MEDICAL ASSISTANCE	ONGOING
CENTRO DE SERVICIOS PRIMARIOS DE SALUD, INC - CALLE GUILLERMO RIEFKHOL 99 - PATILLAS, PR 00723	66-0430826	501(C)(3)	0.	127,364.	FMV	MEDICAL ASSISTANCE	ONGOING
BLUEBONNET TRAILS COMMUNITY SERVICES - 1009 N. GEORGETOWN ST. - ROUND ROCK, TX 78664	74-2795332	501(C)(3)	0.	127,071.	FMV	MEDICAL ASSISTANCE	ONGOING
WAYNE COUNTY PUBLIC HEALTH 105 N LAFAYETTE CORYDON, IA 50060	42-6004425	501(C)(3)	0.	125,854.	FMV	MEDICAL ASSISTANCE	ONGOING
NSHAPE FREE CLINIC 15 SOUTH STATE STREET, BROWNSOTOWN, PA 17508	88-1267168	501(C)(3)	0.	124,255.	FMV	MEDICAL ASSISTANCE	ONGOING
UNITED MEDICAL AND SOCIAL SERVICES 2921 ORLANDO # 166 DR SANFORD, FL 32773	84-1850758	501(C)(3)	0.	122,739.	FMV	MEDICAL ASSISTANCE	ONGOING
FIRST BAPTIST CHURCH MEDICAL/DENTAL CLINIC - 1607 CHERRY STREET - VICKSBURG, MS 39180	64-0356253	501(C)(3)	0.	121,900.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION HOSPITAL- MEDICATION ASSISTANCE PROGRAM - 2 MEDICAL PARK DRIVE SUITE 101 - ASHEVILLE, NC 28803	58-1450888	501(C)(3)	0.	118,155.	FMV	MEDICAL ASSISTANCE	ONGOING

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MATTHEW WALKER COMPREHENSIVE HEALTH CENTER INC. - 1035 14TH AVENUE NORTH - NASHVILLE, TN 37208	62-1035426	501(C)(3)	0.	117,142.	FMV	MEDICAL ASSISTANCE	ONGOING
HEARTS AND HANDS CLINIC 127 NORTH COLLEGE STREET STATESBORO, GA 30458	26-4597700	501(C)(3)	0.	116,838.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS, INC. - 52 AUNT DORA DRIVE - HIGHLANDS, NC 28741	65-1251915	501(C)(3)	0.	116,567.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HELPING HANDS HEALTH CLINIC - 34-C COURTHOUSE SQUARE - CLEVELAND, GA 30528	64-0950194	501(C)(3)	0.	114,765.	FMV	MEDICAL ASSISTANCE	ONGOING
SLO NOOR FOUNDATION A NON PROFIT CORP - 1428 PHILLIPS LN # 203, - SAN LUIS OBISPO, CA 93401	27-1412176	501(C)(3)	0.	114,706.	FMV	MEDICAL ASSISTANCE	ONGOING
ROSE GARDEN CENTER FOR HOPE AND HEALING - 2040 MADISON AVE - COVINGTON, KY 41014	27-2425177	501(C)(3)	0.	114,543.	FMV	MEDICAL ASSISTANCE	ONGOING
AMERICARES FREE CLINIC OF STAMFORD 401 SHIPPAN AVENUE STAMFORD, CT 06902	06-1422741	501(C)(3)	0.	113,642.	FMV	MEDICAL ASSISTANCE	ONGOING
ST.THOMAS EPISCOPAL CHURCH 600 PAUL HAND BOULEVARD FRANKLIN, IN 46131	35-1449379	501(C)(3)	0.	113,470.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. MARTINS HEALTHCARE INC 1359 SOUTH RANDOLPH STREET GARRETT, IN 46738	20-8609620	501(C)(3)	0.	111,989.	FMV	MEDICAL ASSISTANCE	ONGOING

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FLAGLER COUNTY FREE CLINIC 703 EAST MOODY BLVD. BUNNELL, FL 32110	20-5036975	501(C)(3)	0.	111,959.	FMV	MEDICAL ASSISTANCE	ONGOING
PROTECTAZ 1211 E APACHE ST, PHOENIX, AZ 85034 PHOENIX, AZ 85034	88-2998894	501(C)(3)	0.	111,358.	FMV	MEDICAL ASSISTANCE	ONGOING
GRASSROOTS HEALTHCARE FOUNDATION 97 DOBBINS ST VACAVILLE, CA 95688	32-0600776	501(C)(3)	0.	110,945.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTHCARE FOR THE HOMELESS - HOUSTON - 1934 CAROLINE STREET - HOUSTON, TX 77002	76-0647934	501(C)(3)	0.	110,807.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTH BROWARD HOSPITAL DISTRICT DBA BROWARD HEALTH - 200 NORTHWEST 7TH AVENUE - FORT LAUDERDALE, FL 33311	59-6012065	501(C)(3)	0.	109,940.	FMV	MEDICAL ASSISTANCE	ONGOING
BETHESDA COMMUNITY CLINIC, INC 450 WILBANKS DR. SUITE A BALL GROUND, GA 30107	27-4923001	501(C)(3)	0.	109,834.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTH BROWARD HOSPITAL DISTRICT DBA BROWARD HEALTH - 1101 W BROWARD BLVD - FORT LAUDERDALE, FL 33312	59-6012065	501(C)(3)	0.	109,563.	FMV	MEDICAL ASSISTANCE	ONGOING
HARTVILLE MIGRANT MINISTRIES 3980 SWAMP STREET NE HARTVILLE, OH 44632	34-0899100	501(C)(3)	0.	108,320.	FMV	MEDICAL ASSISTANCE	ONGOING
BARTZ-ALTADONNA COMMUNITY HEALTH CENTER - 43322 GINGHAM AVE. - LANCASTER, CA 93535	27-3261289	501(C)(3)	0.	105,974.	FMV	MEDICAL ASSISTANCE	ONGOING

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JEFFERSON CENTER FOR MENTAL HEALTH 5801 WEST ALAMEDA AVENUE DENVER, CO 80226	84-0474717	501(C)(3)	0.	105,970.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE HEALTH 572 COLEMAN WAXAHACHIE, TX 75165	75-2813621	501(C)(3)	0.	105,854.	FMV	MEDICAL ASSISTANCE	ONGOING
PEOPLE FIRST HEALTH CARE INC 1800 CANYON PARK CIRCLE EDMOND, OK 73013	92-1188936	501(C)(3)	0.	105,774.	FMV	MEDICAL ASSISTANCE	ONGOING
NEIGHBORHOOD HEALTH CENTER PLAINFIELD - 1700-58 MYRTLE AVENUE - PLAINFIELD, NJ 07063	22-1927742	501(C)(3)	0.	105,762.	FMV	MEDICAL ASSISTANCE	ONGOING
UBUNTU BLACK FAMILY WELLNESS COLLECTIVE - 2611 GOVERNOR PRINTZ BLVD - WILMINGTON, DE 19802	84-4234815	501(C)(3)	0.	105,469.	FMV	MEDICAL ASSISTANCE	ONGOING
GULF BEND CENTER 6502 NURSERY DR. STE. 100 VICTORIA, TX 77904	74-1659064	501(C)(3)	0.	105,356.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTH AND HOPE CLINIC, INC. 1718 E OLIVE RD PENSACOLA, FL 32514	26-4336638	501(C)(3)	0.	104,424.	FMV	MEDICAL ASSISTANCE	ONGOING
FAMILY HEALTH SERVICES 826 EASTLAND DRIVE TWIN FALLS, ID 83301	82-0371093	501(C)(3)	0.	103,960.	FMV	MEDICAL ASSISTANCE	ONGOING
BRAZOS COUNTY HEALTH DISTRICT 201 NORTH TEXAS AVENUE BRYAN, TX 77803	74-6000433	501(C)(3)	0.	103,266.	FMV	MEDICAL ASSISTANCE	ONGOING

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

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LAKEVIEW CENTER INC. 1201 W. HERNANDEZ ST PENSACOLA, FL 32501	59-0737872	501(C)(3)	0.	102,161.	FMV	MEDICAL ASSISTANCE	ONGOING
URGENT & PRIMARY CARE OF CLARKSDALE - 125 HIGHWAY 322 - CLARKSDALE, MS 38614	82-1075385	501(C)(3)	0.	101,954.	FMV	MEDICAL ASSISTANCE	ONGOING
PHOENIXVILLE FREE CLINIC 143 CHURCH ST. PHOENIXVILLE, PA 19460	23-3072363	501(C)(3)	0.	99,626.	FMV	MEDICAL ASSISTANCE	ONGOING
MERCY HEALTH CENTER, INC. 700 OGLETHORPE AVE ATHENS, GA 30606	58-2603523	501(C)(3)	0.	98,964.	FMV	MEDICAL ASSISTANCE	ONGOING
BETHANY FIRST NAZARENE CHURCH 6789 NW 39TH EXPRESS WAY BETHANY, OK 73008	73-0643163	501(C)(3)	0.	98,101.	FMV	MEDICAL ASSISTANCE	ONGOING
CAMUY HEALTH SERVICES, INC. 63 CAMUY, PR 00627	66-0428652	501(C)(3)	0.	97,618.	FMV	MEDICAL ASSISTANCE	ONGOING
UCSD ASYLUM SEEKERS SHELTER MEDICAL PROGRAM - 4902 PACIFIC HIGHWAY - SAN DIEGO, CA 92110	95-6006144	501(C)(3)	0.	96,987.	FMV	MEDICAL ASSISTANCE	ONGOING
OPEN BIBLE MEDICAL CLINIC & PHARMACY - 555 E COSTILLA ST - COLORADO SPRINGS, CO 80903	84-1345520	501(C)(3)	0.	96,306.	FMV	MEDICAL ASSISTANCE	ONGOING
ELLENTON HEALTH CLINIC, PUBLIC HEALTH DISTRICT 8-2 - 185 NORTH BAKER STREET - ELLENTON, GA 31747	23-7379607	501(C)(3)	0.	95,753.	FMV	MEDICAL ASSISTANCE	ONGOING

Schedule I (Form 990)

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

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SOUTH TEXAS FAMILY PLANNING & HEALTH CORPORATION - 4455 SOUTH PADRE ISLAND DRIVE - CORPUS CHRISTI, TX 78411	74-1728621	501(C)(3)	0.	95,633.	FMV	MEDICAL ASSISTANCE	ONGOING
DAHLONEGA PEDIATRIC AND ADOLESCENT MEDICINE - 1055 GROVE ST NORTH - DAHLONEGA, GA 30533	58-0566256	501(C)(3)	0.	95,046.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY MEDICINE RXCARE PHARMACY 3595 OLENTANGY RIVER ROAD COLUMBUS, OH 43214	23-7446919	501(C)(3)	0.	93,744.	FMV	MEDICAL ASSISTANCE	ONGOING
BROCK HUGHES FREE CLINIC, INC. 450 W MONROE ST WYTHEVILLE, VA 24382	20-2353144	501(C)(3)	0.	92,836.	FMV	MEDICAL ASSISTANCE	ONGOING
COACHELLA VALLEY VOLUNTEERS IN MEDICINE - 82915 AVENUE 48 - INDIO, CA 92201	26-3312826	501(C)(3)	0.	91,898.	FMV	MEDICAL ASSISTANCE	ONGOING
CHURCH HEALTH SERVICES 115 N CENTER STREET BEAVER DAM, WI 53916	39-1759669	501(C)(3)	0.	91,866.	FMV	MEDICAL ASSISTANCE	ONGOING
ONE STOP CLINIC 701 17TH AVE W BRADENTON, FL 34205	59-3340921	501(C)(3)	0.	91,128.	FMV	MEDICAL ASSISTANCE	ONGOING
MACON VOLUNTEER CLINIC 376 ROGERS AVE MACON, GA 31204	74-3055376	501(C)(3)	0.	90,559.	FMV	MEDICAL ASSISTANCE	ONGOING
IFM COMMUNITY MEDICINE 5501 DELMAR BLVD SAINT LOUIS, MO 63112	43-1863752	501(C)(3)	0.	88,976.	FMV	MEDICAL ASSISTANCE	ONGOING

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

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NOVA SCRIPTSCENTRAL 6400 ARLINGTON BLVD FALLS CHURCH, VA 22042	65-1275162	501(C)(3)	0.	85,156.	FMV	MEDICAL ASSISTANCE	ONGOING
GREATER TEXOMA HEALTH CLINIC 900 N. ARMSTRONG AVE. DENISON, TX 75020	81-0584983	501(C)(3)	0.	84,641.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE CLINIC 13808 NC HWY 55 BAYBORO, NC 28515	56-2114681	501(C)(3)	0.	81,921.	FMV	MEDICAL ASSISTANCE	ONGOING
LORAIN COUNTY FREE CLINIC 5040 OBERLIN AVENUE LORAIN, OH 44053	34-1506180	501(C)(3)	0.	81,713.	FMV	MEDICAL ASSISTANCE	ONGOING
BEACON CHARITABLE PHARMACY, INC. 2525 13TH ST. NW CANTON, OH 44708	20-0797475	501(C)(3)	0.	80,681.	FMV	MEDICAL ASSISTANCE	ONGOING
WHOLE FAMILY HEALTH CENTER 981 37TH PLACE VERO BEACH, FL 32960	65-0715258	501(C)(3)	0.	80,064.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH CLINIC OF HARDIN & LARUE COUNTI - 1113 WOODLAND DR - ELIZABETHTOWN, KY 42701	30-0042070	501(C)(3)	0.	80,044.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY WELLNESS OUTREACH 2430 ATLAS ROAD COLUMBIA, SC 29209	86-3673280	501(C)(3)	0.	79,789.	FMV	MEDICAL ASSISTANCE	ONGOING
CITY SQUARE 2835 AL LIPSCOMB WAY DALLAS, TX 75215	75-2332948	501(C)(3)	0.	79,694.	FMV	MEDICAL ASSISTANCE	ONGOING

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MOROVIS COMMUNITY HEALTH CENTER, INC. - CALLE PATRON #2 - MOROVIS, PR 00687	66-0480948	501(C)(3)	0.	79,234.	FMV	MEDICAL ASSISTANCE	ONGOING
SHARE FOUNDATION 815 THOMPSON AVENUE EL DORADO, AR 71730	71-0236863	501(C)(3)	0.	79,075.	FMV	MEDICAL ASSISTANCE	ONGOING
SO OTHERS MIGHT EAT 60 O STREET NW WASHINGTON, DC 20001	23-7098123	501(C)(3)	0.	78,566.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SAMARITAN HEALTH CLINIC OF PASCO, INC - 5334 ASPEN ST. - NEW PORT RICHEY, FL 34652	59-3072334	501(C)(3)	0.	76,998.	FMV	MEDICAL ASSISTANCE	ONGOING
ROCK SPRINGS CLINIC 211 ROCK SPRINGS ROAD MILNER, GA 30257	26-4485460	501(C)(3)	0.	76,538.	FMV	MEDICAL ASSISTANCE	ONGOING
SVDP GA COMMUNITY PHARMACY 2050C CHAMBLEE TUCKER RD ATLANTA, GA 30341	58-0967972	501(C)(3)	0.	75,511.	FMV	MEDICAL ASSISTANCE	ONGOING
OHIO VALLEY HEALTH CENTER 423 SOUTH STREET STEUBENVILLE, OH 43952	20-3924355	501(C)(3)	0.	74,762.	FMV	MEDICAL ASSISTANCE	ONGOING
STILLWATER COMMUNITY HEALTH CENTER 821 SOUTH PINE STREET STILLWATER, OK 74074	73-1502192	501(C)(3)	0.	74,423.	FMV	MEDICAL ASSISTANCE	ONGOING
PROJECT VISION 70 LEIPAPA PLACE KAHULUI, HI 96732	27-2831637	501(C)(3)	0.	73,165.	FMV	MEDICAL ASSISTANCE	ONGOING

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DROP IN CENTER NORTH - 356 CAMPBELL AVE ROANOKE, VA 24016	54-0718859	501(C)(3)	0.	72,746.	FMV	MEDICAL ASSISTANCE	ONGOING
DUPLIN MEDICAL ASSOCIATION 600 SOUTH SYCAMORE STREET ROSE HILL, NC 28458	56-1414420	501(C)(3)	0.	72,659.	FMV	MEDICAL ASSISTANCE	ONGOING
LETS BE DIFFERENT INC 2326 FORTUNE RD KISSIMMEE, FL 34744	82-4813882	501(C)(3)	0.	71,691.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITYHEALTH PARTNERSHIP OF ILLINOIS - 62 N AYER STREET - HARVARD, IL 60033	36-3798678	501(C)(3)	0.	69,261.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTHSIDE CHRISTIAN HEALTH CARE CENTER - 816 MIDDLE STREET - PITTSBURGH, PA 15212	25-1715426	501(C)(3)	0.	68,939.	FMV	MEDICAL ASSISTANCE	ONGOING
CLINICA TEPATI 1820 J ST. SACRAMENTO, CA 95811	94-2324682	501(C)(3)	0.	67,742.	FMV	MEDICAL ASSISTANCE	ONGOING
WHOLE PERSON CARE CLINIC 120 N. ASH STREET ESCONDIDO, CA 92027	85-0858493	501(C)(3)	0.	67,292.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. CLAIR COMMUNITY HEALTH CLINIC INC. - 205 EDWIN HOLLADAY PLACE - PELL CITY, AL 35125	85-0632695	501(C)(3)	0.	67,217.	FMV	MEDICAL ASSISTANCE	ONGOING
SAFE HARBOR FREE CLINIC 7209 265TH ST. NW #203/204 STANWOOD, WA 98292	26-3825107	501(C)(3)	0.	66,922.	FMV	MEDICAL ASSISTANCE	ONGOING

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CARROLL COUNTY HEALTH DEPARTMENT 101 WEST MAIN ST DELPHI, IN 46923	35-6000130	501(C)(3)	0.	65,805.	FMV	MEDICAL ASSISTANCE	ONGOING
UNIVERSITY OF ARIZONA MOBILE HEALTH PROGRAM - 655 N. ALVERNON WAY - TUCSON, AZ 85711	74-2652689	501(C)(3)	0.	65,003.	FMV	MEDICAL ASSISTANCE	ONGOING
LAKELAND VOLUNTEERS IN MEDICINE 600 W. PEACHTREE ST LAKELAND, FL 33815	52-2351630	501(C)(3)	0.	64,864.	FMV	MEDICAL ASSISTANCE	ONGOING
DEO CLINIC 218 NORTH FREDRICK ST. DALTON, GA 30721	46-0789000	501(C)(3)	0.	64,569.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMONGOOD MEDICAL 103 E. LAMAR ST. MCKINNEY, TX 75069	81-3813928	501(C)(3)	0.	64,528.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD NEIGHBOR FREE MEDICAL CLINIC OF BEAUFORT - 974 RIBAUT ROAD - BEAUFORT, SC 29902	26-0335357	501(C)(3)	0.	63,839.	FMV	MEDICAL ASSISTANCE	ONGOING
SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS - 700 EDWARDS AVE - NEW ORLEANS, LA 70123	72-0956468	501(C)(3)	0.	63,539.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH CENTER OF WEST PALM BEACH - 5205 GREENWOOD AVENUE, - WEST PALM BEACH, FL 33407	26-3611337	501(C)(3)	0.	62,344.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. FRANCIS COMMUNITY FREE CLINIC 1000 N. KOELLER ST. OSHKOSH, WI 54902	39-1334342	501(C)(3)	0.	59,927.	FMV	MEDICAL ASSISTANCE	ONGOING

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ST. MARY'S HEALTH WAGON 5626 PATRIOT DRIVE WISE, VA 24293	04-3739083	501(C)(3)	0.	58,504.	FMV	MEDICAL ASSISTANCE	ONGOING
MOUNTAIN AREA HEALTH EDUCATION INC 125 HENDERSONVILLE RD ASHEVILLE, NC 28803	56-1071426	501(C)(3)	0.	58,170.	FMV	MEDICAL ASSISTANCE	ONGOING
ANDREWS CENTER 2323 WEST FRONT STREET TYLER, TX 75702	75-1281410	501(C)(3)	0.	55,738.	FMV	MEDICAL ASSISTANCE	ONGOING
TEMPLE COMMUNITY CLINIC 1508 W AVE J TEMPLE, TX 76504	74-2634500	501(C)(3)	0.	54,958.	FMV	MEDICAL ASSISTANCE	ONGOING
FAITH COMMUNITY HEALTH 1232 BRANSON HILLS PARKWAY BRANSON, MO 65616	94-3467834	501(C)(3)	0.	54,544.	FMV	MEDICAL ASSISTANCE	ONGOING
HEARTBRIGHT FOUNDATION INC 2101 CAMBRIDGE BELTWAY DRIVE CHARLOTTE, NC 28273	45-0496759	501(C)(3)	0.	53,630.	FMV	MEDICAL ASSISTANCE	ONGOING
ONEWORLD COMMUNITY HEALTH CENTERS INC - 4920 S. 30TH STREET, SUITE 103 - OMAHA, NE 68107	47-0548990	501(C)(3)	0.	53,320.	FMV	MEDICAL ASSISTANCE	ONGOING
DUQUESNE UNIVERSITY HEALTH 600 FORBES AVENUE PITTSBURGH, PA 15282	25-1035663	501(C)(3)	0.	52,608.	FMV	MEDICAL ASSISTANCE	ONGOING
ARLINGTON FREE CLINIC 2921 11TH STREET S ARLINGTON, VA 22204	54-1671883	501(C)(3)	0.	50,267.	FMV	MEDICAL ASSISTANCE	ONGOING

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SHEPHERDS CLINIC 2800 KIRK AVE. BALTIMORE, MD 21218	52-1739001	501(C)(3)	0.	49,938.	FMV	MEDICAL ASSISTANCE	ONGOING
CONCILIO DE SALUD INTEGRAL LOIZA CARR. 188 INT. 187 LOIZA, PR 00772	66-0314649	501(C)(3)	0.	49,696.	FMV	MEDICAL ASSISTANCE	ONGOING
OPEN ARMS FREE CLINIC, INC. 205 E. COMMERCE CT ELKHORN, WI 53121	45-4475625	501(C)(3)	0.	47,386.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SAMARITAN HEALTH CENTERS, INC. - 268 HERBERT STREET - SAINT AUGUSTINE, FL 32084	52-2125419	501(C)(3)	0.	47,273.	FMV	MEDICAL ASSISTANCE	ONGOING
M-POWER MINISTRIES HEALTH CENTER 4022 4TH AVE SOUTH BIRMINGHAM, AL 35222	31-1639601	501(C)(3)	0.	47,060.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE MEDICAL CLINIC 518 HARRIET STREET YPSILANTI, MI 48197	38-2469007	501(C)(3)	0.	46,620.	FMV	MEDICAL ASSISTANCE	ONGOING
WESTCARE NEVADA INC. 323 N. MARYLAND PARKWAY LAS VEGAS, NV 89101	94-2778981	501(C)(3)	0.	46,056.	FMV	MEDICAL ASSISTANCE	ONGOING
HOMELESS EMPOWERMENT PROGRAM DENTAL AND WELLNESS - 1120 NORTH BETTY LANE - CLEARWATER, FL 33755	59-2729694	501(C)(3)	0.	45,220.	FMV	MEDICAL ASSISTANCE	ONGOING
OLYMPIC PENINSULA COMMUNITY CLINIC 819 GEORGIANA STREET PORT ANGELES, WA 98362	01-0590704	501(C)(3)	0.	45,000.	FMV	MEDICAL ASSISTANCE	ONGOING

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OPEN M 941 PRINCETON ST AKRON, OH 44311	34-1046107	501(C)(3)	0.	42,599.	FMV	MEDICAL ASSISTANCE	ONGOING
HILL COUNTRY COMMUNITY MHMR CENTER 819 WATER STREET KERRVILLE, TX 78028	74-2822017	501(C)(3)	0.	42,295.	FMV	MEDICAL ASSISTANCE	ONGOING
UT HEALTH SCIENCE CENTER AT SAN ANTONIO - FOCUS - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229	74-1587488	501(C)(3)	0.	42,136.	FMV	MEDICAL ASSISTANCE	ONGOING
GATEWAY FOUNDATION - SPRINGFIELD AND JACKSONVILLE - 2200 LAKE VICTORIA DRIVE - SPRINGFIELD, IL 62703	36-2670036	501(C)(3)	0.	42,134.	FMV	MEDICAL ASSISTANCE	ONGOING
MANNA MINISTRIES INC 120 STREET A, SUITE A PICAYUNE, MS 39466	20-1788094	501(C)(3)	0.	41,716.	FMV	MEDICAL ASSISTANCE	ONGOING
MIDDLE FLINT AREA COMMUNITY SERVICE BOARD - 415 N JACKSON ST - AMERICUS, GA 31709	58-2111079	501(C)(3)	0.	41,076.	FMV	MEDICAL ASSISTANCE	ONGOING
WESLEY HEALTH CENTER 1300 S. 10TH ST PHOENIX, AZ 85034	86-0133770	501(C)(3)	0.	40,408.	FMV	MEDICAL ASSISTANCE	ONGOING
STAYWELL HEALTH CENTER 80 PHOENIX AVENUE WATERBURY, CT 06702	22-3160873	501(C)(3)	0.	39,653.	FMV	MEDICAL ASSISTANCE	ONGOING
ALBEMARLE HOSPITAL FOUNDATION 918 GREENLEAF ST ELIZABETH CITY, NC 27909	43-2031990	501(C)(3)	0.	39,650.	FMV	MEDICAL ASSISTANCE	ONGOING

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VOLUNTEERS IN MEDICINE CLINIC 2260 MARCOLA ROAD SPRINGFIELD, OR 97477	93-1276816	501(C)(3)	0.	39,589.	FMV	MEDICAL ASSISTANCE	ONGOING
STAR - STAND TOGETHER AND RECOVER CENTERS, INC. - 2502 E WASHINGTON STREET - PHOENIX, AZ 85034	86-0586210	501(C)(3)	0.	38,792.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CONNECTIONS FREE CLINIC 101 E. FOUNTAIN STREET DODGEVILLE, WI 53533	72-1619112	501(C)(3)	0.	38,475.	FMV	MEDICAL ASSISTANCE	ONGOING
BLACK HAWK GRUNDY MENTAL HEALTH CENTER - 3251 WEST 9TH STREET - WATERLOO, IA 50702	42-0733463	501(C)(3)	0.	37,482.	FMV	MEDICAL ASSISTANCE	ONGOING
I CARE SAN ANTONIO 1779 NE LOOP 410 ACCESS RD SAN ANTONIO, TX 78217	74-2690192	501(C)(3)	0.	37,176.	FMV	MEDICAL ASSISTANCE	ONGOING
WHEELING HEALTH RIGHT INC 61-29TH ST WHEELING, WV 26003	31-1149085	501(C)(3)	0.	37,150.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SAMARITAN MEDICAL CLINIC 139 CHURCH ST. CHESTER, SC 29706	82-0549226	501(C)(3)	0.	36,562.	FMV	MEDICAL ASSISTANCE	ONGOING
SALINA HEALTH EDUCATION FOUNDATON 651 EAST PRESCOTT ROAD SALINA, KS 67401	48-0858197	501(C)(3)	0.	36,390.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTHFINDERS COLLABORATIVE 1415 TOWN SQUARE LANE FARIBAULT, MN 55021	20-1805262	501(C)(3)	0.	36,329.	FMV	MEDICAL ASSISTANCE	ONGOING

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WAHID MEDICAL CORP 1108 WARD AVENUE PATTERSON, CA 95363	45-3797437	501(C)(3)	0.	36,040.	FMV	MEDICAL ASSISTANCE	ONGOING
NEXUS RECOVERY CENTER INC 8733 LA PRADA DR DALLAS, TX 75228	23-7169388	501(C)(3)	0.	35,497.	FMV	MEDICAL ASSISTANCE	ONGOING
OAKLAWN 330 LAKEVIEW DR. GOSHEN, IN 46528	35-1070041	501(C)(3)	0.	34,405.	FMV	MEDICAL ASSISTANCE	ONGOING
UNIVERSITY OF UTAH- UTAH NALOXONE 525 E 100 S SALT LAKE CITY, UT 84102	87-6000525	501(C)(3)	0.	34,205.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTHERN NECK FREE HEALTH CLINIC 51 WILLIAM B. GRAHAM CT. KILMARNOCK, VA 22482	54-1679279	501(C)(3)	0.	33,996.	FMV	MEDICAL ASSISTANCE	ONGOING
STREET MEDICINE DETROIT 540 E CANFIELD ST DETROIT, MI 48201	38-3982723	501(C)(3)	0.	33,334.	FMV	MEDICAL ASSISTANCE	ONGOING
FAMILY COMMUNITY CLINIC INC. 1420 E WASHINGTON STREET LOUISVILLE, KY 40206	27-2994215	501(C)(3)	0.	32,770.	FMV	MEDICAL ASSISTANCE	ONGOING
SPECTRA HEALTH 212 SOUTH 4TH STREET GRAND FORKS, ND 58201	27-0056777	501(C)(3)	0.	32,102.	FMV	MEDICAL ASSISTANCE	ONGOING
IMPACT CHRISTIAN MINISTRIES CLINIC 115 W. SOLOMON ST. GRIFFIN, GA 30223	27-0344233	501(C)(3)	0.	31,947.	FMV	MEDICAL ASSISTANCE	ONGOING

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MOAB FREE HEALTH CLINIC 121 WEST 200 SOUTH MOAB, UT 84532	26-2082745	501(C)(3)	0.	31,840.	FMV	MEDICAL ASSISTANCE	ONGOING
TARZANA TREATMENT CENTERS, INC. 7101 BAIRD AVE RESEDA, CA 91335	94-2219349	501(C)(3)	0.	31,762.	FMV	MEDICAL ASSISTANCE	ONGOING
NURSES GLOBAL OUTREACH, INC. 925 N WACO AVE WICHITA, KS 67203	83-1687039	501(C)(3)	0.	31,550.	FMV	MEDICAL ASSISTANCE	ONGOING
A BETTER CHOICE 3007 E CENTRAL WICHITA, KS 67214	48-1133128	501(C)(3)	0.	30,973.	FMV	MEDICAL ASSISTANCE	ONGOING
ROMBOOL HEALTHCARE INC 401 S PARSONS AVE SUITE C-1 BRANDON, FL 33511	99-1206263	501(C)(3)	0.	30,921.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTHNET OF ROCK COUNTY, INC. 113 S FRANKLIN STREET JANESVILLE, WI 53548	39-1778804	501(C)(3)	0.	30,354.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD NEWS MINISTRIES/ GOOD NEWS HEALTH CLINIC - 2716 EAST WASHINGTON STREET - INDIANAPOLIS, IN 46201	35-0999233	501(C)(3)	0.	30,026.	FMV	MEDICAL ASSISTANCE	ONGOING
PRIMARY CARE MEDICAL SERVICES OF PO - 1503 BILL BECK BLVD - KISSIMMEE, FL 34744	75-3147007	501(C)(3)	0.	29,912.	FMV	MEDICAL ASSISTANCE	ONGOING
CLINIC BY THE BAY 35 ONONDAGA AVENUE SAN FRANCISCO, CA 94112	26-2593712	501(C)(3)	0.	29,786.	FMV	MEDICAL ASSISTANCE	ONGOING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH ROUTT MEDICAL CENTER HEALTH SERVICE DIS - 300 MAIN STREET - OAK CREEK, CO 80467	84-6032810	501(C)(3)	0.	29,390.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTH JEFFERSON COUNTY CLINIC PHARMACY - 1295 PEARL ST - BEAUMONT, TX 77701	74-6000291	501(C)(3)	0.	28,325.	FMV	MEDICAL ASSISTANCE	ONGOING
PROJECT SOS -SUPPORT OUR SOLDIERS INC. - 2412 DUE WEST DRIVE - THE VILLAGES, FL 32162	27-2932657	501(C)(3)	0.	28,134.	FMV	MEDICAL ASSISTANCE	ONGOING
OLDE TOWNE MEDICAL & DENTAL CENTER 5249 OLDE TOWNE ROAD WILLIAMSBURG, VA 23188	54-1663905	501(C)(3)	0.	27,604.	FMV	MEDICAL ASSISTANCE	ONGOING
SAMARITAN HOUSE 114 5TH AVE REDWOOD CITY, CA 94063	23-7416272	501(C)(3)	0.	27,167.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CLINIC OF SOUTHWEST MISSOURI - 701 S. JOPLIN AVE - JOPLIN, MO 64801	43-1643962	501(C)(3)	0.	26,978.	FMV	MEDICAL ASSISTANCE	ONGOING
JEAN B PURVIS COMMUNITY HEALTH CENTER - 103 BONNIE DRIVE - BUTLER, PA 16002	20-4852135	501(C)(3)	0.	26,911.	FMV	MEDICAL ASSISTANCE	ONGOING
HALEY CENTER 603 6TH STREET NW WINTER HAVEN, FL 33881	82-5306080	501(C)(3)	0.	26,861.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTH PARTNERS OF WESTERN OHIO 329 N. WEST ST LIMA, OH 45801	56-2330309	501(C)(3)	0.	26,844.	FMV	MEDICAL ASSISTANCE	ONGOING

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INFANT WELFARE SOCIETY OF CHICAGO 3600 WEST FULLERTON AVENUE CHICAGO, IL 60647	36-2167752	501(C)(3)	0.	26,717.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTH FOR ALL 3030 EAST 29TH STREET BRYAN, TX 77802	74-2624477	501(C)(3)	0.	26,000.	FMV	MEDICAL ASSISTANCE	ONGOING
TREASURE COAST COMMUNITY HEALTH, INC - 4675 28TH COURT - VERO BEACH, FL 32967	59-3219191	501(C)(3)	0.	25,865.	FMV	MEDICAL ASSISTANCE	ONGOING
GRAPEVINE RELIEF AND COMMUNITY EXCHANGE (GRACE) - 837 E. WALNUT STREET - GRAPEVINE, TX 76051	75-2195702	501(C)(3)	0.	25,695.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY MEDICAL CLINIC OF AIKEN COUNTY - 244 GREENVILLE ST NW - AIKEN, SC 29801	57-1063263	501(C)(3)	0.	25,327.	FMV	MEDICAL ASSISTANCE	ONGOING
ZUFALL HEALTH CENTER 18 W. BLACKWELL STREET DOVER, NJ 07801	22-3125397	501(C)(3)	0.	24,776.	FMV	MEDICAL ASSISTANCE	ONGOING
SPECIALIZED TREATMENT EDUCATION AND PREVENTION SER - 1033 N. PINE HILLS ROAD - ORLANDO, FL 32808	63-0836930	501(C)(3)	0.	24,746.	FMV	MEDICAL ASSISTANCE	ONGOING
MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM - 111 AVE F - BAY CITY, TX 77414	20-0537948	501(C)(3)	0.	24,710.	FMV	MEDICAL ASSISTANCE	ONGOING
MORGAN COUNTY MEDICAL CENTER 224 OLD MILL ROAD WARTBURG, TN 37887	62-0913596	501(C)(3)	0.	24,032.	FMV	MEDICAL ASSISTANCE	ONGOING

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HPM FOUNDATION, INC. 2020 AVE BORINQUEN SAN JUAN, PR 00915	66-0437924	501(C)(3)	0.	24,010.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. LUKE COMMUNITY CLINIC INC. 316 N ROYAL AVE FRONT ROYAL, VA 22630	54-1801220	501(C)(3)	0.	23,328.	FMV	MEDICAL ASSISTANCE	ONGOING
DADE COUNTY HEALTH DEPARTMENT 413 W WATER STREET GREENFIELD, MO 65661	43-1266535	501(C)(3)	0.	23,289.	FMV	MEDICAL ASSISTANCE	ONGOING
GULF COAST HEALTH CENTER, INC-PORT ARTHUR, TX - 2548 MEMORIAL BLVD, - PORT ARTHUR, TX 77640	76-0289927	501(C)(3)	0.	23,075.	FMV	MEDICAL ASSISTANCE	ONGOING
VOLUNTEERS IN MEDICINE, INC. 1039 S. DUCHESNE SAINT CHARLES, MO 63301	43-1791543	501(C)(3)	0.	22,508.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. VINCENT DEPAUL COMMUNITY PHARMACY - 502 GRAMMONT ST - MONROE, LA 71201	90-0014479	501(C)(3)	0.	22,420.	FMV	MEDICAL ASSISTANCE	ONGOING
CATHOLIC CHARITIES DIOCESE OF ARLINGTON - 9380 FORESTWOOD LANE - MANASSAS, VA 20110	54-0515706	501(C)(3)	0.	21,772.	FMV	MEDICAL ASSISTANCE	ONGOING
OASIS FREE CLINICS 331 MAINE STREET BRUNSWICK, ME 04011	01-0497587	501(C)(3)	0.	21,553.	FMV	MEDICAL ASSISTANCE	ONGOING
CAIRN HEALTH, INC. 1514 N. BROADWAY AVE WICHITA, KS 67214	48-0891620	501(C)(3)	0.	21,400.	FMV	MEDICAL ASSISTANCE	ONGOING

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SYMBA CENTER 16902 FIRST STREET VICTORVILLE, CA 92395	84-3729902	501(C)(3)	0.	20,909.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SHEPHERD CLINIC 452 HIGHWAY 53 E #1009 DAWSONVILLE, GA 30534	27-0245804	501(C)(3)	0.	20,018.	FMV	MEDICAL ASSISTANCE	ONGOING
TALBOT HOUSE MINISTRIES OF LAKELAND- INC. - 814 NORTH KENTUCKY AVE. - LAKELAND, FL 33801	59-2151802	501(C)(3)	0.	19,542.	FMV	MEDICAL ASSISTANCE	ONGOING
UBI CARITAS 4450 HIGHLAND AVE. BEAUMONT, TX 77705	76-0558225	501(C)(3)	0.	19,424.	FMV	MEDICAL ASSISTANCE	ONGOING
LAKE AREA FREE CLINIC 856B ARMOUR RD OCONOMOWOC, WI 53066	39-2006388	501(C)(3)	0.	19,292.	FMV	MEDICAL ASSISTANCE	ONGOING
SAMARITAN HEALTH AND WELLNESS CENTER, INC. - 2450 EDISON AVE - FORT MYERS, FL 33901	46-0922358	501(C)(3)	0.	18,880.	FMV	MEDICAL ASSISTANCE	ONGOING
CROSSOVER MINISTRY 8600 QUIOCCASIN RD. HENRICO, VA 23229	54-1371067	501(C)(3)	0.	18,575.	FMV	MEDICAL ASSISTANCE	ONGOING
SURRY MEDICAL MINISTRIES 951 ROCKFORD STREET MOUNT AIRY, NC 27030	56-1829347	501(C)(3)	0.	18,204.	FMV	MEDICAL ASSISTANCE	ONGOING
MEDICAL MISSIONS FOR CHRIST CLINIC 1974 N. BUSINESS RTE 5 CAMDENTON, MO 65020	20-3637019	501(C)(3)	0.	17,701.	FMV	MEDICAL ASSISTANCE	ONGOING

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SALUD INTEGRAL EN LA MONTANA CARR 164. SECTOR EL DESVO NARANJITO, PR 00719	66-0329532	501(C)(3)	0.	17,690.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY VOLUNTEERS IN MEDICINE 300B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	501(C)(3)	0.	17,534.	FMV	MEDICAL ASSISTANCE	ONGOING
CASA JUAN DIEGO 4818 ROSE STREET HOUSTON, TX 77007	76-0003018	501(C)(3)	0.	17,081.	FMV	MEDICAL ASSISTANCE	ONGOING
PEOPLES CLINIC 3111 ELECTRIC AVE PORT HURON, MI 48060	38-3274342	501(C)(3)	0.	16,984.	FMV	MEDICAL ASSISTANCE	ONGOING
WATER STREET HEALTH SERVICES 210 S. PRINCE STREET LANCASTER, PA 17603	23-2798318	501(C)(3)	0.	16,732.	FMV	MEDICAL ASSISTANCE	ONGOING
SCHUYLER COUNTY HEALTH DEPARTMENT 233 NORTH CONGRESS RUSHVILLE, IL 62681	80-0357911	501(C)(3)	0.	16,711.	FMV	MEDICAL ASSISTANCE	ONGOING
BELLA HEALTH AND WELLNESS INC 2000 VAN NESS AVENUE SAN FRANCISCO, CA 94109	36-4883171	501(C)(3)	0.	16,664.	FMV	MEDICAL ASSISTANCE	ONGOING
GENESEO PARISH OUTREACH CENTER INC. - 4520 GENESEE ST (RT63) - GENESEO, NY 14454	14-1916822	501(C)(3)	0.	16,385.	FMV	MEDICAL ASSISTANCE	ONGOING
THE WAY FREE MEDICAL CLINIC, INC. 302 COLLEGE DRIVE ORANGE PARK, FL 32065	76-0828154	501(C)(3)	0.	15,758.	FMV	MEDICAL ASSISTANCE	ONGOING

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MCDONALD COUNTY HEALTH DEPARTMENT 3446 S. BUSINESS HIGHWAY 71 PINEVILLE, MO 64856	44-6000554	501(C)(3)	0.	15,291.	FMV	MEDICAL ASSISTANCE	ONGOING
BAILEY'S CROSSROADS HEALTH ACCESS PARTNERSHIP, INC - 6165 LEESBURG PIKE - FALLS CHURCH, VA 22044	30-0765570	501(C)(3)	0.	15,179.	FMV	MEDICAL ASSISTANCE	ONGOING
WV HEALTH RIGHT INC 1520 WASHINGTON STREET EAST CHARLESTON, WV 25311	31-1066881	501(C)(3)	0.	14,673.	FMV	MEDICAL ASSISTANCE	ONGOING
DUPAGE HEALTH COALITION 511 THORNHILL DRIVE CAROL STREAM, IL 60188	36-4448208	501(C)(3)	0.	14,518.	FMV	MEDICAL ASSISTANCE	ONGOING
CAPE FEAR CLINIC, INC. 1605 DOCTORS CIRCLE WILMINGTON, NC 28401	56-1984630	501(C)(3)	0.	14,150.	FMV	MEDICAL ASSISTANCE	ONGOING
FERGUS COUNTY HEALTH DEPARTMENT/CENTRAL MT FP - 300 1ST AVE NO, SUITE 202 - LEWISTOWN, MT 59457	81-6001358	501(C)(3)	0.	14,021.	FMV	MEDICAL ASSISTANCE	ONGOING
PARTNERS WITH FAMILIES & CHILDREN 106 W. MISSION AVE SPOKANE, WA 99201	68-0576560	501(C)(3)	0.	13,711.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITYHEALTH 2611 W. CHICAGO AVE. CHICAGO, IL 60622	36-3831793	501(C)(3)	0.	13,686.	FMV	MEDICAL ASSISTANCE	ONGOING
SISTER MAURA BRANNICK HEALTH CENTER - 326 S. CHAPIN ST. - SOUTH BEND, IN 46601	53-0196617	501(C)(3)	0.	13,406.	FMV	MEDICAL ASSISTANCE	ONGOING

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FAMILY CARE HEALTH CENTERS 401 HOLLY HILLS AVE SAINT LOUIS, MO 63111	23-7076112	501(C)(3)	0.	13,388.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTHWORX 1543 MCGINNIS STREET ALEXANDRIA, LA 71301	72-1444312	501(C)(3)	0.	13,361.	FMV	MEDICAL ASSISTANCE	ONGOING
LEBANON VALLEY VOLUNTEERS IN MEDICINE - 711 S 8TH ST - LEBANON, PA 17042	26-3915958	501(C)(3)	0.	13,305.	FMV	MEDICAL ASSISTANCE	ONGOING
THE LUKE CLINIC 9615 MAIN ST SUITE B WHITMORE LAKE, MI 48189	81-2779813	501(C)(3)	0.	12,994.	FMV	MEDICAL ASSISTANCE	ONGOING
URBAN HEALTH AND WELLNESS 777 CLEVELAND AVE SW ATLANTA, GA 30315	81-3845426	501(C)(3)	0.	12,943.	FMV	MEDICAL ASSISTANCE	ONGOING
FUNDACION MANOS JUNTAS 1320 NORTH PENNSYLVANIA AVE OKLAHOMA CITY, OK 73107	73-1523135	501(C)(3)	0.	12,927.	FMV	MEDICAL ASSISTANCE	ONGOING
CLARKSTON COMMUNITY HEALTH CENTER INC. - 3700 MARKET STREET - CLARKSTON, GA 30021	46-1402143	501(C)(3)	0.	12,729.	FMV	MEDICAL ASSISTANCE	ONGOING
HOLY FAMILY SERVICES INC 5819 N FM 88 WESLACO, TX 78599	74-2282624	501(C)(3)	0.	12,726.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE MEDICAL/DENTAL CLINIC 111 MEADOWVIEW DRIVE CLEBURNE, TX 76033	75-2953856	501(C)(3)	0.	12,695.	FMV	MEDICAL ASSISTANCE	ONGOING

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HOPE HEALTH CLINIC 1023 SANIBEL WAY LA GRANGE, KY 40031	46-5509958	501(C)(3)	0.	12,682.	FMV	MEDICAL ASSISTANCE	ONGOING
WELL-ONE HEALTH 22400 BARTON RD GRANT TERRACE, CA 92313	47-3356072	501(C)(3)	0.	12,383.	FMV	MEDICAL ASSISTANCE	ONGOING
RIVER HILLS COMMUNITY HEALTH CENTER INC. - 201 S MARKET ST - OTTUMWA, IA 52501	42-1489471	501(C)(3)	0.	12,383.	FMV	MEDICAL ASSISTANCE	ONGOING
WATERMARK HEALTH 7616 LBJ FREEWAY SUITE 405 DALLAS, TX 75251	26-3381206	501(C)(3)	0.	12,383.	FMV	MEDICAL ASSISTANCE	ONGOING
SEE INTERNATIONAL 6500 HOLLISTER AVE GOLETA, CA 93117	31-1682275	501(C)(3)	0.	12,377.	FMV	MEDICAL ASSISTANCE	ONGOING
LIRIOS PEDIATRICS 4201 S CONGRESS AVE, AUSTIN, TX 78745	87-2567395	501(C)(3)	0.	12,118.	FMV	MEDICAL ASSISTANCE	ONGOING
UNIVERSITY OF MIAMI 1601 NW 12 AVE. #4067 MIAMI, FL 33136	59-0624458	501(C)(3)	0.	11,860.	FMV	MEDICAL ASSISTANCE	ONGOING
SILOAM HEALTH MELROSE 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)(3)	0.	11,506.	FMV	MEDICAL ASSISTANCE	ONGOING
UNITED STATES CATHOLIC CONFERENCE 3 SHIRCLIFF WAY JACKSONVILLE, FL 32204	53-0196617	501(C)(3)	0.	11,449.	FMV	MEDICAL ASSISTANCE	ONGOING

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ORTHOPAEDIC HEMOPHILIA TREATMENT CENTER - 403 W ADAMS BLVD - LOS ANGELES, CA 90007	95-1644604	501(C)(3)	0.	11,223.	FMV	MEDICAL ASSISTANCE	ONGOING
CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER - 1121 LINDEN - CAPE GIRARDEAU, MO 63703	43-1426014	501(C)(3)	0.	11,192.	FMV	MEDICAL ASSISTANCE	ONGOING
BERKELEY FREE CLINIC 2339 DURANT AVE BERKELEY, CA 94704	94-1697002	501(C)(3)	0.	10,894.	FMV	MEDICAL ASSISTANCE	ONGOING
MATTAWA COMMUNITY MEDICAL CLINIC 210 GOVERNMENT ROAD MATTAWA, WA 99349	91-1499763	501(C)(3)	0.	10,665.	FMV	MEDICAL ASSISTANCE	ONGOING
LOUP BASIN PUBLIC HEALTH DEPT 934 I ST BURWELL, NE 68823	71-0904669	501(C)(3)	0.	10,623.	FMV	MEDICAL ASSISTANCE	ONGOING
FREE CLINIC SUSSEX COUNTY 67 HIGH STREET NEWTON, NJ 07860	45-4224214	501(C)(3)	0.	10,356.	FMV	MEDICAL ASSISTANCE	ONGOING
LEWIS & CLARK BEHAVIORIAL HEALTH SERVICES, INC. - 1028 WALNUT STREET - YANKTON, SD 57078	46-0309601	501(C)(3)	0.	10,352.	FMV	MEDICAL ASSISTANCE	ONGOING
THE UNIVERSITY OF NORTH CAROLINA HEALTH CARE SYSTE - 4400 EMPEROR BLVD - DURHAM, NC 27703	56-2206970	501(C)(3)	0.	10,125.	FMV	MEDICAL ASSISTANCE	ONGOING
WESTMINSTER FREE CLINIC 3271 GRANDE VISTA DR NEWBURY PARK, CA 91320	77-0563241	501(C)(3)	0.	9,924.	FMV	MEDICAL ASSISTANCE	ONGOING

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HOPELIGHT MEDICAL CLINIC 1351 COLLYER ST LONGMONT, CO 80501	46-4657471	501(C)(3)	0.	9,782.	FMV	MEDICAL ASSISTANCE	ONGOING
RENEWED HOPE HEALTH CLINIC 894 MARSHALL ST. ALLEGAN, MI 49010	16-1760734	501(C)(3)	0.	9,757.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTH CENTRAL DISTRICT HEALTH DEPARTMENT - 422 E DOUGLAS ST - ONEILL, NE 68763	03-0418895	501(C)(3)	0.	9,348.	FMV	MEDICAL ASSISTANCE	ONGOING
WILL COUNTY COMMUNITY HEALTH CENTER (WCCHC) - 1106 NEAL AVE. - JOLIET, IL 60433	36-3971168	501(C)(3)	0.	9,303.	FMV	MEDICAL ASSISTANCE	ONGOING
BAPTIST COMMUNITY HEALTH SERVICES 4960 ST. CLAUDE NEW ORLEANS, LA 70117	45-3792193	501(C)(3)	0.	9,277.	FMV	MEDICAL ASSISTANCE	ONGOING
HARMONY HEALTH CLINIC 201 E. ROOSEVELT RD. LITTLE ROCK, AR 72206	20-5691313	501(C)(3)	0.	9,224.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS - 3011 N. MICHIGAN ST. - PITTSBURG, KS 66762	75-3002264	501(C)(3)	0.	9,192.	FMV	MEDICAL ASSISTANCE	ONGOING
MOUNTAIN HOME CHRISTIAN CLINIC 421 WADE AVE MOUNTAIN HOME, AR 72653	71-0835511	501(C)(3)	0.	9,063.	FMV	MEDICAL ASSISTANCE	ONGOING
ROLETTE COUNTY PUBLIC HEALTH DISTRICT - 114 3RD ST. NE - ROLLA, ND 58367	02-0761623	501(C)(3)	0.	9,061.	FMV	MEDICAL ASSISTANCE	ONGOING

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LEBANON RESCUE MISSION 135 SOUTH 9TH ST LEBANON, PA 17042	23-1472518	501(C)(3)	0.	9,057.	FMV	MEDICAL ASSISTANCE	ONGOING
KALSIPEL TRIBE OF INDIANS / CAMAS CENTER CLINIC - 1821 NORTH LECLERC ROAD. - CUSICK, WA 99119	91-0875018	501(C)(3)	0.	9,053.	FMV	MEDICAL ASSISTANCE	ONGOING
HELPING HANDS HEALTH AND WELLNESS CENTER, INC. - 5100 KARL ROAD - COLUMBUS, OH 43229	20-5937457	501(C)(3)	0.	8,704.	FMV	MEDICAL ASSISTANCE	ONGOING
KIDS FIRST HEALTH CARE 7190 COLORADO BLVD. #450 COMMERCE CITY, CO 80022	84-0799374	501(C)(3)	0.	8,612.	FMV	MEDICAL ASSISTANCE	ONGOING
THE GOOD SAMARITAN CENTER 140 INDUSTRIAL LOOP, STE 100 FREDERICKSBURG, TX 78624	91-2129853	501(C)(3)	0.	8,611.	FMV	MEDICAL ASSISTANCE	ONGOING
CARIN CLINIC 5150 ALLISON ST ARVADA, CO 80002	84-1331444	501(C)(3)	0.	8,484.	FMV	MEDICAL ASSISTANCE	ONGOING
WOFCC HOPE CLINIC 609 WEST AVENUE E ELK CITY, OK 73644	26-1284785	501(C)(3)	0.	8,481.	FMV	MEDICAL ASSISTANCE	ONGOING
RIVER CITY MINISTRY 1021 WASHINGTON NORTH LITTLE ROCK, AR 72114	71-0786539	501(C)(3)	0.	8,458.	FMV	MEDICAL ASSISTANCE	ONGOING
ANCHOR MENTAL HEALTH, INC. 1001 LAWRENCE STREET, NE WASHINGTON, DC 20017	52-0824835	501(C)(3)	0.	8,287.	FMV	MEDICAL ASSISTANCE	ONGOING

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THE FREE CLINIC OF MEDINA COUNTY 970 E. WASHINGTON STREET MEDINA, OH 44256	30-0092944	501(C)(3)	0.	8,225.	FMV	MEDICAL ASSISTANCE	ONGOING
SAN JOSE CLINIC PHARMACY (FORT BEND) - 117 LANE DRIVE STE #31 - ROSENBERG, TX 77471	76-0373703	501(C)(3)	0.	8,194.	FMV	MEDICAL ASSISTANCE	ONGOING
FIRST CARE CLINIC 1350 MAC ARTHUR RD MADISON, WI 53714	39-1472091	501(C)(3)	0.	8,112.	FMV	MEDICAL ASSISTANCE	ONGOING
LA CLINICA DE LOS COMPESINOS, INC 400 S TOWNLINE RD WAUTOMA, WI 54982	39-1181480	501(C)(3)	0.	8,039.	FMV	MEDICAL ASSISTANCE	ONGOING
URBAN MINISTRIES OF WAKE COUNTY, INC. - 1390 CAPITAL BLVD. - RALEIGH, NC 27603	58-1422700	501(C)(3)	0.	8,035.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALING HANDS HEALTH CENTER 245 MIDWAY MEDICAL PARK BRISTOL, TN 37620	62-1677000	501(C)(3)	0.	7,964.	FMV	MEDICAL ASSISTANCE	ONGOING
HELPING HAND CLINIC 409 CARTHAGE STREET SANFORD, NC 27330	56-1752295	501(C)(3)	0.	7,364.	FMV	MEDICAL ASSISTANCE	ONGOING
SHELTER HEALTH SERVICES INCORPORATED - 534 SPRATT ST. - CHARLOTTE, NC 28206	20-3041985	501(C)(3)	0.	7,292.	FMV	MEDICAL ASSISTANCE	ONGOING
WOMANKIND 1511 TRUMAN AVENUE KEY WEST, FL 33040	65-1003208	501(C)(3)	0.	7,178.	FMV	MEDICAL ASSISTANCE	ONGOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENTON COUNTY MHMR 2519 SCRIPTURE ST DENTON, TX 76201	75-1368151	501(C)(3)	0.	6,824.	FMV	MEDICAL ASSISTANCE	ONGOING
TANEY COUNTY HEALTH DEPARTMENT 320 RINEHART RD BRANSON, MO 65616	43-1746488	501(C)(3)	0.	6,692.	FMV	MEDICAL ASSISTANCE	ONGOING
CENTRE VOLUNTEERS IN MEDICINE 2026 SANDY DRIVE STATE COLLEGE, PA 16803	25-1897969	501(C)(3)	0.	6,692.	FMV	MEDICAL ASSISTANCE	ONGOING
COOK COMMUNITY CLINIC, INC. 14230 HUNTERS RD HUNTERSVILLE, NC 28078	04-3723062	501(C)(3)	0.	6,656.	FMV	MEDICAL ASSISTANCE	ONGOING
HAVEN FREE CLINIC 800 HOWARD AVE NEW HAVEN, CT 06519	06-0646973	501(C)(3)	0.	6,519.	FMV	MEDICAL ASSISTANCE	ONGOING
THE EL PASO BAPTIST CLINIC 2700 N.PIEDRAS ST EL PASO, TX 79930	20-3046801	501(C)(3)	0.	6,422.	FMV	MEDICAL ASSISTANCE	ONGOING
SAMARITAN HEALTH CENTER 27 HOSPITAL AVE. DANBURY, CT 06810	75-3258057	501(C)(3)	0.	6,411.	FMV	MEDICAL ASSISTANCE	ONGOING
ANDERSON FREE CLINIC 414 N FANT ST ANDERSON, SC 29621	57-0787584	501(C)(3)	0.	6,385.	FMV	MEDICAL ASSISTANCE	ONGOING
LAWTON COMMUNITY HEALTH CENTER 5404 SW LEE BLVD LAWTON, OK 73505	73-6061037	501(C)(3)	0.	6,293.	FMV	MEDICAL ASSISTANCE	ONGOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAMA COUNTY PUBLIC HEALTH AND HOME CARE - 129 W. HIGH ST - TOLEDO, IA 52342	42-6005285	501(C)(3)	0.	6,192.	FMV	MEDICAL ASSISTANCE	ONGOING
FAMILY HEALTH CENTERS, INC. 2215 PORTLAND AVENUE LOUISVILLE, KY 40212	61-0716483	501(C)(3)	0.	6,192.	FMV	MEDICAL ASSISTANCE	ONGOING
SOUNDVIEW PREGNANCY SERVICES 1975 HEMPSTEAD TPKE EAST MEADOW, NY 11554	11-3001793	501(C)(3)	0.	6,192.	FMV	MEDICAL ASSISTANCE	ONGOING
FAUQUIER FREE CLINIC 35 ROCK POINTE LANE WARRENTON, VA 20186	54-1669652	501(C)(3)	0.	6,192.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH SERVICES OF ADDISON COUNTY - 100 PORTER DRIVE - MIDDLEBURY, VT 05753	03-0359531	501(C)(3)	0.	6,192.	FMV	MEDICAL ASSISTANCE	ONGOING
FRIENDS OF HICKORY COUNTY HEALTH DEPARTMENT - 24885 STATE HIGHWAY 254 - HERMITAGE, MO 65668	47-1206725	501(C)(3)	0.	6,126.	FMV	MEDICAL ASSISTANCE	ONGOING
RURAL PARISH CLINIC OF THE ARCHDIOCESE OF ST LOUIS - 20 ARCHBISHOP MAY DRIVE - SAINT LOUIS, MO 63119	84-3396327	501(C)(3)	0.	6,111.	FMV	MEDICAL ASSISTANCE	ONGOING
A COMMUNITY CLINIC, INC 344 MARKET STREET SUNBURY, PA 17801	20-4051982	501(C)(3)	0.	6,098.	FMV	MEDICAL ASSISTANCE	ONGOING
WILL-GRUNDY MEDICAL CLINIC 213 E CASS ST JOLIET, IL 60432	36-3492306	501(C)(3)	0.	6,016.	FMV	MEDICAL ASSISTANCE	ONGOING

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FREE MEDICINE TO PATIENTS	211773	0.	1,402,630,674.	FMV	PRESCRIPTION
MEDICAL OUTREACH IN THE U.S	525	0.	625,030.	FMV	MEDICAL SUPPLIES

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

PART I, LINE 2:

GRANTS AND ASSISTANCE

LINE 2 - AMERICARES MONITORS ACTIVITIES TO ENSURE THAT DONATED GOODS AND

FUNDS ARE USED TO FULFILL OUR MISSION. AMERICARES TRACKS EVERY DONATION AS

IT ENTERS AND LEAVES OUR WAREHOUSES AND REQUIRES REPORTING OF EACH

RECEIVING PARTNER ORGANIZATION, WHICH INCLUDE DETAILED CONFIRMATION OF

RECEIPT AND QUARTERLY UPDATES ON DISTRIBUTION. INDIVIDUAL LICENSED HEALTH

CARE PROVIDERS RECEIVING DONATIONS THROUGH OUR MEDICAL OUTREACH PROGRAM

MUST PROVIDE A REPORT DETAILING HOW THE DONATION WAS USED, NUMBER OF

Part IV	Supplemental Information
----------------	---------------------------------

BASELINE AND FINAL PROJECT ASSESSMENTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2023

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRISTINE SQUIRES PRESIDENT/CEO	(i)	522,165.	52,530.	0.	26,199.	41,647.	642,541.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELANA LOPEZ CHIEF PEOPLE OFFICER	(i)	328,266.	0.	0.	17,041.	42,059.	387,366.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNY GOLDSTEIN SVP & CHIEF DEVELOPMENT OFFICER	(i)	303,508.	10,000.	0.	18,439.	41,647.	373,594.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RICHARD K. TROWBRIDGE, JR. TREASURER, SVP OPERATIONS, CFO	(i)	305,811.	0.	0.	18,652.	41,647.	366,110.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JULIE VARUGHESE CHIEF MEDICAL OFFICER	(i)	305,447.	0.	0.	17,064.	794.	323,305.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MEGIN WOLFMAN SVP, CHIEF STRATEGY OFFICER	(i)	260,954.	0.	0.	15,146.	41,610.	317,710.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KISHA DAVIS DEPUTY SVP, STRATEGIC PSHIPS	(i)	221,796.	0.	0.	5,146.	41,598.	268,540.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOAN LITTLEFIELD DEPUTY SVP, GLOBAL PROGRAMS	(i)	226,565.	0.	0.	13,653.	26,674.	266,892.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) VISHESH JAIN DEPUTY SVP, IT AND ADMIN	(i)	246,957.	0.	0.	17,426.	1,427.	265,810.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Yael GOTTlieb DIRECTOR, 3RD PARTY WAREHOUSES	(i)	216,930.	0.	0.	6,752.	41,617.	265,299.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) LYNEISHA VAUGH-PEREZ VP, FINANCE, PLANNING & GRANTS	(i)	217,494.	0.	0.	13,003.	1,380.	231,877.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MONICA BARBER GENERAL COUNSEL	(i)	194,454.	0.	0.	5,824.	596.	200,874.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 7

THE PRESIDENT AND CEO IS ENTITLED TO AN ANNUAL BONUS PURSUANT TO HER

EMPLOYMENT CONTRACT AT THE DISCRETION OF THE COMPENSATION COMMITTEE OF

THE FOUNDATION'S BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE

CONVENES EACH YEAR TO DETERMINE IF THE PRESIDENT HAS EXCEEDED CERTAIN

PERFORMANCE-BASED CRITERIA, AND IF SHE HAS, THEY WILL AUTHORIZE A

BONUS. IN CALENDAR YEAR 2023, THE PRESIDENT RECEIVED A \$52,530

DISCRETIONARY BONUS.

THE FOUNDATION HAS A BONUS POLICY IN PLACE THAT PERMITS BONUSES TO

OTHER EMPLOYEES BASED ON CERTAIN FACTORS: RELOCATION BONUSES, SIGN-ON

BONUSES, RETENTION BONUSES AND PERFORMANCE BONUSES. IN CALENDAR YEAR

2023, THE FOUNDATION ISSUED A SMALL BONUS TO THE SVP & CHIEF

DEVELOPMENT OFFICER, JENNY GOLDSTEIN.

THE AMERICARES STAFF ARE THE MAIN DRIVER OF ALL OF OUR WORK IN THE

WORLD AND, AS SUCH, WE STRIVE TO RECOGNIZE THEIR CONTRIBUTIONS

CONSISTENTLY IN WAYS THAT ARE COMPETITIVE, EQUITABLE AND TRANSPARENT,

AS LAID OUT IN OUR COMPENSATION PHILOSOPHY. THERE ARE A SMALL NUMBER OF

Part III Supplemental Information

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

CIRCUMSTANCES IN WHICH WE MAY NEED TO GO ABOVE AND BEYOND THIS BASE

COMPENSATION IN ORDER TO RECOGNIZE THE NEEDS AND EFFORTS OF OUR STAFF.

THIS POLICY OUTLINES THE CIRCUMSTANCES IN WHICH BONUS PAY WILL BE

CONSIDERED.

HOWEVER, IT IS IMPORTANT TO NOTE THAT, AS A NON-PROFIT ORGANIZATION,

AMERICARES ALSO TAKES OUR RESPONSIBILITY TO DONORS AND FUNDERS VERY

SERIOUSLY. AS SUCH, WE CONSIDER BONUS PAY TO BE A VERY RARE OCCURRENCE,

ONLY EMPLOYED WHEN THERE IS CLEAR NEED.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	106	1,265,936.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	59,948	1,540,428.	COST/WHOLESALE PRICE
20 Drugs and medical supplies	X	6520168	1,909,972,454.	COST/WHOLESALE PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>NON-MEDICAL SUP</u>)	X	266,421	1,296,604.	COST/WHOLESALE PRICE
26 Other (<u> </u>)				
27 Other (<u> </u>)				
28 Other (<u> </u>)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2023

Part II

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

SCHEDULE M, LINE 32B:

TO THE EXTENT THAT AMERICARES RECEIVES NON-CASH CONTRIBUTIONS IN THE

FORM OF DONATED SECURITIES, AMERICARES WILL USE ITS OWN INVESTMENT

BROKER TO SELL THOSE DONATED SECURITIES.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization	AMERICARES FOUNDATION, INC.	Employer identification number	06-1008595
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ORGANIZATION MISSION CONTINUATION

WE RESPOND TO PEOPLE AFFECTED BY POVERTY OR DISASTER WITH LIFE-CHANGING

HEALTH PROGRAMS, MEDICINE & SUPPLIES.

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

AS ONE OF THE WORLD'S LEADING NONPROFIT PROVIDER OF DONATED MEDICINES

AND SUPPLIES, AMERICARES REACHED 92 COUNTRIES IN FY24 WITH MEDICINE,

MEDICAL SUPPLIES, SUPPORT AND TECHNICAL ASSISTANCE VALUED AT MORE THAN

\$1.8 BILLION THROUGH OUR MEDICINE SECURITY, EMERGENCY PROGRAMS AND

HEALTH SERVICES PROGRAMS.

AMERICARES MISSION IS TO SAVES LIVES AND IMPROVES HEALTH FOR PEOPLE

AFFECTED BY POVERTY OR DISASTER SO THEY CAN REACH THEIR FULL POTENTIAL.

TO ACCOMPLISH THIS, AMERICARES INVESTS IN LOCAL HEALTH CENTERS: WHEN

LOCAL HEALTH CENTERS THRIVE, SO DO PEOPLE IN THEIR COMMUNITIES WITH

BETTER HEALTH, MORE OPPORTUNITIES AND INCREASINGLY PRODUCTIVE LIVES.

AMERICARES REACHES AN UNRIVALED NETWORK OF 4,000 LOCAL, NATIONAL AND

INTERNATIONAL HEALTH CARE INSTITUTIONS AND FACILITIES THAT INCLUDE

HOSPITALS, CLINICS, LOCAL HEALTH CENTERS, MINISTRIES OF HEALTH AND

NONPROFIT HEALTH CARE NETWORKS AND PROVIDERS. WORKING THROUGH THIS

NETWORK, AMERICARES HAS THREE CORE PROGRAMS:

MEDICINE SECURITY: INCREASING ACCESS TO CRITICAL MEDICINE AND MEDICAL

SUPPLIES;

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

Schedule O (Form 990) 2023

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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EMERGENCY PROGRAMS: HELPING COMMUNITIES PREPARE FOR, RESPOND TO AND

RECOVER FROM DISASTERS; AND HEALTH SERVICES: IMPROVE AND EXPAND HEALTH

SERVICES, PREVENT DISEASE AND PROMOTE GOOD HEALTH.

ACROSS ITS PROGRAMS, AMERICARES PRIORITIZES MENTAL HEALTH, WOMEN'S AND

CHILDREN'S HEALTH, TREATMENT AND PREVENTION OF INFECTIOUS DISEASES AND

MANAGEMENT OF HYPERTENSION AND DIABETES.

THROUGH COLLABORATION WITH OUR EXTENSIVE WORLDWIDE PARTNER NETWORK, WE

IMPLEMENTED 315 HEALTH PROJECTS IN 36 COUNTRIES AND LEVERAGED MORE THAN

\$1 BILLION WORTH OF DONATED AND PROCURED COMMODITIES TO RESPOND TO

EMERGENCIES AND RELIEVE SHORTAGES OF MEDICINES AND SUPPLIES. THIS

SUPPORT INCLUDED ENOUGH MEDICINE TO FILL MORE THAN 16 MILLION

PRESCRIPTIONS AND MORE THAN 3 MILLION UNITS OF SUPPLIES. THROUGH

MEDICINE ALONE, WE ESTIMATE THAT WE IMPROVED THE HEALTH MORE THAN 2.5

MILLION PEOPLE.

FORM 990 PART III, LINE 4A

MEDICINE SECURITY

TO IMPROVE HEALTH OUTCOMES FOR PATIENTS AND COMMUNITIES, AMERICARES

INCREASES ACCESSIBILITY, AVAILABILITY, AFFORDABILITY AND ACCEPTABILITY

OF MEDICINE AND SUPPLIES FOR PARTNER HEALTH PROVIDERS.

A STRONG AND NETWORK OF OVER 200 PHARMACEUTICAL AND MEDICAL SUPPLY

CORPORATIONS DONATE THESE MEDICINES, MEDICAL SUPPLIES, PERSONAL CARE

PRODUCTS, MEDICAL EQUIPMENT AND TECHNOLOGY.

AMERICARES MEDICINE SECURITY PROGRAM DISTRIBUTES HIGH-QUALITY MEDICINES

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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DIRECTLY TO A NETWORK OF PARTNERS ACROSS THE GLOBE. PARTNERS ARE
 SELECTED FOR THEIR CAPACITY TO SECURELY AND EFFECTIVELY PROCESS AND
 UTILIZE AMERICARES MEDICAL AND SUPPLY DONATIONS. AMERICARES ALSO
 SUPPORTS VOLUNTEER MEDICAL TEAMS AS THEY PROVIDE PRIMARY CARE, PERFORM
 SURGERIES, RESPOND TO HEALTH EMERGENCIES AND STRENGTHEN LOCAL HEALTH
 CARE CAPACITY IN COMMUNITIES WHERE BASIC MEDICAL CARE IS OFTEN
 NON-EXISTENT OR INACCESSIBLE. LAST YEAR, AMERICARES PROVIDED THESE
 TEAMS WITH \$54.09 MILLION IN DONATED MEDICINES AND SUPPLIES AS WELL AS
 MEDICAL TRAINING TOOLS AND RESOURCES WHICH THEY USED TO PROVIDE CARE IN
 72 COUNTRIES, INCLUDING THE UNITED STATES.

IN ALL, AMERICARES PROVIDED AID VALUED AT \$1.78 BILLION THROUGH OUR
 MEDICINE SECURITY PROGRAM, INCLUDING ENOUGH MEDICINE TO FILL 12 MILLION
 PRESCRIPTIONS AND 1.9 MILLION MEDICAL SUPPLIES. WE ESTIMATE THAT 1.7
 MILLION PEOPLE BENEFITED FROM THE MEDICINE PROVIDED BY AMERICARES
 MEDICINE SECURITY PROGRAM.

FORM 990 PART III, LINE 4B

EMERGENCY PROGRAMS

FROM JULY 2023 TO JUNE 2024, AMERICARES RESPONDED TO 35 NATURAL
 DISASTERS AND HUMANITARIAN CRISES IN 28 COUNTRIES, INCLUDING THE UNITED
 STATES, WITH TECHNICAL ASSISTANCE, SHIPMENTS OF MEDICINES AND EMERGENCY
 SUPPLIES AS WELL AS PREPAREDNESS, RESPONSE AND RECOVERY PROJECTS.

ACROSS ALL EMERGENCIES IN FY24, AMERICARES EMERGENCY PROGRAMS DELIVERED
 MORE THAN \$50 MILLION IN EMERGENCY AND DISASTER AID, INCLUDING
 SHIPMENTS OF MEDICINES AND RELIEF SUPPLIES; THROUGH MEDICINE ALONE,
 AMERICARES EMERGENCY PROGRAMS REACHED MORE THAN 1 MILLION PEOPLE. IN

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EMERGENCY SETTINGS, AMERICARES PROVIDED GRANTS AND SUPPORT FOR 127

PROJECTS, WHICH DIRECTLY BENEFITED MORE THAN 459,000 PEOPLE.

AMERICARES COMPREHENSIVE PROGRAM TO PROVIDE PRIMARY CARE SERVICES TO

VENEZUELAN MIGRANTS AND COLOMBIAN RETURNEES IN COLOMBIA CONTINUED IN

FY24.

AMERICARES EMERGENCY PROGRAMS PROVIDED AID TO EMERGENCIES IN THE

FOLLOWING COUNTRIES:

1. AFGHANISTAN

2. ARMENIA

3. BANGLADESH

4. COLOMBIA

5. DOMINICAN REPUBLIC

6. EL SALVADOR

7. ETHIOPIA

8. GREECE

9. HONDURAS

10. INDIA

11. INDONESIA

12. IRAQ

13. JORDAN

14. KENYA

15. LEBANON

16. MADAGASCAR

17. MALAWI

18. PAKISTAN

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19. PERU

20. PHILIPPINES

21. SIERRA LEONE

22. SOMALIA

23. SYRIA

24. TAJIKISTAN

25. TURKIYE

26. UKRAINE

27. UNITED STATES

28. YEMEN

AMERICARES EMERGENCY PROGRAMS RELY ON THE CLOSE PARTNERSHIPS WE SHARE

WITH OUR BROAD NETWORK OF HEALTH CARE PROVIDERS. BY INVESTING IN LOCAL

CAPACITY, IS AMERICARES ENSURING THAT COMMUNITIES CAN RESPOND

EFFECTIVELY TO EMERGENCIES, ENGAGE IN LONG-TERM RECOVERIES AND

INTEGRATE DISASTER PREPAREDNESS INTO THEIR ONGOING OPERATIONS.

FORM 990 PART III, LINE 4C

AMERICARES SUPPORTS THE CAPACITY OF LOCAL HEALTH DELIVERY PARTNERS AND

PROMOTES HEALTH AND DISEASE PREVENTION IN LOW-INCOME COMMUNITIES ACROSS

THE U.S. AND WORLDWIDE. THROUGH WORK IN OUR OWN CLINICS AND THAT OF OUR

PARTNERS, AMERICARES PROVIDED AID VALUED AT MORE THAN \$28.6 MILLION

THROUGH OUR HEALTH SERVICES PROGRAM.

IN FY24, AMERICARES COMMUNITY HEALTH PROGRAMS SPANNED A RANGE OF HEALTH

THEMES INCLUDING MENTAL HEALTH, WOMEN'S AND CHILDREN'S HEALTH,

INFECTIOUS DISEASE, NON-COMMUNICABLE DISEASE (SUCH AS DIABETES AND

HYPERTENSION) AND HEALTH SYSTEM STRENGTHENING.

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WITH LOCAL MANAGEMENT AND STAFF, AMERICARES OPERATES A CLINIC IN EL
SALVADOR, CLINICA INTEGRAL DE ATENCION FAMILIAR; WE ALSO PARTNER
CLOSELY WITH AMERICARES INDIA AND AMERICARES FREE CLINICS IN
CONNECTICUT.

IN FY24, AMERICARES ALSO SUPPORTED U.S.-BASED MEDICAL VOLUNTEERS ON 665
SHORT-TERM MEDICAL OUTREACH TRIPS TO 72 COUNTRIES. FOR THESE
VOLUNTEERS, AMERICARES MAKES AVAILABLE MEDICINE, AND ALSO SURGICAL
SUPPLIES SUCH AS PULSE OXIMETERS, SURGICAL SETS AND SAFE-SURGERY
CHECKLISTS; VOLUNTEER SURGICAL TEAMS USED THESE AND OTHER DONATED
PRODUCTS TO PERFORM 38,000 SURGERIES IN FY24. TEAMS ALSO DONATE THE
PRODUCTS TO HOST FACILITIES AND TRAIN LOCAL STAFF, LAST YEAR TRAINING
MORE THAN 6,000 HEALTH WORKERS.

AMERICARES ALSO PROVIDES RESOURCES AND TRAINING SO HEALTH WORKERS CAN
BETTER SERVE THEIR COMMUNITIES AND IMPROVE THE HEALTH OF LOW-INCOME
PATIENTS. IN FY24, AMERICARES CAPACITY-BUILDING TRAINING REACHED 21,794
HEALTH CARE WORKERS ACROSS THE GLOBE.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

EL SALVADOR, HAITI, LIBERIA, NEPAL,
PHILIPPINES, TANZANIA, COLOMBIA, MALAWI

FORM 990, PART VI, SECTION B, LINE 11B:

990 REVIEW PROCESS

THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN
CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE FORM 990 IS

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SUBJECT TO A DETAILED REVIEW BY THE CHIEF FINANCIAL OFFICER AND AMERICARES'

LEGAL COUNSEL PRIOR TO ITS SUBMISSION TO THE AUDIT COMMITTEE. THE FORM 990

IS PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS BY MANAGEMENT

AND ITS EXTERNAL ACCOUNTING FIRM; ONCE REVIEWED AND ACCEPTED BY THE AUDIT

COMMITTEE, THE 990 IS DISTRIBUTED TO THE FULL BOARD OF DIRECTORS FOR THEIR

REVIEW AND COMMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY

SECTION 1. POLICY.

A DIRECTOR OR OFFICER SHALL DISCLOSE TO THE BOARD OF DIRECTORS ANY

POTENTIAL CONFLICTS OF INTEREST IN CONNECTION WITH PROPOSED ACTIONS OF THE

CORPORATION. WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT TO A MATTER

REQUIRING ACTION BY THE BOARD OF DIRECTORS, OR A COMMITTEE THEREOF, SUCH

INTERESTED DIRECTOR OR OFFICER SHALL NOT VOTE ON THE MATTER. MOREOVER, THE

INTERESTED DIRECTOR OR OFFICER SHALL RETIRE FROM THE ROOM IN WHICH THE

BOARD OF DIRECTORS (OR THE COMMITTEE) IS MEETING AND SHALL NOT PARTICIPATE

IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER

CONSIDERATION. HOWEVER, THE INTERESTED DIRECTOR OR OFFICER SHALL PROVIDE

THE BOARD OF DIRECTORS OR COMMITTEE WITH ANY AND ALL MATERIAL INFORMATION.

SECTION 2. DISCLOSURE.

THE MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS OR COMMITTEE SHALL

REFLECT THAT A CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED

DIRECTOR OR OFFICER WAS NOT PRESENT DURING THE FINAL DISCUSSION OR VOTE AND

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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DID NOT VOTE. WHEN THERE IS A DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS, OR THE COMMITTEE, EXCLUDING THE INTERESTED DIRECTOR OR OFFICER CONCERNING WHOSE SITUATION THE DOUBT HAS ARISEN.

SECTION 3. REVIEW OF POLICY.

THIS POLICY SHALL BE REVIEWED ANNUALLY FOR THE INFORMATION AND GUIDANCE OF DIRECTORS, OFFICERS AND STAFF MEMBERS; AND ANY NEW DIRECTORS, OFFICERS OR STAFF MEMBERS SHALL BE ADVISED OF THE POLICY AND FURNISHED A DISCLOSURE STATEMENT UPON UNDERTAKING THE DUTIES OF SUCH OFFICE.

FORM 990, PART VI, SECTION B, LINE 15:

PROCESS FOR DETERMINING COMPENSATION

AMERICARES PURSUES A RIGOROUS PROCESS TO ENSURE THAT THE COMPENSATION IT PAYS IS COMMENSURATE WITH THE NOT-FOR-PROFIT INDUSTRY IN WHICH IT OPERATES. AMERICARES HAS A COMPENSATION COMMITTEE IN PLACE THAT DETERMINES THE PRESIDENT & CEO'S COMPENSATION BASED ON COMPENSATION SURVEY RESULTS CONDUCTED BY AN INDEPENDENT THIRD PARTY CONSULTANT. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ULTIMATELY RATIFIED THE PRESIDENT AND CEO'S COMPENSATION.

FOR ALL OTHER INDIVIDUALS REPORTED ON THE 990 (AS WELL AS ALL AMERICARES STAFF), THE PRESIDENT & CHIEF EXECUTIVE OFFICER, IN CONSULTATION WITH THE CHIEF PEOPLE OFFICER, DETERMINES COMPENSATION UTILIZING AVAILABLE MARKET DATA, SALARY SURVEY RESULTS AND OTHER AVAILABLE TOOLS TO SUBSTANTIATE DECISIONS. AMERICARES, LIKEWISE, COMMISSIONED A SEPARATE COMPENSATION STUDY IN OCTOBER OF 2022 TO COVER ALL STAFF.

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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AR,CA,DC,FL,GA,HI,IL,IN,KS,KY,MD,MA,MI,MN,MS,MO,NV,NH,NJ,NM,NY,NC,OR,PA

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

FORM 990, PART VI, SECTION C, LINE 19:

PUBLIC DISCLOSURE OF DOCUMENTS

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

COPY AT ITS PLACE OF BUSINESS AND ON ITS WEBSITE. THE FORM 990 IS LIKEWISE

PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S

FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE AND BY REQUEST. THE

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY MADE

AVAILABLE TO THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT

MANAGEMENT'S DISCRETION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGES IN SPLIT-INTEREST AGREEMENTS 100,543.

LOSS ON FOREIGN CURRENCY 33,300.

TOTAL TO FORM 990, PART XI, LINE 9 133,843.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AMERICARES FREE CLINICS, INC. - 06-1422741 88 HAMILTON AVENUE STAMFORD, CT 06902	HEALTH CARE	CONNECTICUT	501(C)(3)	LINE 7	N/A	X	
AMERICARES FOUNDATION TANZANIA EKACLIFF BUILD., 2ND FL, ISAMILO PLOT # 117, BLOCK D, BALEW, TANZANIA	RELIEF/AID	TANZANIA			AMERICARES	X	
AMERICARES LIMITED 4 HENDERSON STREET, DEVELOPMENT HOUSE FL 6, R, BLANTYRE, MALAWI	RELIEF/AID	MALAWI			AMERICARES	X	

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

Schedule R (Form 990) 2023

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

[illegible]

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICARES TANZANIA	B	1,936,072.	COST
(2) AMERICARES TANZANIA	P	88,818.	COST
(3) AMERICARES FREE CLINICS, INC.	B	2,114,181.	FMV (GOODS)
(4) AMERICARES FREE CLINICS, INC.	B	2,590,000.	COST
(5) AMERICARES FREE CLINICS, INC.	D	300,000.	LOAN GUARANTEE
(6) AMERICARES FREE CLINICS, INC.	Q	344,901.	COST

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

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.