Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07-01-2024 , and ending 06-30-2025

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AMERICARES FOUNDATION INC

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
STAMFORD, CT 069023105

D Employer identification number
06-1008595

E Telephone number
(203) 658-9500

G Gross receipts $ 1,882,260,460

F Name and address of principal officer:
CHRISTINE SQUIRES
88 HAMILTON AVENUE
STAMFORD,CT 069023105

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.AMERICARES.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1979

M State of legal domicile: CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
AMERICARES MISSION IS TO HELP PEOPLE AND COMMUNITIES AROUND THE WORLD ACCESS (SEE SCHEDULE O).

2 Check this box ☐ 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 2024 (Part V, line 2a)	**5**	283
6	Total number of volunteers (estimate if necessary)	**6**	0
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

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	1,994,980,321	1,846,800,182
	9	Program service revenue (Part VIII, line 2g)	1,688,053	1,989,833
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,415,056	2,272,995
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,017	607
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,998,093,447	1,851,063,617
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,837,973,625	1,756,724,514
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	44,624,998	44,226,621
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,455,585	2,498,866
	b	Total fundraising expenses (Part IX, column (D), line 25) 21,067,019		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	91,195,608	95,351,275
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,975,249,816	1,898,801,276
	19	Revenue less expenses. Subtract line 18 from line 12	22,843,631	-47,737,659

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	412,452,945	372,542,711
	21	Total liabilities (Part X, line 26)	25,501,275	31,854,134
	22	Net assets or fund balances. Subtract line 21 from line 20	386,951,670	340,688,577

Part II Signature Block

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

Sign Here

Signature of officer — Date 2026-05-04
BRUCE PANKEY CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00741490
Firm's name GRANT THORNTON ADVISORS LLC			Firm's EIN 99-1856619	
Firm's address 757 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100172013			Phone no. (212) 599-0100	

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 $ 1,763,673,007 including grants of $ 1,732,559,775) (Revenue $)

SEE SCHEDULE O

4b (Code:) (Expenses $ 50,540,146 including grants of $ 15,716,765) (Revenue $)

SEE SCHEDULE O

4c (Code:) (Expenses $ 47,812,460 including grants of $ 8,447,974) (Revenue $ 1,989,833)

SEE SCHEDULE O

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

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

4e **Total program service expenses** 1,862,025,613

Part IV Checklist of Required Schedules

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

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? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
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? *If "Yes," complete Schedule L, Part II*	26		No
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? *If "Yes," complete Schedule L,* Part III	27		No
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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	85		
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 Yes	

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

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** 283			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		**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**	Yes	
b	If "Yes," enter the name of the foreign country: ES, HA, LI, NP, RP, TZ, CO 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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
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**		No
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**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
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**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in 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?		**15**		No
16	Is the organization an educational institution subject to the section 4968 excess tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		No
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	22		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OR,PA,RI,SC,TN,VA,WV,WI

18 Section 6104 requires an organization to make its Form 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 in Schedule O)

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

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

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

Check if Schedule O contains a response 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(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
(1) CHRISTINE SQUIRES PRESIDENT/CEO	40.00 1.00	X		X				554,209	0	68,345
(2) SUSAN GROSSMAN BOARD CHAIR	1.00 0.00	X		X				0	0	0
(3) JEFFREY T BECKER BOARD VICE CHAIR (THRU 06/25)	1.00 0.00	X		X				0	0	0
(4) MICHAEL ULLMANN CORPORATE SECRETARY	1.00 0.00	X		X				0	0	0
(5) PERCIVAL BARRETTO-KO DIRECTOR (THRU 10/24)	1.00 0.00	X						0	0	0
(6) TIM BOSEK DIRECTOR	1.00 0.00	X						0	0	0
(7) KATHERINE CLOSE MD DIRECTOR	1.00 0.00	X						0	0	0
(8) ROBERTA CONROY DIRECTOR	1.00 0.00	X						0	0	0
(9) STEPHEN GALLUCCI DIRECTOR (THRU 06/25)	1.00 0.00	X						0	0	0
(10) TONY GOLDWYN DIRECTOR	1.00 0.00	X						0	0	0
(11) ERICA HILL DIRECTOR	1.00 0.00	X						0	0	0
(12) JEAN-MARC LAOUCHEZ DIRECTOR	1.00 0.00	X						0	0	0
(13) KENNEDY ODEDE DIRECTOR (THRU 06/25)	1.00 0.00	X						0	0	0
(14) MEHDI MAHMUD DIRECTOR	1.00 0.00	X						0	0	0
(15) VLADIMIR MAKATSARIA DIRECTOR (AS OF 07/24)	1.00 0.00	X						0	0	0
(16) MARTI NOXON DIRECTOR	1.00 0.00	X						0	0	0
(17) PETER NEFFENGER DIRECTOR (AS OF 11/24)	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) SHWETA RAWAT DIRECTOR (AS OF 04/25)	1.00 0.00	X						0	0	0
(19) SARAH SAINT-AMAND DIRECTOR	1.00 0.00	X						0	0	0
(20) JOY WEINTZ DIRECTOR (AS OF 11/24)	1.00 0.00	X						0	0	0
(21) WALTER WEIL DIRECTOR	1.00 0.00	X						0	0	0
(22) MICHELLE A WILLIAMS DIRECTOR	1.00 0.00	X						0	0	0
(23) RICHARD K TROWBRIDGE JR TREAS, SVP OP, CFO (THRU 08/24)	40.00 1.00			X				340,123	0	46,906
(24) ELANA LOPEZ CHIEF PEOPLE & SYSTEMS	40.00 0.00			X				325,065	0	60,578
(25) JENNY GOLDSTEIN SVP & CHIEF DEV. OFFICER (THRU 04/25)	40.00 0.00			X				312,720	0	59,836
(26) JULIE VARUGHESE CHIEF MEDICAL OFFICER	40.00 0.00			X				311,284	0	18,208
(27) MEGIN WOLFMAN SVP/CSO (THRU 10/24)	40.00 1.00			X				247,952	0	55,718
(28) YAEL GOTTLIEB SVP & CHIEF DEVELOPMENT OFFICER	40.00 0.00			X				253,202	0	48,638
(29) MONICA BARBER GENERAL COUNSEL	40.00 0.00			X				260,323	0	11,086
(30) JENNIFER M NAUMANN ASSOC DIR/BOARD RELATIONS/ASST SEC.	40.00 1.00			X				92,834	0	27,251
(31) BRUCE A PANKEY TREASURER/CFO (AS OF 12/24)	40.00 0.00			X				27,574	0	2,326
(32) FELICIA MACDONALD SVP AND CHIEF MARKETING OFFICER	40.00 0.00					X		270,548	0	53,072
(33) JOAN LITTLEFIELD DEPUTY SVP, GLOBAL PROGRAMS	40.00 0.00					X		231,317	0	40,234
(34) ROSE HOGAN DSVP/QUALITY/IMPACT AND LEARNING	40.00 0.00					X		226,302	0	35,200
(35) PROVASH BUDDEN DEPUTY SVP/EMERGENCY PROGRAMS	40.00 0.00					X		233,840	0	27,321
(36) LYNEISHA VAUGH-PEREZ VP, FINANCE, PLANNING & GRANTS	40.00 0.00					X		226,840	0	14,987
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,914,133	0	569,706

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 112

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ANNE LEWIS STRATEGIES LLC 650 MASSACHUSETTS AVE SUITE 505 WASHINGTON, DC 20001	MARKETING/MEDIA MANAGEMENT	1,862,844
LAUTMAN MASKA NEILL & COMPANY 1730 RHODE ISLAND AVE NW 301 WASHINGTON, DC 20036	ACQUISITION & POSTAGE COSTS	1,543,454
GEODIS USA INC 7101 EXECUTIVE CENTER DR STE 333 BRENTWOOD, TN 37027	LOGISTICS/TRUCKING	949,586
RWT PRODUCTION LLC 5624 BELLINGTON AVENUE SPRINGFIELD, VA 22151	ACQUISITION & POSTAGE COSTS	912,856
GIVEBRIDGE INC 550 W VAN BUREN SUITE 1100 CHICAGO, IL 60607	FUNDRAISING COUNSEL	500,000

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 25

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts	1a Federated campaigns . .	1a 43,442			
	b Membership dues . .	1b			
	c Fundraising events . .	1c 1,486,587			
	d Related organizations	1d			
	e Government grants (contributions)	1e 3,138,521			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,842,131,632			
	g Noncash contributions included in lines 1a - 1f:$	1g 1,762,473,692			
	h **Total.** Add lines 1a-1f				1,846,800,182

Program Service Revenue

	Business Code				
2a PATIENT SVC. REVENUE	621400	1,989,833	1,989,833		
b					
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f.	1,989,833				

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		1,998,640			1,998,640
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					

		(i) Real	(ii) Personal				
6a Gross rents	6a	44,400					
b Less: rental expenses	6b	38,140					
c Rental income or (loss)	6c	6,260					
d Net rental income or (loss)				6,260			6,260

		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	29,818,075					
b Less: cost or other basis and sales expenses	7b	29,543,720					
c Gain or (loss)	7c	274,355					
d Net gain or (loss)				274,355			274,355

8a Gross income from fundraising events (not including $ 1,486,587 of contributions reported on line 1c). See Part IV, line 18	8a	81,280				
b Less: direct expenses	8b	490,060				
c Net income or (loss) from fundraising events . .			-408,780			-408,780
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities . .						
10a Gross sales of inventory, less returns and allowances . .	10a	1,220,191				
b Less: cost of goods sold . .	10b	1,124,923				
c Net income or (loss) from sales of inventory . .			95,268			95,268

OtherRevenueMiscAmt

	Business Code				
11a EL SALVADOR CAFETERIA	900099	276,681			276,681
b					
c					
d All other revenue		31,178			31,178
e **Total.** Add lines 11a–11d		307,859			
12 **Total revenue.** See instructions		1,851,063,617	1,989,833	0	2,273,602

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	115,870,410	115,870,410		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,374,767,067	1,374,767,067		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	266,087,037	266,087,037		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,138,472	1,067,080	1,035,696	1,035,696
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	28,775,371	15,125,579	7,184,867	6,464,925
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,770,842	1,489,310	675,296	606,236
9 Other employee benefits	5,305,799	3,449,570	1,009,679	846,550
10 Payroll taxes	4,236,137	2,238,373	1,049,312	948,452
11 Fees for services (non-employees):				
a Management	1,848,418	919,575	622,688	306,155
b Legal	350,775	24,325	325,020	1,430
c Accounting	311,078	47,894	260,207	2,977
d Lobbying				
e Professional fundraising services. See Part IV, line 17	2,498,866			2,498,866
f Investment management fees	110,811		110,811	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,684,166	2,317,768	389,457	976,941
12 Advertising and promotion	3,903,025	222,577	6,592	3,673,856
13 Office expenses	233,443	223,083	950	9,410
14 Information technology	3,212,519	920,088	1,244,979	1,047,452
15 Royalties				
16 Occupancy	3,182,027	2,355,412	625,697	200,918
17 Travel	1,414,194	1,120,278	105,690	188,226
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	88,603	87,889		714
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	509,529	289,007	213,317	7,205
23 Insurance	695,201	104,294	567,991	22,916
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COST OF EXPIRED GOODS	54,721,437	54,721,437		
b POSTAGE AND FREIGHT	19,150,350	17,576,581	15,182	1,558,587
c				
d				
e All other expenses	1,935,699	1,000,979	265,213	669,507
25 **Total functional expenses.** Add lines 1 through 24e	1,898,801,276	1,862,025,613	15,708,644	21,067,019
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 ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		12,660	1	4,375,049
	2	Savings and temporary cash investments		5,797,950	2	7,255,526
	3	Pledges and grants receivable, net		9,568,248	3	9,409,991
	4	Accounts receivable, net		535,604	4	1,012,140
	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		331,004,098	8	286,428,797
	9	Prepaid expenses and deferred charges		2,604,195	9	2,727,144
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,868,122			
	b	Less: accumulated depreciation	10b 5,736,131	2,508,638	10c	2,131,991
	11	Investments—publicly traded securities		42,953,612	11	43,294,587
	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		17,467,940	15	15,907,486
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		412,452,945	16	372,542,711
Liabilities	17	Accounts payable and accrued expenses		9,653,185	17	10,517,110
	18	Grants payable		1,459,876	18	2,822,880
	19	Deferred revenue			19	
	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	1,500,000
	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		14,388,214	25	17,014,144
	26	**Total liabilities.** Add lines 17 through 25		25,501,275	26	31,854,134
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		57,197,704	27	93,171,012
	28	Net assets with donor restrictions		329,753,966	28	247,517,565
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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		386,951,670	32	340,688,577
	33	Total liabilities and net assets/fund balances		412,452,945	33	372,542,711

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,851,063,617
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,898,801,276
3	Revenue less expenses. Subtract line 2 from line 1	3	-47,737,659
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	386,951,670
5	Net unrealized gains (losses) on investments	5	1,883,200
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-408,634
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	340,688,577

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

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 **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).

(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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	1,229,643,718	1,366,006,518	1,558,728,826	1,994,980,321	1,846,800,182	7,996,159,565
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	1,229,643,718	1,366,006,518	1,558,728,826	1,994,980,321	1,846,800,182	7,996,159,565
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) . .						4,884,793,312
6 **Public support.** Subtract line 5 from line 4.						3,111,366,253

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4. .	1,229,643,718	1,366,006,518	1,558,728,826	1,994,980,321	1,846,800,182	7,996,159,565
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	1,209,228	1,568,655	2,289,652	2,029,378	2,045,043	9,141,956
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.). .	1,538,906	1,773,025	1,760,379	1,775,838	1,609,330	8,457,478
11 **Total support.** Add lines 7 through 10						8,013,758,999

12 Gross receipts from related activities, etc. (see instructions) **12** 7,618,416

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 2024 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 38.830 %

15 Public support percentage for 2023 Schedule A, Part II, line 14 . . . . . **15** 41.350 %

16a **33 1/3% support test—2024.** 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 . . . . . ▶☑

b **33 1/3% support test—2023.** 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 . . . . . ▶☐

17a **10%-facts-and-circumstances test—2024.** 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 . . . . . ▶☐

b **10%-facts-and-circumstances test—2023.** 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 . . . . . ▶☐

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 . . . . . ▶☐

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2024.** 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—2023.** 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, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in **Part VI.***	9a		
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? *If "Yes," provide detail in **Part VI.***	9b		
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? *If "Yes," provide detail in **Part VI.***	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

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 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	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 in 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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
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):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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 - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). 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 (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2024 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-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	SPECIAL EVENTS - 2020 AMOUNT: $ 8,625. 2021 AMOUNT: $ 61,090. 2022 AMOUNT: $ 62,500. 2023 AMOUNT: $ 67,500. 2024 AMOUNT: $ 81,280. SALES OF INVENTORY - 2020 AMOUNT: $ 1,275,951. 2021 AMOUNT: $ 1,358,494. 2022 AMOUNT: $ 1,317,658. 2023 AMOUNT: $ 1,237,913. 2024 AMOUNT: $ 1,220,191. MISCELLANEOUS - 2020 AMOUNT: $ 254,330. 2021 AMOUNT: $ 353,441. 2022 AMOUNT: $ 380,221. 2023 AMOUNT: $ 470,425. 2024 AMOUNT: $ 307,859.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B
(Form 990)
(Rev. January 2025)
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

Name of the organization	**Employer identification number**
AMERICARES FOUNDATION INC	06-1008595

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
AMERICARES FOUNDATION INC

Employer identification number
06-1008595

Part 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
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
AMERICARES FOUNDATION INC

Employer identification number
06-1008595

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
AMERICARES FOUNDATION INC

Employer identification number
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 information once. See instructions.) $ _____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(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

(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

(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

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

(Rev. January 2025)
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

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 (e.g., recreation or education)
☐ Preservation of an 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 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 in (a)	2c	
d	Number of conservation easements included in (c) 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under 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 ▶ $ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

		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	14,819,000	12,987,835	11,677,243	12,208,794	5,686,992
b Contributions . . .	12,284,762	25,000	442,739	2,025,000	4,555,746
c Net investment earnings, gains, and losses	2,179,305	1,849,107	906,769	-2,520,310	2,164,185
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	526,414				172,000
f Administrative expenses	56,112	42,942	38,916	36,241	26,129
g End of year balance	28,700,542	14,819,000	12,987,835	11,677,243	12,208,794

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

- **a** Board designated or quasi-endowment ▶ 89.000 %
- **b** Permanent endowment ▶ 10.000 %
- **c** Term endowment ▶ 1.000 %

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

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

	Yes	No
(i) Unrelated organizations . . . . . **3a(i)**	Yes	
(ii) Related organizations . . . . . **3a(ii)**		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**		

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

Part VI Land, Buildings, and Equipment.

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		1,422,147	910,561	511,586
c Leasehold improvements				
d Equipment		6,270,975	4,825,570	1,445,405
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				2,131,991

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. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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, col.(B) line 15.)* ▶	

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	
SPLIT INTEREST AGREEMENTS	6,319,042
RIGHT OF USE LEASE LIABILITY	6,539,102
DUE TO AMERICARES	4,156,000
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	17,014,144

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
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	1,854,867,924
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	1,883,200		
b	Donated services and use of facilities	2b	789,432		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-410,637		
e	Add lines **2a** through **2d**			2e	2,261,995
3	Subtract line **2e** from line **1**			3	1,852,605,929
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	110,811		
b	Other (Describe in Part XIII.)	4b	-1,653,123		
c	Add lines **4a** and **4b**			4c	-1,542,312
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	1,851,063,617

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	1,901,133,020
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	789,432		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	1,653,123		
e	Add lines **2a** through **2d**			2e	2,442,555
3	Subtract line **2e** from line **1**			3	1,898,690,465
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	110,811		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	110,811
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	1,898,801,276

Part XIII

Supplemental Information

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

Return Reference	Explanation
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 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.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGES IN SPLIT-INTEREST AGREEMENT -391,259. LOSS ON FOREIGN CURRENCY -19,378.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RENTAL EXPENSE RECLASSED TO OFFSET RENTAL INCOME -38,140. DIRECT FUNDRAISING EXPENSE RECLASSED TO OFFSET SPECIAL EVENT REVENUE -490,060. COST OF GOODS SOLD -1,124,923.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSE RECLASSED TO OFFSET RENTAL INCOME 38,140. DIRECT FUNDRAISING EXPENSE RECLASSED TO OFFSET SPECIAL EVENT REVENUE 490,060. COST OF GOODS SOLD 1,124,923.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

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

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in 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
(1)	CENTRAL AMERICA / CARIBBEAN	2	143	GRANTMAKING		77,148,069
(2)	EAST ASIA AND THE PACIFIC	1	25	GRANTMAKING		4,793,270
(3)	EUROPE	0	1	GRANTMAKING		702,273
(4)	MIDDLE EAST AND NORTH AFRICA	0	2	GRANTMAKING		36,885,925
(5)	NORTH AMERICA	0	0	GRANTMAKING		4,515,477
(6)	RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		47,936,998
(7)	SOUTH AMERICA	2	81	GRANTMAKING		12,658,527
(8)	SOUTH ASIA	0	3	GRANTMAKING		11,570,891
(9)	SUB-SAHARAN AFRICA	2	28	GRANTMAKING		71,735,944
(10)	CENTRAL AMERICA / CARIBBEAN	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	163,995
(11)	EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	79,985
(12)	EUROPE	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	211,837
(13)	MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	160,000
(14)	RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	761,250
(15)	SOUTH AMERICA	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	181,151
(16)	SOUTH ASIA	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	2,762,653
(17)	SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	912,157
3a	Sub-total	7	273			196,211,430
b	Total from continuation sheets to Part I . . .	0	7			76,968,972
c	**Totals** (add lines 3a and 3b)	7	280			273,180,402

Schedule 2B Schedule of Rates and Prices for Supplies in Relation to Holding Income for United Kingdom. Schedule of the Company's standard "Tariff" as at Monday, 1st January 2018 (Tariff Code: 2B-1-1-1

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

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

Part IV Foreign Forms

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

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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 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 Instructions for Form 5471)* . . . . . ☑ Yes ☐ No

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

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

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . . ☑ Yes ☐ No

Part V **Supplemental Information**

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

ReturnReference	Explanation
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 ONE RELATED TAX-EXEMPT SUBSIDIARY THAT IT EFFECTIVELY CONTROLS: AMERICARES FOUNDATION TANZANIA

Additional Data

Software ID:

Software Version:

SCHEDULE G (Form 990) (Rev. January 2025)

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, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

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

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

b If "Yes," list the 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? Yes	No	**(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
1	LAUTMAN MASKA NEIL AND COMPANY 1730 RHODE ISLAND AVE NW WASHINGTON, DC 20036	FUNDRAISING COUNSEL		No	12,725,607	683,433	12,042,174
2	ANNE LEWIS STRATEGIES (DBA MISSION WIRED) 650 MASSACHUSETTS AVENUE NW STE 50 WASHINGTON, DC 20001	FUNDRAISING COUNSEL		No	8,620,332	450,991	8,169,342
3	STAMP EVENT MANAGEMENT LLC 276 5TH AVENUE SUITE 704 NEW YORK, NY 10001	SPECIAL EVENT SERVICES		No	1,574,173	135,263	1,438,910
4	GIVEBRIDGE INC 550 W VAN BUREN SUITE 1100 CHICAGO, IL 60607	FUNDRAISING COUNSEL		No	475,163	1,100,000	-624,837
5	TELEFUND LLC PO BOX 120557 BOSTON, MA 02112	FUNDRAISING COUNSEL		No	90,932	49,254	41,678
6	GORDON & SCHWENKMEYER INC 20300 S VERMONT AVE STE 210 TORRANCE, CA 90502	FUNDRAISING COUNSEL		No	11,616	5,488	6,128
7	COMMUNITY COUNSELLING SERVICE LLC 527 MADISON AVENUE 5TH FLOOR NEW YORK, NY 10022	STRATEGY AND RESEARCH		No	0	144,900	-144,900
8	PAULINE PALKOVIC - ACORN HILL ASSOCIATE PO BOX 1465 OLIVEBRIDGE, NY 12461	STRATEGY AND RESEARCH		No	0	64,800	-64,800
9							
10							
Total . . . . . ▶					23,497,823	2,634,129	20,863,695

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

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 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,567,867			1,567,867
	2 Less: Contributions	1,486,587			1,486,587
	3 Gross income (line 1 minus line 2)	81,280			81,280
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	30,625			30,625
	7 Food and beverages	126,700			126,700
	8 Entertainment	99,096			99,096
	9 Other direct expenses	233,639			233,639
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				490,060
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-408,780

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	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain:

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

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
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 2025, BUT THE CAPITAL CAMPAIGN RAMPED UP IN FY26 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). PROFESSIONAL FUNDRAISING FEES REPORTED IN SCHEDULE G DO NOT TIE TO THE PROFESSIONAL FUNDRAISING FEES REPORTED ON PART IX, LINE 11(E) BECAUSE $135,263 IN CONSULTING FEES ARE RECLASSED TO OFFSET FUNDRAISING REVENUE ON FORM 990, PART VIII, LINE 8.

Additional Data

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| [illegible] | [illegible] | [illegible] |

| | | |

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FREE MEDICINE TO PATIENTS	212007		1,374,126,634	FMV	PRESCRIPTION
(2) MEDICAL OUTREACH IN THE U.S	680		640,433	FMV	MEDICAL SUPPLIES
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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 PATIENTS TREATED AND OTHER INFORMATION. HEALTH PARTNERS THAT RECEIVE FUNDING FROM AMERICARES ARE REQUIRED TO COMPLETE A GRANT APPLICATION AND A GRANT REPORT, WHICH INCLUDES DATA ON HOW FUNDS WERE USED AND, IF APPLICABLE, THE HEALTH OUTCOME OF THE FUNDED PROJECT ORACTIVITY. 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.

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Schedule J
(Form 990)
(Rev. January 2025)
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

Open to Public Inspection

Name of the organization
AMERICARES FOUNDATION INC

Employer identification number
06-1008595

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)			
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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee ☑ Independent compensation consultant ☑ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ 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?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			**(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)**	537,977	16,232	0	27,551	40,794	622,554	0
	(ii)	0	0	0	0	0	0	0
2 RICHARD K TROWBRIDGE JR TREAS, SVP OP, CFO (THRU 08/24)	**(i)**	209,706	0	130,417	19,784	27,122	387,029	0
	(ii)	0	0	0	0	0	0	0
3 ELANA LOPEZ CHIEF PEOPLE & SYSTEMS	**(i)**	325,065	0	0	19,784	40,794	385,643	0
	(ii)	0	0	0	0	0	0	0
4 JENNY GOLDSTEIN SVP & CHIEF DEV. OFFICER (THRU 04/25	**(i)**	312,720	0	0	19,042	40,794	372,556	0
	(ii)	0	0	0	0	0	0	0
5 JULIE VARUGHESE CHIEF MEDICAL OFFICER	**(i)**	311,284	0	0	17,414	794	329,492	0
	(ii)	0	0	0	0	0	0	0
6 FELICIA MACDONALD SVP AND CHIEF MARKETING OFFICER	**(i)**	270,548	0	0	12,278	40,794	323,620	0
	(ii)	0	0	0	0	0	0	0
7 MEGIN WOLFMAN SVP/CSO (THRU 10/24)	**(i)**	247,952	0	0	14,976	40,742	303,670	0
	(ii)	0	0	0	0	0	0	0
8 YAEL GOTTLIEB SVP & CHIEF DEVELOPMENT OFFICER	**(i)**	238,202	15,000	0	7,844	40,794	301,840	0
	(ii)	0	0	0	0	0	0	0
9 JOAN LITTLEFIELD DEPUTY SVP, GLOBAL PROGRAMS	**(i)**	231,317	0	0	14,063	26,171	271,551	0
	(ii)	0	0	0	0	0	0	0
10 MONICA BARBER GENERAL COUNSEL	**(i)**	260,323	0	0	10,292	794	271,409	0
	(ii)	0	0	0	0	0	0	0
11 ROSE HOGAN DSVP/QUALITY/IMPACT AND LEARNING	**(i)**	226,302	0	0	9,043	26,157	261,502	0
	(ii)	0	0	0	0	0	0	0
12 PROVASH BUDDEN DEPUTY SVP/EMERGENCY PROGRAMS	**(i)**	233,840	0	0	14,161	13,160	261,161	0
	(ii)	0	0	0	0	0	0	0
13 LYNEISHA VAUGH-PEREZ VP, FINANCE, PLANNING & GRANTS	**(i)**	226,840	0	0	13,594	1,393	241,827	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4A	RICHARD K. TROWBRIDGE, JR., TREASURER, SVP OPERATIONS, AND CFO, RECEIVED A SEVERANCE PAYMENT IN 2024 IN THE AMOUNT OF $130,417; THIS AMOUNT IS REPORTED IN SCHEDULE J, PART II, COLUMN (B) (III).
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 2024, THE PRESIDENT RECEIVED A $16,232 DISCRETIONARY BONUS. 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 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.

Additional Data

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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 the latest information.**

OMB No. 1545-0047

2024

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	130	7,228,751	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	701,176	443,302	COST/WHOLESALE PRICE
20 Drugs and medical supplies	X	6,302,829	1,751,958,605	COST/WHOLESALE PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (NON-MEDICAL SUPPLIES)	X	618,806	2,843,034	COST/WHOLESALE PRICE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | **29** | 21

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

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

Return Reference	Explanation
PART I, COLUMN (B):	LINE 19B, 20B, AND 25B - NUMBER OF CONTRIBUTIONS DISCLOSED FOR ALL LINES INCLUDES THE NUMBER OF ITEMS RECEIVED (AT THE DISTRIBUTABLE PACKAGE LEVEL).
PART I, 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.

Additional Data

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SCHEDULE O
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
AMERICARES FOUNDATION INC

Employer identification number
06-1008595

Return Reference	Explanation
ORGANIZATION MISSION CONTINUATION:	HEALTH IN TIMES OF DISASTER AND EVERY DAY.
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION:	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 OVER 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; - EMERGENCY PROGRAMS: HELPING COMMUNITIES PREPARE FOR, RESPOND TO AND RECOVER FROM DISASTERS; AND - HEALTH SERVICES: IMPROVING AND EXPANDING CLINICAL SERVICES AND PROMOTING GOOD HEALTH AND DISEASE PREVENTION IN VULNERABLE COMMUNITIES. ACROSS ITS PROGRAMS, AMERICARES PRIORITIZES MENTAL HEALTH AND CLIMATE AND DISASTER RESILIENCE AND PROVIDES TARGETED SOLUTIONS SUPPORTING WATER SANITATION AND HYGIENE, MATERNAL HEALTH CARE AND CAPACITY BUILDING. AMERICARES LOOKS FOR STRATEGIC LINKAGES TO COMPLEMENT LOCAL PROGRAMMING RELATED TO NONCOMMUNICABLE DISEASES AND INFECTIOUS DISEASES. IN FY25, AMERICARES REACHED 91 COUNTRIES WITH MEDICINE, MEDICAL SUPPLIES, SUPPORT AND TECHNICAL ASSISTANCE VALUED AT MORE THAN $1.88 BILLION THROUGH OUR MEDICINE SECURITY, HUMANITARIAN PROGRAMS AND HEALTH SERVICES PROGRAMS. THROUGH COLLABORATION WITH OUR EXTENSIVE WORLDWIDE PARTNER NETWORK, WE IMPLEMENTED HEALTH PROJECTS IN 36 COUNTRIES THAT DIRECTLY OR INDIRECTLY BENEFITED MORE THAN 980,000 PEOPLE. IN ADDITION, WE LEVERAGED MORE THAN $1.75 BILLION WORTH OF DONATED AND PROCURED COMMODITIES TO SUPPORT PROJECTS AND ACTIVITIES AND TO RELIEVE SHORTAGES OF MEDICINES AND SUPPLIES THROUGH OUR HEALTH PARTNERS, INCLUDING ENOUGH MEDICINE TO FILL MORE THAN 9 MILLION PRESCRIPTIONS AND MORE THAN 3.2 MILLION UNITS OF SUPPLIES. THROUGH MEDICINE ALONE, WE ESTIMATE THAT WE IMPROVED THE HEALTH OF 1.9 MILLION PEOPLE.
FORM 990 PART III, LINE 4A:	ACCESS TO MEDICINE TO IMPROVE HEALTH OUTCOMES FOR PATIENTS AND COMMUNITIES, AMERICARES INCREASES ACCESSIBILITY, AVAILABILITY, AFFORDABILITY AND ACCEPTABILITY OF MEDICINE AND SUPPLIES FOR PARTNER HEALTH PROVIDERS. IN A MEDICINE SECURE COMMUNITY, EVERY CLINIC, HEALTH WORKER AND PATIENT HAS RELIABLE, EQUITABLE ACCESS TO MEDICINES AND MEDICAL SUPPLIES. A STRONG NETWORK OF PHARMACEUTICAL AND MEDICAL SUPPLY CORPORATIONS DONATES THESE MEDICINES, MEDICAL SUPPLIES, PERSONAL CARE PRODUCTS, MEDICAL EQUIPMENT AND TECHNOLOGY. WE DISTRIBUTE THESE DONATIONS TO OUR GLOBAL PARTNER NETWORK THROUGH TWO INITIATIVES: 1. THE GLOBAL ACCESS TO MEDICINE PROGRAM, WHICH DISTRIBUTES HIGH-QUALITY MEDICINES DIRECTLY TO A NETWORK OF PARTNERS, REACHING 34 COUNTRIES IN FY25. 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 $63 MILLION IN DONATED MEDICINES AND SUPPLIES AS WELL AS MEDICAL TRAINING TOOLS AND RESOURCES WHICH THEY USED TO PROVIDE CARE IN 80 COUNTRIES. 2. THE U.S. PROGRAM, WHICH LAST YEAR SERVED A NETWORK OF 919 SAFETY NET HEALTH CARE PROVIDERS THROUGHOUT THE CONTINENTAL U.S. AND PUERTO RICO. AGAIN, PARTNERS ARE SELECTED FOR THEIR CAPACITY TO SECURELY AND EFFECTIVELY PROCESS AND UTILIZE AMERICARES MEDICAL AND SUPPLY DONATIONS. IN ALL, AMERICARES PROVIDED AID VALUED AT $1.76 BILLION THROUGH OUR MEDICINE SECURITY PROGRAM, INCLUDING ENOUGH MEDICINE TO FILL 8.9 MILLION PRESCRIPTIONS AND 3 MILLION MEDICAL SUPPLIES. WE ESTIMATE THAT 1.88 MILLION PEOPLE BENEFITED FROM THE MEDICINE PROVIDED BY AMERICARES MEDICINE SECURITY PROGRAM. HIGHLIGHTS FROM FY25 ACTIVITIES INCLUDE: - U.S. CLINICS ORDER ONLINE: THROUGH AMERICARES U.S. ACCESS WEBSITE, 919 FREE AND CHARITABLE PARTNER CLINICS SELECTED AND RECEIVED ENOUGH MEDICINE TO FILL MORE THAN 2.4 MILLION PRESCRIPTIONS AS WELL AS 546,240 SUPPLIES. - MEDICINE REACHES PATIENTS IN HAITI: IN FY25, AMERICARES HAITI CONTINUED ITS EIGHT-YEAR PARTNERSHIP WITH PESTEL HEALTH CENTER, A PUBLIC PRIMARY HEALTH CARE FACILITY THAT SERVES AN AVERAGE OF 10,000 PATIENTS ANNUALLY IN THE GRAND' ANSE DEPARTMENT. IN FY25, AMERICARES CONTRIBUTED A SIX-MONTH SUPPLY OF MEDICINE; PURCHASED A MOTORCYCLE AND PROTECTIVE GEAR SO STAFF CAN TRAVEL TO REMOTE LOCATIONS TO DELIVER MEDICINE AND CARE; AND PROVIDED INFRASTRUCTURE IMPROVEMENTS AND TRAINING TO IMPROVE MANAGEMENT OF MEDICINE. - BETTER HEALTH IN GHANA: IN GHANA, AMERICARES PARTNERS WITH WOMEN'S HEALTH TO WEALTH, AND IN FY25 PROVIDED WOMEN'S HEALTH TO WEALTH WITH ENOUGH MEDICINE TO FILL 219,178 PRESCRIPTIONS. THANKS TO MEDICINE PROVIDED BY AMERICARES PARTNERSHIP TO LEGACY HOSPITAL IN ASOKORE MAMPONG, ASHANTI REGION, THE HOSPITAL'S MEDICINE SUPERINTENDENT REPORTED THAT 212 PATIENTS LOWERED THEIR BLOOD PRESSURE TO A SAFE RANGE, PREVENTING AN ESTIMATED 18 HEALTH CRISES.
FORM 990 PART III, LINE 4B:	EMERGENCY PROGRAMS AMERICARES RESPONDS TO DISASTERS AND HUMANITARIAN CRISES WORLDWIDE, ESTABLISHES LONG-TERM RECOVERY PROJECTS AND BRINGS PREPAREDNESS PROGRAMS TO COMMUNITIES VULNERABLE TO DISASTERS. AMERICARES MAINTAINS A CONSTANT STATE OF READINESS, SO WE CAN DEPLOY QUICKLY WHEN DISASTER STRIKES. OUR RELIEF WORKERS ARE AMONG THE FIRST TO RESPOND TO EMERGENCIES, HELPING TO RESTORE HEALTH SERVICES FOR SURVIVORS. AFTER DISASTERS, WE OFTEN STAY FOR MONTHS - OR YEARS - HELPING COMMUNITIES RECOVER. FROM JULY 2024 TO JUNE 2025, AMERICARES RESPONDED TO 30 NATURAL DISASTERS AND HUMANITARIAN CRISES IN 22 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 FY25, AMERICARES EMERGENCY PROGRAMS DELIVERED $50.5

Return Reference	Explanation
	MILLION IN EMERGENCY AND DISASTER AID, INCLUDING SHIPMENTS OF MEDICINES AND RELIEF SUPPLIES. IN EMERGENCY SETTINGS, AMERICARES PROVIDED GRANTS AND SUPPORT FOR 157 PROJECTS, WHICH DIRECTLY BENEFITED MORE THAN 680,000 PEOPLE. AMERICARES EMERGENCY PROGRAMS RELY ON THE CLOSE PARTNERSHIPS WE SHARE WITH OUR BROAD NETWORK OF HEALTH CARE PROVIDERS. BY INVESTING IN LOCAL CAPACITY, AMERICARES IS HELPING COMMUNITIES RESPOND EFFECTIVELY TO EMERGENCIES, ENGAGE IN LONG-TERM RECOVERIES AND INTEGRATE DISASTER PREPAREDNESS INTO THEIR ONGOING OPERATIONS. IN OUR FISCAL YEAR 2025, AMERICARES RESPONDED TO EMERGENCIES IN THE FOLLOWING COUNTRIES: BANGLADESH BRAZIL COLOMBIA DEMOCRATIC REPUBLIC OF THE CONGO EGYPT EL SALVADOR HONDURAS JAMAICA JORDAN LEBANON MYANMAR NEPAL PALESTINIAN TERRITORIES PHILIPPINES POLAND SOMALIA SUDAN SYRIA TURKIYE UKRAINE UNITED STATES YEMEN HIGHLIGHTS FROM FY25 ACTIVITIES INCLUDE RESPONSES TO: HURRICANE HELENE: HURRICANE HELENE MADE LANDFALL ON SEPT. 26, 2024, ON FLORIDA'S GULF COAST AS A POWERFUL CATEGORY 4 STORM, THEN SWEPT THROUGH GEORGIA, NORTH CAROLINA, SOUTH CAROLINA AND TENNESSEE. FROM INDIANA TO FLORIDA, MORE THAN 230 PEOPLE DIED AS A RESULT OF THE STORM. AMERICARES RESPONDED IMMEDIATELY, WITH RESPONSE TEAMS MEETING WITH PARTNERS IN FIVE STATES. OVER THE NEXT YEAR, AMERICARES PROVIDED 17 TONS OF MEDICINE AND RELIEF SUPPLIES, INCLUDING MORE THAN 5,000 DOSES OF TETANUS VACCINE, TO PROTECT SURVIVORS CLEANING UP DEBRIS; A MOBILE CLINIC THAT PARTNERED WITH COMMUNITY GROUPS TO PROVIDE DIRECT CARE IN 5 COUNTIES OVER 17 DAYS; INSTALLATION OF FOUR WATER PURIFICATION SYSTEMS IN ASHEVILLE, N.C., EACH ABLE TO PROVIDE 17,000 GALLONS OF SAFE DRINKING WATER DAILY; $1 MILLION IN EMERGENCY FUNDS TO 35 CLINICS AND COMMUNITY ORGANIZATIONS ACROSS THE REGION; AND MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT FOR MORE THAN 500 PEOPLE, INCLUDING HEALTH WORKERS WHO LIVED THROUGH THE STORM AND NOW HELP OTHER SURVIVORS. GAZA HUMANITARIAN CRISIS: SINCE THE ESCALATION OF HOSTILITIES IN GAZA IN OCTOBER 2023 AND THE END OF FY25, AMERICARES DELIVERED 35 TONS OF MEDICINE AND MEDICAL SUPPLIES AND AWARDED $845,000 IN EMERGENCY FUNDING TO MEET URGENT HEALTH NEEDS. FUNDS HAVE BEEN PROVIDED FOR MENTAL HEALTH SUPPORT, MEDICATION AND MEDICAL TEAMS PROVIDING ESSENTIAL HEALTH CARE SERVICES IN GAZA. AMERICARES SUPPORT CONTINUES. UKRAINE WAR: AMERICARES IS MEETING THE PHYSICAL AND MENTAL HEALTH NEEDS OF CHILDREN AND ADULTS AFFECTED BY RUSSIA'S INVASION OF UKRAINE THROUGH ITS SUPPORT OF LOCAL ORGANIZATIONS. IN TOTAL, IN THREE YEARS AFTER RUSSIA'S INVASION ON FEB. 24, 2022, AMERICARES PROVIDED AID VALUED AT MORE THAN $147 MILLION TO 83 LOCAL ORGANIZATIONS ASSISTING THOSE AFFECTED BY THE WAR. AID INCLUDES GRANTS AND SHIPMENTS OF MEDICINE AND MEDICAL SUPPLIES, INCLUDING THOSE DELIVERED BY VOLUNTEER MEDICAL OUTREACH TEAMS. BY FEBRUARY 2025, AMERICARES HAD ALSO AWARDED 141 EMERGENCY GRANTS VALUED AT MORE THAN $6.6 MILLION TO 62 ORGANIZATIONS WORKING TO IMPROVE THE PHYSICAL AND MENTAL HEALTH OF THOSE AFFECTED BY THE INVASION OF AND CONTINUING VIOLENCE IN UKRAINE. LOS ANGELES WILDFIRES: AFTER WILDFIRES DESTROYED THOUSANDS OF HOMES AND BUSINESSES, DECIMATING ENTIRE COMMUNITIES IN LOS ANGELES COUNTY IN JANUARY 2025, AMERICARES RESPONDED WITH A COMPREHENSIVE PROGRAM TO SUPPORT PEOPLE IN NEED. THE RESPONSE INCLUDED $1 MILLION IN CASH ASSISTANCE TO HELP MORE THAN 5,500 SURVIVORS. MORE THAN HALF THE HOUSEHOLDS RECEIVING AMERICARES CASH ASSISTANCE LOST THEIR HOMES IN THE FIRES, AND A THIRD LOST INCOME; FAMILIES RECEIVING THE CARDS INCLUDED MORE THAN 1,800 CHILDREN UNDER AGE 17. THE CASH CARDS WERE AVAILABLE TO FAMILIES AND INDIVIDUALS LIVING WITH LOW-INCOMES AND DIRECTLY AFFECTED BY THE WILDFIRES THROUGH EVACUATION, LOSS OF PROPERTY OR LOSS OF EMPLOYMENT. AMERICARES ALSO PROVIDED EMERGENCY FUNDING FOR MOBILE CLINICS PROVIDING CARE IN FIRE-AFFECTED COMMUNITIES WHERE HEALTH NEEDS ARE URGENT. CLINICS ALSO RECEIVED MEDICINE FROM AMERICARES - ENOUGH TO FILL MORE THAN 1,500 PRESCRIPTIONS. AMERICARES PROVIDED EMERGENCY FUNDING TO LOCAL PARTNERS PROVIDING MENTAL HEALTH SERVICES. PEOPLE AFFECTED BY THE FIRES - WHO LOST THEIR HOME, JOB, OR WERE PERHAPS FORCED TO MOVE BECAUSE OF TOXIC ASH - RECEIVED 2,200 HYGIENE AND RECOVERY KITS PROVIDED BY AMERICARES THROUGH LOCAL HEALTH PARTNERS. THE KITS CONTAIN TOOTHBRUSHES, TOOTHPASTE, SOAP, SHAMPOO, AND MUCH MORE EACH ITEM TO MAINTAIN AND PROTECT HEALTH AND EASE FINANCIAL STRESS FOR PEOPLE LIVING ON LOW-INCOMES EVEN BEFORE THE FIRES. TO PROTECT PEOPLE ACROSS THE REGION FROM THE EFFECTS OF TOXIC SMOKE AND ASH, AMERICARES ALSO PROVIDED LOCAL PARTNERS WITH MORE THAN 14,000 N-95 MASKS AND RESPIRATORY MEDICINE. $350K IN EMERGENCY FUNDING. PHILIPPINES VOLCANO ERUPTION: AFTER ERUPTING IN DECEMBER 2024 AND FORCING THOUSANDS OF PEOPLE TO FLEE THEIR HOMES, MT. KANLOAN WAS ACTIVE ONCE AGAIN ON MAY 13, 2025, SENDING UP A MASSIVE ASH PLUME, WHICH THEN BLANKETED NEARBY TOWNS IN ASHFALL, PROMPTING MORE EVACUATIONS. AMERICARES EMERGENCY RESPONSE TEAMS HAVE BEEN ACTIVE IN THE AREA SINCE DECEMBER, PROVIDING LOCAL HEALTH PROVIDERS WITH NEBULIZERS AND OXYGEN REGULATORS AND DISTRIBUTING 2,000 N95 MASKS, AS WELL AS HUNDREDS OF HYGIENE KITS, TO FAMILIES. THE TEAM ALSO HELD HANDWASHING DEMONSTRATIONS. TO EASE THE STRESS OF TRAUMA AND LOSS, AMERICARES DEPLOYED A MENTAL HEALTH AND PSYCHOSOCIAL TEAM, WHICH PROVIDED ACTIVITIES FOR ADULTS AND MORE THAN 500 CHILDREN AT THREE EVACUATION CENTERS. AMERICARES PHILIPPINES EMERGENCY RESPONSE TEAM WILL CONTINUE TO MONITOR THE VOLCANO AND THE THREATS IT POSES TO THE HEALTH OF NEARBY COMMUNITIES.
FORM 990 PART III, LINE 4C:	CLINICAL SERVICES AND COMMUNITY HEALTH AMERICARES DELIVERS AND SUPPORTS QUALITY HEALTH SERVICES AT AMERICARES-RUN CLINICS AND PARTNERS WITH LOCAL HEALTH CENTERS TO ADDRESS THE UNIQUE HEALTH NEEDS OF THEIR COMMUNITIES, FOCUSING ON THE ROOT CAUSES OF ILLNESS AND DISEASE. THROUGH WORK IN OUR OWN CLINICS AND THAT OF OUR PARTNERS, AMERICARES PROVIDED MORE THAN $47.8 MILLION THROUGH OUR CLINICAL SERVICES AND COMMUNITY HEALTH SERVICES WORK. TO STRENGTHEN HEALTH SYSTEMS AND IMPROVE HEALTH EQUITY, AMERICARES FOCUSES OUR HEALTH PROJECTS IN THE AREAS OF CLIMATE CHANGE AND DISASTER RESILIENCE; INFECTIOUS DISEASE; MENTAL HEALTH; REPRODUCTIVE, MATERNAL AND CHILDREN'S HEALTH; AND SAFE WATER, SANITATION AND HYGIENE (WASH). IN FISCAL YEAR 2025, AMERICARES CLINIC IN EL SALVADOR, CLINICA INTEGRAL DE ATENCION FAMILIAR, PROVIDED 82,788 CLINICAL CONSULTATIONS. OUR CLINICS IN COLOMBIA PROVIDED 27,609 PATIENT CONSULTATIONS. IN ADDITION, OUR PARTNERS AMERICARES INDIA AND AMERICARES FREE CLINICS, IN CONNECTICUT, PROVIDED AN ADDITIONAL 281, 680 CLINICAL CONSULTATIONS. IN FY25, AMERICARES SUPPORTED NEARLY 37,300 SURGERIES PERFORMED BY U.S.-BASED MEDICAL VOLUNTEERS ON 680 SHORT-TERM MEDICAL OUTREACH TRIPS TO 80 COUNTRIES. SOME TEAMS ALSO BROUGHT PULSE OXIMETERS AND SAFE SURGERY CHECKLISTS DONATED BY AMERICARES, TRAINED LOCAL STAFF IN THEIR USE AND DONATED THEM TO THE HOST FACILITY. SINCE 2015, THE TEAMS HAVE DISTRIBUTED 4,131 PULSE OXIMETERS IN 68 COUNTRIES, AND 99 PERCENT OF RESPONDENTS TO A SURVEY REPORTED USING THE INSTRUMENTS DURING SURGERY. AMERICARES ALSO PROVIDES RESOURCES AND TRAINING SO HEALTH WORKERS CAN BETTER SERVE THEIR COMMUNITIES AND IMPROVE THE HEALTH OF LOW-INCOME PATIENTS. IN FY25, AMERICARES CAPACITY-BUILDING TRAINING REACHED 15,889 HEALTH CARE

Return Reference	Explanation
	WORKERS AROUND THE WORLD. IN OUR HEALTH SERVICES PROGRAM, WE ADDRESS THE ROOT CAUSES OF ILLNESS AND DISEASE, EMPLOYING AN INTEGRATED APPROACH THAT LINKS TREATMENT SERVICES TO DISEASE PREVENTION EFFORTS AND HEALTH EDUCATION. ALL PROGRAMS PROMOTE EVIDENCE-BASED BEST PRACTICES AND ARE DESIGNED TO THE HIGHEST STANDARDS OF PROJECT PLANNING, IMPLEMENTATION AND MONITORING AND EVALUATION. HEALTH SERVICES PROJECTS INCLUDE: PHILIPPINES CLIMATE TOOLKIT: AMERICARES DEVELOPED A RESOURCE TO HELP HEALTH CENTERS PROTECT PATIENTS' HEALTH DURING EXTREME WEATHER, THE CLIMATE RESILIENCE TOOLKIT FOR HEALTH CENTERS IN THE PHILIPPINES. AVAILABLE IN FOUR LANGUAGES ENGLISH, TAGALOG, ILOCANO AND CEBUANO THE TOOLKIT PROVIDES CRITICAL INFORMATION TO REDUCE THE HEALTH IMPACTS FROM EXTREME HEAT, FLOODS AND TYPHOONS. IN FY25, 10 CLINICS PILOTED THE TOOLKIT'S EXTREME HEAT MODULE, WHICH INCLUDES PRACTICAL TOOLS AND RESOURCES, INCLUDING RISK ASSESSMENTS FOR PATIENTS AND HEAT MANAGEMENT PLANS FOR HIGH-RISK POPULATIONS. THE PROVIDER MATERIALS INCLUDE VISUALS THAT CAN BE DISPLAYED IN HEALTH CENTERS AND THE PATIENT EDUCATION MATERIALS INCLUDE ILLUSTRATED GUIDES AND POSTERS THAT EXPLAIN THE HEALTH RISKS FROM HEAT OR FLOODS AND WHAT TO DO DURING AN EMERGENCY. COMMUNITY-FACING MATERIALS EXPLAIN THE ROLE FAMILIES AND NEIGHBORS CAN PLAY DURING HEATWAVES AND TYPHOONS. PILOT HEALTH CENTERS ARE ALSO MAKING IMPROVEMENTS TO THEIR FACILITIES TO MEET INCREASED PATIENT DEMAND DURING EXTREME WEATHER EVENTS, INCLUDING AIR CONDITIONERS, PROTECTIVE GEAR FOR HEALTH WORKERS AND POSTERS AND BANNERS FOR PATIENT AND COMMUNITY EDUCATION. EL SALVADOR POVERTY ACCESS PROGRAM: AMERICARES CLINIC IN EL SALVADOR, LA CLNICA INTEGRAL DE ATENCION FAMILIAR, PROVIDES COMPREHENSIVE HEALTH CARE TO LOW-INCOME SALVADORANS. FOR PEOPLE IN POVERTY, FOR WHOM THE CLINIC'S LOW-COST SERVICES ARE OUT OF REACH, AMERICARES CONDUCTS THE PROGRAM FOR ACCESS TO COMPREHENSIVE HEALTH SERVICES (PASIS). THE PROGRAM IS COMMUNITY-BASED: SIXTY-TWO TRAINED HEALTH PROMOTORS REGULARLY VISIT 38 COMMUNITIES TO MONITOR HEALTH AND BRING REFILLS FOR MEDICINE. THE CLINIC PROVIDES TRANSPORTATION TO THE CLINIC, WHERE PATIENTS CAN SEE DOCTORS. IN FY25, 1,710 PEOPLE WERE HELPED BY THE PASIS PROGRAM. LIBERIA REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH PROJECT: THIS PROJECT CONTRIBUTES TO DECREASED MATERNAL AND NEWBORN MORTALITY IN PARTNERSHIP WITH THE GRAND BASSA COUNTY HEALTH TEAM BY SUPPORTING IMPROVED QUALITY OF CARE IN MATERNAL AND NEWBORN HEALTH (FOCUSED ON ANTENATAL CARE, ESSENTIAL NEWBORN CARE, POSTPARTUM HEMORRHAGE, AND POSTPARTUM CARE). THE PROJECT SEEKS TO IMPROVE CARE-SEEKING BEHAVIORS AND INCREASE THE DEMAND FOR ANTENATAL CARE AND SKILLED BIRTH ATTENDANCE. IN FY25, THE PROJECT EXPANDED FROM SIX FACILITIES TO 12 HEALTH FACILITIES IN GRAND BASSA COUNTY. AT THE SIX NEW FACILITIES, AMERICARES TRAINED 25 HEALTH PROVIDERS IN ANTENATAL CARE, 27 HEALTH PROVIDERS IN ESSENTIAL NEWBORN CARE, AND 23 HEALTH PROVIDERS IN POSTPARTUM CARE. ACROSS ALL 12 FACILITIES, ACTIVITIES INCLUDED MENTORING IN POSTPARTUM CARE, ANTENATAL CARE AND ESSENTIAL NEWBORN CARE; TRAINING TO PROMOTE EARLY DETECTION OF POSTPARTUM HEMORRHAGE; COMMUNITY ENGAGEMENT WITH AND THROUGH TRAINED TRADITIONAL MIDWIVES (TTMS), WITH MONTHLY MEETINGS TO LEARN MATERNAL AND NEWBORN HEALTH LESSONS, DISCUSS SUCCESSES, LESSONS LEARNED AND CHALLENGES AND NETWORK AND TRAIN WITH OTHER TTMS AND FACILITY STAFF.
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 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 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.
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.

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGES IN SPLIT-INTEREST AGREEMENTS -391,259. LOSS ON FOREIGN CURRENCY -19,378. OTHER ADJUSTMENTS 2,003.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE R (Form 990)
(Rev. January 2025)
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

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
(1) AMERICARES FREE CLINICS INC 88 HAMILTON AVENUE STAMFORD, CT 06902 06-1422741	HEALTH CARE	CT	501(C)(3)	LINE 7	N/A	Yes	
(2) AMERICARES FOUNDATION TANZANIA EKACLIFF BUILD 2ND FL ISAMILO PLOT BLOCK D, BALEW TZ	RELIEF/AID	TZ			AMERICARES	Yes	
(3) AMERICARES LIMITED 4 HENDERSON STREET DEVELOPMENT HOU FL R, BLANTYRE MI	RELIEF/AID	MI			AMERICARES	Yes	

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) Disproprtionate 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.

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

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" 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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) AMERICARES TANZANIA	B	1,482,069	COST
(2) AMERICARES FREE CLINICS INC	B	1,832,711	FMV (GOODS)
(3) AMERICARES FREE CLINICS INC	Q	344,301	COST
(4) AMERICARES FREE CLINICS INC	O	1,179,693	COMP PAID TO EXECS ON AFC

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version: