

FOR PUBLIC DISCLOSURE ONLY

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.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

B c	heck if	C Name of organization			D Employer id	entific	cation number	
	¬Addre	SS AMEDICADES EDEE STINICS INC						
	_lchang ¬Name	•			06 142	2741		
	_chang ⊤Initial		06-142					
	_return _Final _return	Number and street (or P.O. box if mail is not del 88 HAMILTON AVENUE	E Telephone n (203) 65					
	termin ated		G Gross receipts \$		4,669,833.			
	Amen		3 1		H(a) Is this a gr			
	Applic	F Name and address of principal officer: CHRIS	STINE SQUIRES				? Yes X No	
	pendir	88 HAMILTON AVENUE, STAMFORD, CT					cluded? Yes No	
T T	ax-ex		◄ (insert no.)	or 527			list. See instructions	
		e: WWW.AMERICARESFREECLINICS.ORG	(mesit not) is ii (a)(i)	0 0	H(c) Group exe			
			sociation Other	L Year	of formation: 199		1 State of legal domicile: CT	
	rt I	Summary		1 = 100.	5. 10a.	1	. Otato of rogal dominor	
	1	Briefly describe the organization's mission or most	significant activities: TO PRO	VIDE FRE	E HEALTH CARE	то		
Governance		UNINSURED RESIDENTS OF NORWALK, DANBU						
rna	2	Check this box 🕨 🔲 if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its n	et ass	ets.	
Ne.	3	Number of voting members of the governing body	(Part VI, line 1a)			3	11	
	4	Number of independent voting members of the gov					8	
တ္		Total number of individuals employed in calendar y					48	
/itie	6	Total number of volunteers (estimate if necessary)				6	35	
Activities &		Total unrelated business revenue from Part VIII, co		7a	0.			
_		Net unrelated business taxable income from Form				7b	0.	
Revenue					Prior Year		Current Year	
	8	Contributions and grants (Part VIII, line 1h)			9,068,	527.	4,663,457.	
	9	Program service revenue (Part VIII, line 2g)			0.	0.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4,		3,	368.	6,376.		
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	9c, 10c, and 11e)		1,	000.	0.	
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		9,072,	895.	4,669,833.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,313,	877.	1,098,262.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.		
S	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		2,541,	3,078,459.		
Expenses		Professional fundraising fees (Part IX, column (A), li				0.	0.	
х	b	Total fundraising expenses (Part IX, column (D), line	e 25) \rightarrow 153,	369.				
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		496,357.		500,631.	
	18	Total expenses. Add lines 13-17 (must equal Part I	K, column (A), line 25)		4,351,		4,677,352.	
		Revenue less expenses. Subtract line 18 from line	12		4,721,	-7,519.		
t Assets or id Balances				В	eginning of Current		End of Year	
sets	20	Total assets (Part X, line 16)			6,067,		5,727,408.	
t As	21	Total liabilities (Part X, line 26)			1,293,	_	943,851.	
Net		Net assets or fund balances. Subtract line 21 from	line 20		4,773,	125.	4,783,557.	
	rt II	Signature Block						
		Ities of perjury, I declare that I have examined this return,				-	knowledge and belief, it is	
true,	correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	nich preparei	nas any knowledge			
٠.		Signature of officer			I Date			
Sigr		•			Date			
Her	е	RICHARD K. TROWBRIDGE, JR., CFO Type or print name and title						
		, ,	Duan august aigus turis	Г	Date c	neck	PTIN	
ם⊐ בי:ס		Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature		if			
Paid Prep						If-employe	36-6055558	
Use			OOR		Firm's E	IIV ►		
USE	Unity	Firm's address > 757 THIRD AVENUE, 3RD FL NEW YORK, NY 10017-2013			Dhone n	o 212.	-599-0100	
Max	tho II	RS discuss this return with the preparer shown above	uo? Coo instructions		į FIIORE II	U	X Ves No	

06-1422741

ı u	Check if Schedule O contains a re	sponse or note to any line in this Part III		Х
1	Briefly describe the organization's missic SEE SCHEDULE 0			
2		icant program services during the year wl		Yes X No
	If "Yes," describe these new services on	Schedule O.		
3	Did the organization cease conducting, of the second secon	or make significant changes in how it conc edule O	ducts, any program services?	Yes X No
4	Describe the organization's program sensection 501(c)(3) and 501(c)(4) organization	rice accomplishments for each of its three ons are required to report the amount of		
4a	revenue, if any, for each program service (Code:) (Expenses \$ SEE SCHEDULE O	reported. 4,360,741. including grants of \$	1,098,262.) (Revenue\$	0.)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue\$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	Other program services (Describe on Sci	nedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	4,360,741.		Form 990 (2020)

06-1422741

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	├		
′		7		x
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		Х
С	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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_ 		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.0		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		
19	·	40		x
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_ A
	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		Х

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 // "Yes," complete Schedule (, Part I and IVI 22 X 2 X 2	1 0.11	Continued)		Vaa	Na
Part X, column (A), line 2? (if Yes, "complete Schedule I, Parts I and III 20 Did the organization assert "Yes" to Part VIII, School A, line 3. 4, or 5 a bout compensation of the organization surrent and former officient, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV 10 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list dies of the year, that was issued after December 31, 2002? If "Yes," arosever insex 2bb through 2dd and complete Schedule K II "No." go to lime 25s. Did the organization mixed any proceeds of flax exempt bonds beyond a temporary period exception? 2dd	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
23 bit the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, trustees, key employee, and highest compensated employees? If "Yes," complete Schedule I, and the organization have a tax excerned bond issue with an outstanding principal amount of more than \$100,000 as of the basis 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. 24b. Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? 24c. 25c. 26d. 26d. 27d. 26d. 27d. 27d. 27d. 28d.			22	х	
and former officers, directions, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and 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 24th through 24d and complete Schedule K II "No." go to line 25s. Did the organization invest any proceeds of fax exempt bonds beyond a temporary period exception? 24b	23				
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 live 25a. 5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 6 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 7 Did the organization invest any and an ascrova account other than a refunding secrova at any time during the year to defease any tax-exempt bonds? 8 Did the organization axes as an 'on behalf of' issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 8 Did the organization axes as an 'on behalf of' issuer for bonds outstanding at any time during the year? 9 24d					
stands day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "Mo," go to line 25a. b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization mest any proceeds of tax exempt bonds beyond a temporary period exception? d Did the organization animatian an scrow account other than a refunding scrow at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 2 25a Section 501(5), 501(6)49, and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I 25b Is the organization aware that the graged in an excess benefit transaction with a disqualified person to any of the organization spone in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 (If "Yes," complete Schedule I., Part II 10b Id the organization perior far year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 (If "Yes," complete Schedule I., Part IV 10b Id the organization provide a grant or other assistance to any current or former officer, director, fustee, key employee, creator or former officer, director, fustee, key employee, oreator or founder, or substantial contributor? If "Yes," complete Schedule I., Part IV 25b I Amily Intermediate of the following parties (see Schedule I., Part IV 25b I Amily Inter		•	23	Х	<u> </u>
Schedule K. If 'No.' go to line 25a	2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maritarian an escrive account other than a refunding escrive at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 2 25a Section 501(5), 501(6)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		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
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? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d		, •	24a		X
any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 24		· · · · · · · · · · · · · · · · · · ·	24b		
d Did the organization and at as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(2(3), 501(4)4), and 501(2(39) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yee," complete Schedule L, Part I 25a	С				
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 I, Part I 15 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 spiror Forms 990 or 990-E27 if "Yes," complete Schedule I, Part I 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 former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity (including an employee thereof) or farmly member of 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 39% controlled entity or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 39% controlled entity of the organization and propriets schedule I, Part IV 28 Was the organization and propriets schedule I part IV 27 X 28 Was the organization and propriets schedule I, Part IV 28 X	_				
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," compilete Schedule L, Part I 25b X 25b 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, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," compilete Schedule L, Part II 26b X 27 Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," compilete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28b X X X X X X X X X			24d		<u> </u>
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	25a		05-		v
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // *Yes,* complete Schedule I, Part I	L	, , ,	25a		
Schedule L, Part I 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 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 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b L A 35% controlled entity of one or more individuals and/or organization described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28b L A 35% controlled entity of one or more individuals and/or organization described in lines 28a or 28b? If "Yes," complete Schedule M. 29 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I III 20 Did the organization organization endors of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I III 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or q	D				
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, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family imember of any of these persons? If Yes, "complete Schedule L, Part II			25h		x
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 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 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 instructions, for applicable filing thresholds, conditions, and exceptions): b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a X 28a X 28b X 28b X 28b X 28c X 29b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28c, "complete Schedule L, Part IV 28c," complete Schedule M 29c, X X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32. 32 Did 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 33 Did the organization have a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization have a controlled entity within the meaning of section \$12(b)(3) organization complete Schedule R, Part V, line 2	26		230		
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	_0		1		
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 39% controlled entity fluciding an employee thereof or family member of any of these persons? if "rese," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): 28 A Current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 A 53% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.77012 and			26		х
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 II / 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 / 288	27	\cdot			
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable fling 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 288 X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 288 X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sull, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 Did the organization sull, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X 35a Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X 35a Did the organization solit the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 35 Part V Schedule R, Part V, Iine 2 36 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related					
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		· · · · · · · · · · · · · · · · · · ·	27		Х
instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV 28b	28	\cdot			
"Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c		instructions, for applicable filing thresholds, conditions, and exceptions):			
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c	а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 28b		"Yes," complete Schedule L, Part IV	28a		Х
"Yes," complete Schedule L, Part IV 28c X 29	b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X	С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Joint the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Joint the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Joint the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Joint 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 I, III, or IV, and Part V, line 1 Sas Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 To 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 Joint the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19? Yes Note: All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19? Left the number reported in Box 3 of Form 1096. Enter -0- if not applicable Check if Schedule O contains a response or note to any line in this Part V To Did the organization comply with backup withholding rules for reportable payments to vendors and repo					X
contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35b 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 501(b)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 35b X 37 Did the organization conduct more than 59% 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 V Ines 11b and 19? X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X 39 Note: All Form 990 filers are required to complete Schedule O X 40 Statements Regarding Other IRS Filings and Tax Compliance X X X X X X X X X		, ,	29	Х	<u> </u>
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X Join the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X Join 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 X 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 X Join the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X Join the organization section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35a X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X Join the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X Join the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The tree in number of Forms W-2G included in line 1a. Enter -0 if not applicable 1b	30		l		
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II S2 X X		contributions? If "Yes," complete Schedule M			-
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		Enter the number reported in Box 6 of Ferri Tode. Enter 6 in Not applicable	-		
(gambling) winnings to prize winners?		Litter the number of Forms w-2d included in line 1a. Enter-0-11 not applicable			
(9	C		10	х	
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Form 990 (2020) AMERICARES FREE CLINICS, INC.	06-1422741 F	Page
Part V	Statements Regarding Other IRS Filings and Tax Compliance	(continued)	

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	48			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line $3b$, provide an explanation on Schedule	О		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	it)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccoun	ts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6-		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.			6a		
D	ware not toy deductible?		giits	6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD.		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices n	rovided to the navor?	7a		х
	TENDE III II I		rovided to the payor.	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	, , , , , , , , , , , , , , , , , , , ,			9b		
10	Section 501(c)(7) organizations. Enter:	مدا	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	I			
11		110	I			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a				
J	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		?	12a		
	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	i	ı			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.		•	4.5		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ıncor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
та	Enter the number of voting members of the governing body at the one of the tax year	-		
	If there are material differences in voting rights among members of the governing body, or if the governing			
L	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent.			
ь 2	Enter the number of voting members included on line 1a, above, who are independent 1b 8 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
2		2		Х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	21	
С	,	12c	х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CT			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finand	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RICHARD K. TROWBRIDGE, JR 203-658-9500			
	88 HAMILTON AVENUE, STAMFORD, CT 06902-3105			

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per id a di	more rson i	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHRISTINE SQUIRES	40.00									
PRESIDENT & CEO	0.00	Х		Х				0.	429,560.	62,000.
(2) RICHARD K. TROWBRIDGE, JR.	40.00									
TREASURER	0.00			Х				0.	273,593.	47,798.
(3) MEGIN WOLFMAN	40.00									
ASSISTANT SECRETARY (THRU 09/20)	0.00			Х				0.	177,200.	41,692.
(4) KAREN GOTTLIEB	40.00									
EXECUTIVE DIRECTOR/DIRECTOR	0.00	Х		Х				187,090.	0.	21,208.
(5) E. ANNE PETERSON, MD, MPH	40.00									
FORMER DIRECTOR (THRU 06/20)	0.00						Х	0.	142,549.	18,794.
(6) DINA VALENTI	40.00	1								
DIRECTOR, DANBURY CLINIC	0.00					Х		133,799.	0.	25,717.
(7) MUGUETTE MAIGNAN	40.00	1								
DIRECTOR, STAMFORD CLINIC	0.00					Х		117,200.	0.	9,178.
(8) M. RASHAD MASSOUD MD, MPH, FACP	40.00									
DIRECTOR (AS OF 10/20)	0.00	Х		Х				0.	98,451.	24,198.
(9) GISELA LAMOUR	40.00	1								
NP, BRIDGEPORT CLINIC	0.00					Х		114,192.	0.	7,981.
(10) PATRICIA DUNN	40.00	1								
NP, DANBURY CLINIC	0.00					Х		108,009.	0.	8,205.
(11) NICOLAS PALACIOS MEZA	40.00									
MD, STAMFORD CLINIC	0.00					Х		112,840.	0.	0.
(12) JENNIFER M. NAUMANN	40.00									
ASSISTANT SECRETARY (AS OF 10/20)	0.00			Х				0.	66,001.	4,878.
(13) JERRY P. LEAMON	1.00									
CHAIRMAN	0.00	Х		Х				0.	0.	0.
(14) JAY H. SANDAK	1.00	1								
SECRETARY (AS OF 07/20)	0.00	Х		Х				0.	0.	0.
(15) CAROL B. BAUER	1.00	-								
DIRECTOR	0.00	Х						0.	0.	0.
(16) RONALD E. COURSEY	1.00	-								
DIRECTOR		Х						0.	0.	0.
(17) CATALINA HORAK	1.00	4								
DIRECTOR	0.00	Х						0.	0.	0.

Form 990 (2020) AMERICARES FI	REE CLINICS	, I	NC.						06-14227	41	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson i	than of s both	an	(D) Reportable compensation from	(E) Reportable compensation from related	an	(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org and	pensa om the anizat d relate anization	e ion ed
(18) PAUL J. KUEHNER	1.00		=	0	~	Ξ 80	4					
DIRECTOR (AS OF 07/20)	0.00	Х						0.	0	•		0.
(19) JANE MUSKY	1.00											0
DIRECTOR	0.00	Х						0.	0	•		0.
(20) STEPHEN M. WINTER, MD DIRECTOR	0.00	х						0.	0			0.
		•										
		•										
1b Subtotal								773,130.	1,187,354		271,	
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)							<u> </u>	773,130.	1,187,354	'	271,	0. 649.
 Total number of individuals (including but n compensation from the organization 	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			6
compensation from the organization											Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s.	*		•	•	•		_	•	•	3	Х	
4 For any individual listed on line 1a, is the su	ım of reportabl	е сс	mpe	ensa	tion	and	oth	ner compensation from t	ne organization			
and related organizations greater than \$150										4	Х	
5 Did any person listed on line 1a receive or a										5		х
rendered to the organization? <i>If</i> "Yes," com Section B. Independent Contractors	piete Schedule	9 <i>J T</i>	or st	icn į	oers.	on .				3		
Complete this table for your five highest contains the second secon	•	•							•	ation fro	om	
the organization. Report compensation for the (A)	ine calendar ye	ear e	enair	ng w	ith c	or wi	tnin	the organization's tax y	ear.	(0	``	
Name and business	address	NO	NE					Description of s	ervices	Compe		n
							\downarrow					
2 Total number of independent contractors (ii	ncluding but no	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organization	zation				(0					000	
										Form	990 ₍₂	2020)

Form 990 (2020) AMERICARES
Part VIII Statement of Revenue

			Check if Schedule O contains a	resnonse o	or note to any lin	a in this Part VIII			
			Officer if Octredule O Contains a	response c	or flote to arry life	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
								business revenue	from tax under
									sections 512 - 514
ts ts	1	а	Federated campaigns	1a	500.				
rar		b	Membership dues	1b					
, a		С	Fundraising events	1c					
ifts ar A			Related organizations	1d	1,951,043.				
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions)	1e					
Sir			All other contributions, gifts, grants, and						
utį		•	similar amounts not included above	1f	2,711,914.				
ë ‡		_			1,814,664.				
ou		-	Noncash contributions included in lines 1a-1f	1g \$	1,014,004.	4,663,457.			
<u>O</u> 8		n	Total. Add lines 1a-1f			4,005,457.			
					Business Code				
မွ	2	а							
e Č		b							
S		С							
am		d							
Program Service Revenue		е							
Pro			All other program service revenue						
			Total. Add lines 2a-2f		•				
	3		Investment income (including divide						
	3	,				6,376.			6,376.
	_		other similar amounts)			0,370.			0,370.
	4		Income from investment of tax-exem	-					
	5	•	Royalties						
				i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)		•				
	7		` '	ecurities	(ii) Other				
	_		assets other than inventory 7a						
		h	Less: cost or other basis						
Φ		b							
Revenue			and sales expenses 7b						
eve			Gain or (loss)						
Ř			Net gain or (loss)						
her	8	а	Gross income from fundraising events (r	not					
₽			including \$	- 1					
			contributions reported on line 1c). S						
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
		С	Net income or (loss) from fundraising	g events					
	9		Gross income from gaming activities						
			Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gaming ac						
	40		Gross sales of inventory, less returns						
	10	а	• •	I					
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sales of in	ventory					
_ω					Business Code				
no e	11	а							
ane Dug		b							
Miscellaneous Revenue		С		_					
Sc			All other revenue						
Σ			Total. Add lines 11a-11d						
	12					4,669,833.	0.	0.	6,376.
	12		Total revenue. See instructions			_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ı	<u>. </u>	0,5.0.

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 (D) Do not include amounts reported on lines 6b, Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,098,262. 1,098,262. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 215,858 71,967. 71,946. 71,945. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,200,247. 2,121,051. 43,516. 35,680. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 104,430 100,671. 2,065 1,694. 9,873. 370,199 349,323. 11,003 Other employee benefits 9 187,725. 171,418 8,461 7,846. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 711. 711 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 13,061 13,017. 22 22. column (A) amount, list line 11g expenses on Sch O.) 3,210, 3,210. Advertising and promotion 12 34,772. 34,288. 238 246. 13 Office expenses 56,248. 43,421. 6,316 6,511. Information technology 14 15 Royalties 9,898 205,289 185,187 10,204. 16 Occupancy 3,069 3,069. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 3,000. 3,000. 20 Payments to affiliates 21 42,218 42,218. 22 Depreciation, depletion, and amortization 86,020. 75,154 5,350 5,516. 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) MISCELLANEOUS 53,033. 45,485. 3,716. 3,832. b С All other expenses 153,369. 4,677,352. 4,360,741 163,242 Total functional expenses. Add lines 1 through 24e 25

Form 990 (2020)

Check here

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2020) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		0.	1		
	2	Savings and temporary cash investments		1,152,754.	2	571,96	
	3	Pledges and grants receivable, net	4,518,256.	3	1,856,82		
	4	Accounts receivable, net		0.	4	3,28	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	0.	5			
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B) L	0.	6	
ပ္မ	7	Notes and loans receivable, net			0.	7	
Assets	8	Inventories for sale or use			175,095.	8	832,93
¥	9	Description of the second seco			25,135.	9	25,41
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	1,172,305.			
	b	Less: accumulated depreciation	195,801.	10c	188,38		
	11	Investments - publicly traded securities		0.	11	2,248,61	
	12	Investments - other securities. See Part IV, line	0.	12	ı		
	13	Investments - program-related. See Part IV, lin		0.	13	ı	
	14	Intangible assets	0.	14			
	15	Other assets. See Part IV, line 11	0.	15			
	16	Total assets. Add lines 1 through 15 (must ed	6,067,041.	16	5,727,40		
	17	Accounts payable and accrued expenses		579,186.	17	643,85	
	18	Grants payable	0.	18			
	19	Deferred revenue	414,730.	19			
	20	Tax-exempt bond liabilities	0.	20			
	21	Escrow or custodial account liability. Complete			0.	21	(
ູ	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
<u> </u>		controlled entity or family member of any of th			0.	22	
Ĕ	23	Secured mortgages and notes payable to unre			0.	23	1
	24	Unsecured notes and loans payable to unrelat	ed third p	parties	300,000.	24	300,00
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin					
		of Schedule D			0.	25	(
	26	-			1,293,916.	26	943,85
		Organizations that follow FASB ASC 958, cl	neck her	e X			
se		and complete lines 27, 28, 32, and 33.					
ä	27	Net assets without donor restrictions	35,499.	27	879,27		
g	28	Net assets with donor restrictions			4,737,626.	28	3,904,280
2		Organizations that do not follow FASB ASC					
기		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	ls			29	
Set	30	Paid-in or capital surplus, or land, building, or				30	
AS	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,773,125.	32	4,783,55
-	33	Total liabilities and net assets/fund balances		1	6,067,041.	33	5,727,408

Pa	rt XI Reconciliation of Net Assets				<i>3</i>
	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	4	669,	833.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	677,	352.
3					519.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	773,	125.
5	Net unrealized gains (losses) on investments	5		17,	951.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4	783,	557.
Pa	rt 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

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.

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.

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICARES FREE CLINICS, INC.

Employer identification number 06-1422741

Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
Γhe	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1	$\overline{\Box}$	A church, convention of chu	•		-	•)(A)(i).	
2	一	A school described in secti					X X7	
3	Ħ	A hospital or a cooperative		•			il	
4	H	A medical research organiza						the hospital's name
4	ш		ation operated in cor	ijunction with a nospital	described	III SECTIO	ii i/o(b)(i)(A)(iii). Liitei	the nospital s hame,
_		city, and state:			l			
5		An organization operated for		lege or university owner	or operati	ed by a go	vernmental unit describe	ea in
		section 170(b)(1)(A)(iv). (C						
6	Щ	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that normal	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from the general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	or
		university:	, ,	,		, ,		
10		An organization that normal	Ilv receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns, membership fees, and	d gross receipts from
		activities related to its exem						
		income and unrelated busin		•	` '			· ·
				(less section of reak) inc	iii busiiles	sses acqui	ed by the organization a	inter durie 30, 1973.
		See section 509(a)(2). (Cor			fat. 0aa	!	20(-)(4)	
11	\mathbb{H}	An organization organized a						
12		An organization organized a	•	•	-		· · · · · · · · · · · · · · · · · · ·	
		more publicly supported org	-					check the box in
		lines 12a through 12d that o	* *					
а			anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
		organization. You must c	complete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connect	tion with its	s supporte	d organization(s), by hav	ving
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally		·				zation(s)
		that is not functionally into					· · · · · · · · · · · · · · · · · · ·	• •
		requirement (see instructi	-		•		='	
е		Check this box if the orga	•	•	•			
٠		functionally integrated, or					Type i, Type ii, Type iii	
	Ente		• •	ially liftegrated supporti	ng organiz	ation.		
t		er the number of supported o						
g		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(,	(described on lines 1-10	in your governi		support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No	, , , ,	,

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,026,341.	3,804,177.	4,177,573.	9,068,527.	4,663,457.	24,740,075.
2	Tax revenues levied for the organ-						
	ization'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	3,026,341.	3,804,177.	4,177,573.	9,068,527.	4,663,457.	24,740,075.
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)						5,893,340.
6	Public support. Subtract line 5 from line 4.						18,846,735.
	ction B. Total Support						, , , -
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	3,026,341.	3,804,177.	4,177,573.	9,068,527.	4,663,457.	24,740,075.
	Gross income from interest,	, ,	, ,		, ,	, ,	
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			2,840.	3,368.	6,376.	12,584.
9	Net income from unrelated business			_ /	7 7 7 7 7	, , , , , ,	
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	·		40.		1,000.		1,040.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10		10.		1,000.		24,753,699.
		oto (soo instructio	no/			12	21,733,033.
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•		with or fifth toy w			
13	organization, check this box and stor			•		. , . ,	ightharpoonup
Sec	etion C. Computation of Publi						
14	Public support percentage for 2020 (li			olumn (f))		14	76.14 %
15	Public support percentage from 2019					15	74.37 %
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
h	33 1/3% support test - 2019. If the o		-				
~	and stop here. The organization qual						. \Box
179	10% -facts-and-circumstances test		•				
174	and if the organization meets the facts	-					
	meets the facts-and-circumstances te			=		_	▶ □
L		ŭ	•			72 and line 15 is 1	
O	10% -facts-and-circumstances test	-					0 /0 OI
	more, and if the organization meets the				-		▶□
10	organization meets the facts-and-circu						
ΙŎ	Private foundation. If the organization	n did not check a t	DUX UIT IIITIE 13, 16a	100, 17a, 0r 17b,	CHECK THIS DOX A	iu see instructions	

Schedule A (Form 990 or 990-EZ) 2020

Page 3

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per- formed, 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 organ- ization'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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
ľ	• Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on 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 th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	rcentage	·			
15	Public support percentage for 2020 (I	ine 8, column (f), c	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves						
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2020. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						. .
k	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation If the organization						

032023 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **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.
- **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.
- 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.
- **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.
- **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.
- 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.
- 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in 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.
- 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.
 - **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.)

	Yes	No
1		
2		
3a		
3b		
0.2		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
•		
8		
_		
9a		
9b		
9с		
10a		
10b		

Par	T IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
•	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sac	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	tion of Type it Supporting Organizations		I.,	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			l
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s).	1		
Sec	tion 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		i
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.	I.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 in 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			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		3a		
b	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	1 3 II 100, GOSCHOCIII the fole played by the organization in this regard.			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in l	Part VI). See instructions.			
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	tion 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					
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	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					
Sect	tion C - Distributable Amount			Current Year			
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2020

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exe		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 purpose	3	3						
4	Amounts paid to acquire exempt-use assets			4					
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2020 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	;	(iii) Distributable Amount for 2020				
1	Distributable amount for 2020 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2020 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2020								
	From 2015								
	From 2016								
	From 2017								
	From 2018								
	From 2019								
	Total of lines 3a through 3e								
	Applied to underdistributions of prior years								
	Applied to 2020 distributable amount								
<u> </u>	Carryover from 2015 not applied (see instructions)								
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2020 from Section D,								
	line 7: \$								
	Applied to underdistributions of prior years								
	Applied to 2020 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2020, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2020. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2021. Add lines 3j								
	and 4c. Breakdown of line 7:								
8	Excess from 2016								
	Excess from 2017								
	Excess from 2018								
	Excess from 2019 Excess from 2020								

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS
2016 AMOUNT: \$ 0.
2017 AMOUNT: \$ 40.
2018 AMOUNT: \$ 0.
2019 AMOUNT: \$ 1,000.
2020 AMOUNT: \$ 0.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

AM	06-1422741					
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
•	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.				
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor's	•				
Special Rules						
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of the complete Parts I and II.	or 16b, and that received from				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it must answer "No" or	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 1000 PT, as 2000 PT.	•				
,	the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). Schedule B (Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)				

Name of organization

Employer identification number

AMERICARES FREE CLINICS, INC.

06-1422741

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, audi ess, and zir + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No. 3	- Nume, address, and Zii + +	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 245,688.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Name, addiess, and Air + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

AMERICARES FREE CLINICS, INC.

06-1422741

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_	MEDICINES AND MEDICAL SUPPLIES		
1			
		\$1,568,976.	06/30/21
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Boosi paloni oi nonodon proporty givon	(See instructions.)	Date received
		\$	
(a) No.	(6)	(c)	(4)
from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
Part I		(See Instructions.)	
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(Geo managnama)	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Boson publication property given	(See instructions.)	Bute received
		\$	
(a) No.	(b)	(c)	(d)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		\$	

Employer identification number

Name of organization

rt III	ES FREE CLINICS, INC.	ione to organizations described in as	06-1422741 ection 501(c)(7), (8), or (10) that total more than \$1,000) for the ··
	from any one contributor. Complete columns (a) through (e) and the following line ent	try. For organizations	for the y
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)	
	Use duplicate copies of Part III if additional	space is needed.		
No.	(h) Down and of sife	(2) 112 2 2 5 2 5	(a) December 1 and 1 house of the second to be	
m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	eld
-		-		
F				
		(e) Transfer of gift	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
No				
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	eld
rt I	(a) i di pede di giit	(e) 3 e e g	(a) Beech paint of their girtle to	
_				
⊢		(a) Turnefer of wife		
		(e) Transfer of gift		
L	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
No.				
om irt l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	eld
111				
— I				
L				
		(e) Transfer of gift	t	
	Transferee's name, address, a	nd 7IP + 4	Relationship of transferor to transferee	
	Transfer of Transe, address, a		Troid a criticipa of a difference to a difference	
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-				
No.	(In) Disserting of with	(a) Has of sift	(d) Description of hour sift is h	ماما
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	eld
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	eld
No. m	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	eld
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	eld
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	eld
No. om irt I	(b) Purpose of gift			eld
No. om irt I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift		eld
No. om irt I	(b) Purpose of gift			eld
No. om irt I		(e) Transfer of gift	t	eld
No. om rt I	(b) Purpose of gift Transferee's name, address, a	(e) Transfer of gift		eld
No. om rt I		(e) Transfer of gift	t	eld
No. om rt I		(e) Transfer of gift	t	eld

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICARES FREE CLINICS, INC.

Employer identification number 06 - 1422741

Par	t I Organizations Maintaining Donor Advised Fund	s or Other Similar Funds o	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 the	at the assets held in donor advise	d funds
	are the organization's property, subject to the organization's exclusive	e legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	n writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or donor a	dvisor, or for any other purpose c	onferring
_	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organization	n answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	k all that apply).	
	Preservation of land for public use (for example, recreation or ed	ducation) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic structure inc		
d	Number of conservation easements included in (c) acquired after 7/25		l l
	listed in the National Register		
3	Number of conservation easements modified, transferred, released, ex	xtinguished, or terminated by the o	organization during the tax
_	year >		
4	Number of states where property subject to conservation easement is	·	
5	Does the organization have a written policy regarding the periodic mo		□ v □ v.
•	violations, and enforcement of the conservation easements it holds?	of violations, and enforcing agence	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and emorcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vi	olations, and onforcing consorvati	on accoments during the year
′	\$\\$\$ \$\$ \$\$	olations, and emorcing conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170/h	\(4\(\R\(\ti)\)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easen		
	balance sheet, and include, if applicable, the text of the footnote to the	•	
	organization's accounting for conservation easements.	3	
Par	t III Organizations Maintaining Collections of Art, H	istorical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Par	rt IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement an	nd balance sheet works
	of art, historical treasures, or other similar assets held for public exhib	ition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its financial state	ements that describes these items	s.
b	If the organization elected, as permitted under FASB ASC 958, to repo	ort in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public exhibition	on, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L 4
2	If the organization received or held works of art, historical treasures, or	r other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB ASC 958 r	relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for For	m 990.	Schedule D (Form 990) 2020

Pai	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, or	Other	Similar A	ssets	(continu	rage ued)
3	Using the organization's acquisition, accessi								100111111	
	collection items (check all that apply):									
а	Public exhibition	c	i 🗌	Loan or exc	hange progra	ım				
b										
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ne organizatio	n's exem	ot purpose	in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical treas	sures, or othe	r similar a	ssets			
	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Pa		ete if the	e organizatio	n answered "	Yes" on F	orm 990, P	Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contributions	s or other ass	ets not in	cluded			
	on Form 990, Part X?							\square	Yes	No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ıstodial accou	unt liability	y?	<u> </u>	Yes	No
_	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" on Fo	rm 990, Part	IV, line 10).			
		(a) Current year	(b) F	Prior year	(c) Two year	s back (d) Three year	rs back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are held ar	nd administere	ed for the	organizatio	n	Г	
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations 3a(ii)									
	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?									
4 Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment t	unas.						
	Complete if the organization answere) Part I\	/ line 11a S	ee Form 990	Part X lii	ne 10			
	Description of property	(a) Cost or o			or other		cumulated		(d) Book	value
	2000. Plant of property	basis (investr			(other)	` '	reciation		, 2, 200k	. 4.40
	Land	- ` ` 	•			·				
	Buildings									
	Leasehold improvements			1	,029,833.		889,85	7.	1	L39,976.
	Equipment	I			142,472.		94,06	4.		48,408.
	Other									
	l. Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B). line 1	0c.)				1	L88,384.
				<u>-</u>	-	· · · · · · · · · · · · · · · · · · ·		hedule	D (Form	990) 2020

Part VII Investments - Other Securities.			J
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment			d af.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(b) Book value	(c) Method of valuation: Cost or en	u-oi-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (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 lin	e 11d See Form 990 Part V line 15	
	Description	o rra. ddd raini ddd, rair X, iiile ro.	(b) Book value
(1)	1		(1)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	: 15.)	>	
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 25	i.
1. (a) Description of liability	•		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	>	
2. Liability for uncertain tax positions. In Part XIII, provide	,		hat reports the
organization's liability for uncertain tax positions under		_	· —

Schedule D (Form 990) 2020

06-1422741

Par	TXI Reconciliation of Revenue per Audited Financial Sta	atements With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	15,020,142.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		17,950.		
b	Donated services and use of facilities		10,333,070.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	10,351,020.
3	Subtract line 2e from line 1			3	4,669,122.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	-11		
а	Investment expenses not included on Form 990, Part VIII, line 7b		711.		
b	Other (Describe in Part XIII.)	4b			=44
С	Add lines 4a and 4b			4c	711.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.) totomonto With	Evnances per F	5	4,669,833.
Pal	rt XII Reconciliation of Expenses per Audited Financial St		Expenses per F	return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I				45 000 544
1	Total expenses and losses per audited financial statements			1	15,009,711.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	10 222 050		
а	Donated services and use of facilities		10,333,070.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	2d			10 222 070
е	Add lines 2a through 2d			2e	10,333,070.
3	Subtract line 2e from line 1			3	4,676,641.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	711		
a	Investment expenses not included on Form 990, Part VIII, line 7b		711.		
b	Other (Describe in Part XIII.)				711.
	Add lines 4a and 4b			4c	
5 Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	<u>18.)</u>		5	4,677,352.
lines	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	*		; Part X, li	ne 2; Part XI,
	OME TAXES				_
AMER	RICARES FOUNDATION, INC. AND AMERICARES FREE CLINICS, INC.	C. FOLLOW			
GUII	NANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TA	AX POSITIONS			
TAKE	N OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISS	SUES RELATING			
TO F	INANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUI	IDANCE PROVIDES			
THAT	THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY	BE RECOGNIZED			
IN T	HE FINANCIAL STATEMENTS IF THE POSITION IS CHALLENGED BY	A TAXING			
	ORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLEI				
TECH	NICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKE	SLIHOOD THAT			
THE	TAX POSITION MAY BE CHALLENGED.				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2020 Open to Public

Inspection

Schedule I (Form 990) 2020

Name of the organization							Employer identification number
AMERICARES FRI		NC.					06-1422741
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	
criteria used to award the grants or assis	stance?						Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to I	Domestic Organia	zations and Domesti	c Governments. (Complete if the org	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if addit	ional space is need	ed.		_	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	nd government er	ganizations listed is th	l line 1 table	1	l		
	-	-					
3 Enter total number of other organizations	s listea in the line '	ı table					

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
REE PRESCRIPTION MEDICINE	1903	0.	1,098,262.	VM⊒	PRESCRIPTION MEDS
TREBUNITION INDICTAL	1303	· ·	1,050,202.		TABBOATT TON TABB
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
N FISCAL YEAR 2021, 1,903 ACTIVE PATIENTS WERE EL	IGIBLE TO REC	EIVE FREE			
EDICATIONS. MEDICATION DISPENSED BY AMERICARES FR	EE CLINICS, I	NC. IS			
ABELED, RECORDED AND HANDED DIRECTLY TO THE PATIE	NT FOR WHOM I	T IS			
PRESCRIBED. DISPENSED DOSAGES AND LOT NUMBERS ARE	RECORDED IN E	ACH			
PATIENT'S CHART. ADHERENCE IS MONITORED AT EACH PA					
-					

SCHEDULE J (Form 990)

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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

e organization

AMERICARES FREE CLINICS, INC.

Questions Regarding Compensation

Employer identification number
06-1422741

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		X
	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:			
	The organization?	6a		X
b	Any related organization?	6b		X
_	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			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(I)-(D)	reported as deferred on prior Form 990	
(1) CHRISTINE SQUIRES	(i)	0.	0.	0.	0.	0.	0.	0.	
PRESIDENT & CEO	(ii)	410,560.	19,000.	0.	36,100.	25,900.	491,560.	0.	
(2) RICHARD K. TROWBRIDGE, JR.	(i)	0.	0.	0.	0.	0.	0.	0.	
TREASURER	(ii)	273,593.	0.	0.	16,719.	31,079.	321,391.	0.	
(3) MEGIN WOLFMAN	(i)	0.	0.	0.	0.	0.	0.	0.	
ASSISTANT SECRETARY (THRU 09/20)	(ii)	177,200.	0.	0.	10,788.	30,904.	218,892.	0.	
(4) KAREN GOTTLIEB	(i)	187,090.	0.	0.	11,226.	9,982.	208,298.	0.	
EXECUTIVE DIRECTOR/DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) E. ANNE PETERSON, MD, MPH	(i)	0.	0.	0.	0.	0.	0.	0.	
FORMER DIRECTOR (THRU 06/20)	(ii)	142,549.	0.	0.	13,350.	5,444.	161,343.	0.	
(6) DINA VALENTI	(i)	133,799.	0.	0.	3,400.	22,317.	159,516.	0.	
DIRECTOR, DANBURY CLINIC	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization Employer identification number AMERICARES FREE CLINICS, INC. 06-1422741

Fai	ti 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 de noncash contribu	etermini		3
1	Art - Works of art							
2	Art - Historical treasures							
	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	Х	5	245,688.	FAIR MARKET VALU	E		
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							
20	Drugs and medical supplies	Х	1	1,568,976.	COST/WHOLESALE P	RICE		
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other							
27	Other							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledge	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	I contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties of		•				_	
	contributions?					32a	Х	
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	tor which column (a) is chec	cked,			
	describe in Part II.	ula a la alta de	i f F 000	<u> </u>	0.1		200)	2000

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

Schedule M (Form 990) 2020

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, LINE 32B:
TO THE EXTENT THAT AMERICARES FREE CLINICS, INC. RECEIVES NONCASH
CONTRIBUTIONS IN THE FORM OF DONATED SECURITIES, AMERICARES FREE
CLINICS, INC. WILL USE ITS OWN INVESTMENT BROKER TO SELL THOSE DONATED
SECURITIES.

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

AMERICARES FREE CLINICS, INC.

Employer identification number 06-1422741

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE MISSION OF AMERICARES FREE CLINICS, INC. IS TO PROVIDE FREE HEALTH
CARE TO LOW-INCOME UNINSURED RESIDENTS OF THE GREATER NORWALK, DANBURY,
STAMFORD AND BRIDGEPORT CONNECTICUT AREAS IN A SETTING WHERE ALL
INDIVIDUALS ARE TREATED WITH DIGNITY AND RESPECT. AMERICARES FREE
CLINICS, INC. HELPS THOSE WHO ARE MAKING A SINCERE EFFORT TO HELP
THEMSELVES AND THEIR FAMILIES, BUT DO NOT HAVE THE FINANCIAL RESOURCES
FOR MEDICAL CARE.
FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:
AMERICARES FREE CLINICS, INC. ACCEPTS NO FEDERAL GOVERNMENT FUNDING.
RATHER IT OPERATES WITH PRIVATE AND LOCAL DONATIONS AND VOLUNTEER
SERVICES. HEALTH SERVICES VALUED AT MORE THAN \$129.1 MILLION HAVE BEEN
DELIVERED TO OVER 28,037 PATIENTS THROUGH THE FREE CLINIC NETWORK SINCE
THE FIRST CLINIC OPENED IN 1994. CURRENTLY AMERICARES FREE CLINICS,
INC. OPERATES CLINICS IN DANBURY, NORWALK, STAMFORD AND BRIDGEPORT,
CONNECTICUT. IN OFFERING FREE HEALTH CARE TO THE UNINSURED, AMERICARES
FREE CLINICS, INC. DIAGNOSE AND TREAT PATIENTS BEFORE THEIR ILLNESSES
REACH THE CRISIS STAGE, THEREBY REDUCING PREVENTABLE HOSPITAL STAYS AND
EMERGENCY ROOM VISITS AND, MOST IMPORTANTLY, PRESERVING AND IMPROVING
THE HEALTH OF INDIVIDUALS AND COMMUNITIES AS A WHOLE. IN ADDITION TO
THE AMOUNTS LISTED ABOVE, AMERICARES FREE CLINICS, INC. USED
\$10,333,070 IN CONTRIBUTED SERVICES.
FORM 990, PART VI, SECTION A, LINE 6:

PER THE ORGANIZATION'S BYLAWS, ITS SOLE CORPORATE MEMBER IS AMERICARES LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization AMERICARES FREE CLINICS, INC.	Employer identification number 06-1422741
FOUNDATION, INC.	
FORM 990, PART VI, SECTION A, LINE 7A:	
PER THE ORGANIZATION'S BYLAWS, THE SOLE CORPORATE MEMBER IS RESERVED THE	
POWER TO ESTABLISH THE STRUCTURE OF THE BOARD OF DIRECTORS IN TERMS OF ITS	
SIZE AND COMPOSITION. THE SOLE MEMBER SHALL HAVE THE AUTHORITY TO REMOVE A	
BOARD MEMBER OR BOARD OFFICER WITH OR WITHOUT CAUSE.	
FORM 990, PART VI, SECTION A, LINE 7B:	
PER THE ORGANIZATION'S BYLAWS, THE SOLE CORPORATE MEMBER IS RESERVED	
CERTAIN RIGHTS, INCLUDING THE RIGHT TO REVIEW THE ORGANIZATION'S ANNUAL	
BUDGET.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN	
CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE FORM 990 IS	
REVIEWED BY MANAGEMENT AND WAS DISTRIBUTED TO THE BOARD OF DIRECTORS FOR	
REVIEW AND COMMENT IN APRIL OF 2022 AND APPROVED FOR FILING SHORTLY	
THEREAFTER.	
FORM 990, PART VI, SECTION B, LINE 12C:	
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	

Name of the organization AMERICARES FREE CLINICS, INC.	Employer identification number 06-1422741
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.	
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.	
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	_
THE AMERICARES FOUNDATION, INC'S CHIEF EXECUTIVE, ALONG WITH THE SVP OF	
PROGRAMS AND CHIEF PEOPLE OFFICER, DETERMINES THE COMPENSATION OF THE	
EXECUTIVE DIRECTOR OF THE AMERICARES FREE CLINICS, INC. ANNUALLY, AN	
ACROSS-THE-BOARD INCREASE IS PROVIDED. UTILIZATION OF PERFORMANCE	
EVALUATION, AVAILABLE MARKET DATA, SALARY SURVEY RESULTS, AND OTHER	
AVAILABLE TOOLS ARE USED TO SUBSTANTIATE ANY COMPENSATION DECISIONS BEYOND	
THE ORGANIZATION'S ANNUAL STANDARD.	

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

AMERICARES FREE CLINICS, INC.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2020

06 - 1422741

Part I Identification of Disregarded Entities. Compi	- The organization answered							
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea	·	Direct c	(f) ontrolling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	on answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	e or more	related tax-exer	mpt	
(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		(f) et controlling entity	conti	g) 512(b)(13) rolled ity?
				501(c)(3))			Yes	No
AMERICARES FOUNDATION, INC 06-1008595								
88 HAMILTON AVENUE STAMFORD, CT 06902	INTL RELIEF	CONNECTICUT	501(C)(3)	LINE 7	N/A			х
	_							

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	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	Disprop	ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General emanaging partner	(k) Percentage ownership

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		(i) ction b)(13) rolled tity?
		country)						Yes	No
]								
]								
	1								

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

Х

Yes No

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

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

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

b Gift, grant, or capital contribution to related organization(s)				1b		X
c Gift, grant, or capital contribution from related organization(s)				1c	Х	
d Loans or loan guarantees to or for related organization(s)				1d		Х
e Loans or loan guarantees by related organization(s)				1e	Х	
f Dividende form velated even institut(s)				46		Х
f Dividends from related organization(s)				1f		
g Sale of assets to related organization(s)				1g		X
h Purchase of assets from related organization(s)				1h		
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				1j		A
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X
m Performance of services or membership or fundraising solicitations by related organ				1m	Х	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	Х	
				10	Х	
p Reimbursement paid to related organization(s) for expenses				1 p	Х	
q Reimbursement paid by related organization(s) for expenses				1q		X
r Other transfer of cash or property to related organization(s)				1r		Х
s Other transfer of cash or property from related organization(s)				1s		Х
2 If the answer to any of the above is "Yes," see the instructions for information on w						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
(1) AMERICARES FOUNDATION, INC.	С	1,568,976.	FMV (GOODS)			
(2) AMERICARES FOUNDATION, INC.	P	171,273.	COST			
(3) AMERICARES FOUNDATION, INC.	E	300,000.	LOAN GUARANTEE			
(4) AMERICARES FOUNDATION, INC.	С	382,000.	COVID FUNDS FMV (CASH)			
(5)						
(6)						

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)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	Genera manag partn Yes	(k) Al or Percentage ging ownership
									000) 0000