DLN: 93493135013430 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019 D Employer identification number B Check if applicable MAP International Inc □ Address change 36-2586390 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite (800) 225-8550 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 592,011,981 Name and address of principal officer H(a) Is this a group return for Steven G Stirling ☐Yes **☑**No subordinates? 4700 Glynco Parkway H(b) Are all subordinates Brunswick, GA 31525 ☐ Yes ☐No ıncluded? **☑** 501(c)(3) **☐** 501(c)() **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www map org L Year of formation 1965 M State of legal domicile IL Summary 1 Briefly describe the organization's mission or most significant activities Global Christian health organization that works to save lives and promote health Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 18 4 17 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) **6** Total number of volunteers (estimate if necessary) 6 322 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 572,931,606 588,380,085 Ravenua 2,291,904 2,557,816 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 92,972 158,206 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -588,960 -210,980 574,727,522 590,885,127 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 523,780,403 526,012,095 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 4,198,683 3,385,546 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 29,550 b Total fundraising expenses (Part IX, column (D), line 25) ▶1,997,663 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 34,781,109 33,112,226 562,760,195 562,539,417 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 11,967,327 28,345,710 Net Assets or Fund Balances Beginning of Current Year End of Year 228,035,145 199,910,725 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 1,012,751 752,297 22 Net assets or fund balances Subtract line 21 from line 20 . 198,897,974 227,282,848 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-05-07 Signature of officer Sign Here Jason A Merryman Asst Treasurer & CFO Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-05-07 P00428093 Paid self-employed Firm's EIN ► 20-4193611 Preparer Use Only Firm's address ▶ 801 North Orange Avenue Suite 800 Phone no (407) 770-6000 Orlando, FL 32801 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

TOTTI	990 (2018)					Page 2
Pa	rt III Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III		🗹
1		organization's mission		•		
MAP	International is a Chris	stian organization prov	ıdıng life-changı	ng medicines and healt	h supplies to people in need	
2	Did the organization	undertake any signific	ant program ser	vices during the year w	hich were not listed on	
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on So	hedule O			
3	Did the organization	cease conducting, or i	make significant	changes in how it cond	ucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedi	ıle O			
4	Section 501(c)(3) an		ons are required	to report the amount	largest program services, as mea of grants and allocations to others	
	(Code) (Expenses \$	480,175,109	including grants of \$	451,045,746) (Revenue \$	2,193,280)
	See Additional Data					
4b	(Code) (Expenses \$	63,057,519	including grants of \$	59,232,195) (Revenue \$	288,026)
	See Additional Data					
4c	(Code) (Expenses \$	16,750,295	ıncludıng grants of \$	15,734,154) (Revenue \$	76,510)
	See Additional Data					
4d	Other program service	ces (Describe in Sched	lule O)			
	(Expenses \$	inc	luding grants of	\$) (Revenue \$)
4e	Total program serv	vice expenses ▶	559,982,9	23		

Form 990 (2018) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Vac 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 No 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? 5 No Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No 8 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🛸 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 Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔧 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f No the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Yes **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Yes 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV 💆 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Yes 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) 🔧 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Yes Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

No

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Pai	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
8	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \ref{Main}	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		No
4	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		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			<u>Ш</u>
			Yes	No

1a

1b

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

66

0

If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Nο d If "Yes," indicate the number of Forms 8282 filed during the year 7d |

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h

Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8 9a Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9h Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders . 11a **b** Gross income from other sources (Do not net amounts due or paid to other sources 11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12b Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O 13a

Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans

13c

14a

14b

15

No

No

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c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Par		Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scheo Check if Schedule O contains a response or note to any line in this Part VI			respo	onse to i	ines
Se	ction	A. Governing Body and Management					
1.	Entor t	the number of voting members of the governing body at the end of the tax year				Yes	No
14	Enter	the number of voting members of the governing body at the end of the tax year	1a	18			
	body,	e are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or committee, explain in Schedule O					
Ь	Enter t	the number of voting members included in line 1a, above, who are independent	1b	17			
2		y officer, director, trustee, or key employee have a family relationship or a busine			2		No
3	Did the	, director, trustee, or key employee?	,	•	\vdash		No
4		ers, directors or trustees, or key employees to a management company or other e organization make any significant changes to its governing documents since the			4		No
4 5		e organization make any significant changes to its governing documents since the e organization become aware during the year of a significant diversion of the orga	•		5		No
6		e organization have members or stockholders?			6		No
		e organization have members, stockholders, or other persons who had the power	to elect	t or appoint one or more			
	memb	ers of the governing body?			7a		No
Ь		y governance decisions of the organization reserved to (or subject to approval by is other than the governing body?		pers, stockholders, or	7 b		No
8	Did the	e organization contemporaneously document the meetings held or written actions lowing	undert	aken during the year by			
а	The go	verning body?			8a	Yes	
b	Each c	ommittee with authority to act on behalf of the governing body?			8b	Yes	
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who zation's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>		be reached at the	9		No
Se	ction	B. Policies (This Section B requests information about policies not requ	ured b	y the Internal Revenu	e Code		
						Yes	No
		e organization have local chapters, branches, or affiliates?			10a	Yes	
	and br	," did the organization have written policies and procedures governing the activit anches to ensure their operations are consistent with the organization's exempt p	ourpose	s?	10b	Yes	
11a	Has th form?	e organization provided a complete copy of this Form 990 to all members of its g	overnin • •	g body before filing the	11a	Yes	
		be in Schedule O the process, if any, used by the organization to review this Forn					
		e organization have a written conflict of interest policy? If "No," go to line 13.			12a	Yes	
Ь	Were c	officers, directors, or trustees, and key employees required to disclose annually in	iterests	that could give rise to	12b	Yes	
c		e organization regularly and consistently monitor and enforce compliance with the	policy	? If "Yes," describe in	12c	Yes	
13		e organization have a written whistleblower policy?	•		13	Yes	
14		e organization have a written document retention and destruction policy?			14	Yes	
15	Did the	e process for determining compensation of the following persons include a review is, comparability data, and contemporaneous substantiation of the deliberation ar					
а		ganization's CEO, Executive Director, or top management official			15a	Yes	
Ь	Other	officers or key employees of the organization			15b	Yes	
	If "Yes	" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the	e organization invest in, contribute assets to, or participate in a joint venture or s e entity during the year?	ımılar a • •	rrangement with a	16a		No
b	ın joint	," did the organization follow a written policy or procedure requiring the organizat t venture arrangements under applicable federal tax law, and take steps to safegi with respect to such arrangements?	uard the		16b		
Se	ction (C. Disclosure					
<u>Je</u> 17		e States with which a copy of this Form 990 is required to be filed▶ AL , AK , , , LA , ME	, MD , N	, CA , CO , CT , DC , FL , MA , MI , MN , MS , MO , I PA , RI , SC , SD , TN , T)	lΠ, HN	, NM , I	NY , NC
18	only) a	n 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), available for public inspection. Indicate how you made these available. Check all t	hat app	oly			
19		wn website $\ \square$ Another's website $\ {f extit{Y}}$ Upon request $\ \square$ Other (explain in S be in Schedule O whether (and if so, how) the organization made its governing do					
_ 9		and financial statements available to the public during the tax year	, cumen	to, connector interest			
20		the name, address, and telephone number of the person who possesses the organ n A Merryman 4700 Glynco Parkway Brunswick, GA 31525 (800) 225-8550	nization	's books and records			

Part VII

Director

Director

Director

Director

Director

(12) Mark Bell

(13) Marc Hungerford Director (ended 09/19)

(14) Cynthia L Blandford

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"

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee)
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest
- compensated employees, and former such persons Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(E) (A) (D) (F) (B) (C) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W- 2/1099-(W-2/1099organization and Individual to or director ΨŪ employ MISC) MISC) organizations Ē related Institutional 호 below dotted nest organizations employ 3 line) con: trustee P pensat Ě 55 00 (1) Steven G Stirling Х 226,751 21,020 President & CEO 5 00 (2) Jonathan Glenn Χ 0 0 Director/Vice Chairman (ended 09/19) 10 00 (3) James D Barfoot Х O Х n Treasurer/Chairman 5 00 (4) Susan Roeder Х Director/Treasurer 5 00 (5) Kenneth Gustavsen Х Χ 0 Secretary 2 00 (6) Linda Freeman Х 0 n Director/Secretary 2.00 (7) Laurence Phelan Director (ended 01/19) 2 00 Х 0 Director 2 00 (9) Allen Craig 0 0 Director 2.00 (10) Peter Limeri Director 2 00 (11) Robert Rowan 0 Х

2 00 (15) Richard Revnolds Х n 2 00 (16) John Reid 4 00 (17) Alan Ichikawa

2 00

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compensation from the organization \blacktriangleright 4

Continue A Officers Divertors	. T	F					- l	-1 C	F	- - 1 \	Page 6
Part VII Section A. Officers, Directors		ey Em	ploy			nd Hig	jhes				
(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one b	ox, ι n of tor/t	ot ch unle: ficer trust	<u> </u>	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	Estin amount compe from	F) nated of other nsation n the ation and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1000	MISC)	rela	ated zations
(18) Abı Oyebode	2 00	х						0	(
Director		••••						,		1	
(19) Wanda Burgand	2 00	l x						0	(0
Director (began 09/19)										1	
(20) Michael Erisman	3 00	×						0	(0
Director (began 09/19) (21) James Leonard		••••									
`	2 00	×						0	(0
Director (began 09/19) (22) Jason A Merryman										1	
	55 00			×				89,349	(23,251
Assistant Treasurer & CFO (23) Amanda Brayman	40.00									1	
Asst Secretary (began 07/19)	40 00			×				0	(0
(24) Rebekah Mobley	40 00										
Asst Secretary (ended 06/19)				×				45,712	(2,356
(25) Jodi A Ryan	55 00										
VP Global Giving	•••			Х				119,013	(8,292
1b Sub-Total			<u> </u>		1	<u> </u>	<u> </u>			1	
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	-				1	: [480,825	0		54,919
Total number of individuals (including but of reportable compensation from the organization)		those li	sted a	abov	ve) v	who re	ceiv	ed more than \$100	,000		
										Yes	No
3 Did the organization list any former officine 1a? <i>If "Yes," complete Schedule J for</i>	,	,	key e	emp •	loye •	e, or h	nighe	est compensated er	mployee on		No
4 For any individual listed on line 1a, is the organization and related organizations grandvidual										. V	
5 Did any person listed on line 1a receive o	r accrue compe	nsation	from	any	y un	related	d org	ganızatıon or ındıvıd	dual for	Yes	
services rendered to the organization? If "	•	Schedu	ıle J f	or s	uch	persor	7.		5	;	No
Section B. Independent Contractors Complete this table for your five highest of		denene	lont c	ontr	cacto	ere that	t roc	sawad mara than ¢	100 000 of compa	ncation	
from the organization Report compensati	ion for the calei										
	(A) ousiness address							Descript	(B) tion of services		C) :nsation
Sea to Sea Printing & Publishing								Printing & Mail			163,058
PO Box 2117 Darien, GA 31305											
Westfall Group								Event Consulti	ng		123,318
75 Fourteenth St Atlanta, GA 30309											
Vanderbeck Inc								IT Director/Hel	p Desk Function		110,645
3410 Cypress Mill Rd Suite 243 Brunswick, GA 31520											
Mission Clicks								Consulting Ser	vices		104,100
522 W Oregon Ave Phoenix, AZ 85013											
2 Total number of independent contractors (in	ncluding but not	t limite	d to tl	hose	e list	ed abo	ove)	who received more	than \$100,000 o	f	

Page 8

Part		Statement of	Revenue								rage 9
		Check if Schedul	e O contains	a respo	onse or note to any	line in this Pa	rt VIII				🗹
						(A) Total revenu	ıe	(B) Related exemp function	or ot on	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1 a	Federated campaign	ns	1a	23,232			revent	ie		512 - 514
nts ints		b Membership dues		1b	<u>, , , , , , , , , , , , , , , , , , , </u>						
Gra nou		c Fundraising events		1c	205,093						
S, (d Related organizatio		1d	<u>, </u>						
Gif ia		e Government grants (co		1e							
ns,	1	F All other contributions,	, gıfts, grants,								
er S		and similar amounts na above		1f	588,151,760						
ributions, Gifts, Grants Other Similar Amounts	,	g Noncash contribution									
Contributions, Gifts, Grants and Other Similar Amounts		in lines 1a - 1f \$ h Total. Add lines 1a									
<u> </u>		n Total. Add lines 1a	-11	•	<u> </u>	588,380	,085			T	
差	2-	Handling & Service Fee			Business		2,55	57,816	2,557,816		
2	Za	——————————————————————————————————————				900099					
υ, E	b	-		_							
er K	c d										
န	e			_							
Program Service Revenue	f	All other program se	rvice revenue								
Ě	g	Total. Add lines 2a-2	.f		▶	557,816					
		Investment income (ii					65,023				165,023
		similar amounts) . Income from investme			ond proceeds	•					100,020
		Royalties				•					
			(ı) Rea		(II) Personal						
	6a	Gross rents									
	b	Less rental expenses				1					
		: Rental income or				-					
		(loss)				_					
	d	Net rental income o									
	7a	Gross amount	(ı) Securit	ies	(II) Other	-					
		Gross amount from sales of assets other	8	71,448							
		than inventory									
	b	Less cost or other basis and	8	78,265							
	c	sales expenses Gain or (loss)		-6,817		_					
		Net gain or (loss)		•	•	_	-6,817				-6,817
	8a	Gross income from fi	_								
Other Revenue		contributions reporte									
ě .		See Part IV, line 18			21,400						
œ.		Less direct expense: : Net income or (loss)		b sing ev			27,189				-227,189
the t		Gross income from g	amıng actıvıtı	_	ents •		· ·				<u> </u>
0		See Part IV, line 19		a							
	b	Less direct expense:	s	ь		-					
		: Net income or (loss)		actıvıt	ies						
	10a	Gross sales of invent returns and allowand									
		returns and anowane		а	1						
	b	Less cost of goods s	sold	b							
	C	Net income or (loss)		invent							
	11	Miscellaneous aMiscellaneous Rever			Business Code 90009	19	16,209				16,209
	_	Macenanieous Rever	iac				,				1.7.255
	b	•									+
	c	;									
		All other revenue .									
	е	Total. Add lines 11a	-11d		•		16,209				
	12	Total revenue. See	Instructions			590,8	85,127		2,557,816		0 -52,774
											Form 990 (2018)

d Supplies

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

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

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to any	/ line in this Part IX .			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	371,700	371,700		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	525,640,395	525,640,395		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	571,945	225,568	99,807	246,570
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,937,446	1,442,477	43,415	451,554
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	86,327	64,872	2,104	19,351
9 Other employee benefits	604,894	425,102	22,015	157,777
10 Payroll taxes	184,934	127,586	8,499	48,849
11 Fees for services (non-employees)				
a Management				
b Legal	148,097	65,204	13,455	69,438
c Accounting	106,282	46,794	9,656	49,832
d Lobbying				
e Professional fundraising services See Part IV, line 17	29,550			29,550
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	808,035	368,770	76,098	363,167
12 Advertising and promotion				
13 Office expenses	313,055	124,991	27,566	160,498
14 Information technology				
15 Royalties				
16 Occupancy	65,016	47,550	11,644	5,822
17 Travel	324,692	159,401	26,438	138,853
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	23,834	15,196	4,116	4,522
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	490,570	320,257	77,957	92,356
23 Insurance	87,261	61,539	17,033	8,689
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a GIK Disposals/Recalls	29,469,281	29,469,281		
b Freight	359,837	358,978	110	749
c Field Office Programs	338,906	335,059	1,748	2,099

125,515

451,845

562,539,417

88,319

223,884

559,982,923

33,925

114,062

1,997,663

Form **990** (2018)

3,271

113,899

558,831

Page **11**

397.373

4,627,019 3,203,006

228.035.145

789,188

1.012.751

90.082.124

105,040,680

198,897,974

199,910,725

3,775,170

17 18

19

20

26

27

28

29

30

31 32

33

34

550,232

752.297

135.072.637

88,435,041

3.775.170

227,282,848

228,035,145

Form **990** (2018)

Form 990 (2018)

17

18

19

20

26

27

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31

32

33

34

Fund Balances

Assets or 30

Net

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Total liabilities. Add lines 17 through 25 .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Grants payable .

Deferred revenue .

			Beginning of year		End of year
	1	Cash-non-interest-bearing	1,121,035	1	2,593,699
	2	Savings and temporary cash investments	1,054,279	2	572,164
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	486,973	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ts	6			6	
set	,	·			
امت	8	Inventories for sale or use	188,528,400	8	216,641,884

		voluntary employees' beneficiary organizations of Part II of Schedule L					
ets	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			188,528,400	8	
۹	9	Prepaid expenses and deferred charges	348,045	9			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D					
	b	Less accumulated depreciation	5,197,973	10c			
	11	Investments—publicly traded securities .			3,174,020	11	
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15					15	
	16	Total assets.Add lines 1 through 15 (must equ	199,910,725	16			

21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, 223.563 25 202.065 and other liabilities not included on lines 17 - 24)

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 36-2586390

Name: MAP International Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

Medicine and Health Supplies - More than 13 3 million people were provided life-changing medicines and health supplies by MAP International in 2019 Working with 30 major partners, MAP provided medicines and health supplies in 98 countries MAP supported more than 1,028 mission teams to help people in impoverished communities MAP International continued to grow & invest in our newer programs including the Bringing Children Health initiative and their Domestic Medicines Programs pilot in Georgia

Community Health Development - In 2019, MAP's Community Health Development Programs reached more than 2.18 million people across Bolivia, Kenya, Cote d'Ivoire, Liberia, and Indonesia. In collaboration with local partners, MAP focused on health improvements and empowerment in three core program areas. 1) Neglected Tropical Diseases (NTD). MAP works with partners, local ministries and health and communities to prevent and treat NTDs, especially those that impact children. 2) Materinal and

Form 990, Part III, Line 4b:

and ongoing education

Child Health MAP works to address traditional health concerns to reduce maternal and child mortality and morbidity as well as other social, economic, environmental, and emotional concerns that can impact the development and well-being of mothers and children 3) Water, Sanitation and Hygiene In collaboration with local partners and ministries of health. MAP has expanded access to clean water and improved sanitation through latrines and hand washing stations, construction, rehabilitation of water wells,

Form 990, Part III, Line 4c:

Border Crisis, victims of flooding in the Midwest, people fleeing violence in Syria and millions more affected by other natural disasters worldwide

Disaster and Disease Management - MAP provided more than \$15M in medicines and health supplies to those affected by disasters in 2019 58,594 Disaster Health Kits were provided in 2019 including nearly 14,000 for Hurricane Dorian and over 10,000 for Hurricane Michael MAP also provided critical disaster relief for those impacted in the US

				Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2018
Department of th			► Go to	www.irs.gov/Forms	990 for the late	est information	•	Open to Public Inspection
Name of the	organizat	ion					Employer identific	cation number
Down T	D 6	au Dublia (Shawita Ctat	(Δ11		La Lla	36-2586390	
				us (All organization e it is (For lines 1 thro			see instructions.	
-		•		ssociation of churches			(A)(i).	
2 🗆 /	A school des	scribed in se c	tion 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3 🗆 /	A hospital o	r a cooperati	e hospital ser	vice organization desci	ribed in section	170(b)(1)(A)(iii).	
4 🗆		search organ	•	red in conjunction with			•	Inter the hospital's
		tion operated i v). (Comple		it of a college or unive	rsity owned or o	perated by a gov	ernmental unit descr	ibed in section 170
6 ,	A federal, st	ate, or local	government o	r governmental unit de	scribed in sectio	on 170(b)(1)(<i>A</i>	()(v).	
	section 17	O(b)(1)(A)(vi). (Complete			-	ınıt or from the gener	al public described in
8 🗌 /	A communit	y trust descr	bed in sectio i	n 170(b)(1)(A)(vi)	(Complete Part I	I)		
				escribed in 170(b)(1) See instructions Enter				lege or university or a
	rom activiti nvestment	es related to income and ເ	its exempt fur inrelated busir	(1) more than 331/39 nctions—subject to cer ness taxable income (le omplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
	•			d exclusively to test fo	r public safety S	See section 509	(a)(4).	
	more public	y supported	organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(
a 🗌 🤅	Type I. A si organization	upporting org (s) the powe	anızatıon opei	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
	managemer	t of the supp		pervised or controlled i ation vested in the sar and C.				
				supporting organizations) You must com				ated with, its
d 🗆 i	Type III no functionally	on-functional integrated T	a lly integrate The organization	ed. A supporting organi in generally must satis rt IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported orga	
e 🗆 (Check this b	ox if the org	anızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type II	II functionally
	-		on-functionally organizations	ıntegrated supporting	organization		_	
				upported organization(1
	me of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
otal								
	ork Boduct	ion Act Noti	ce see the I	 nstructions for	Cat No 1128!	<u>I</u> 5F '	 Schedule A (Form 9	 90 or 990-F7\ 201/

	(Complete only if you c				_	•	ıfy under Part
	III. If the organization	fails to qualify un	der the tests lis	ted below, plea:	se complete Par	t III.)	
	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	544,923,911	603,800,491	595,626,534	572,931,606	588,380,085	2,905,662,627
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						

	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	544,923,911	603,800,491	595,626,534	572,931,606	588,380,085	2,905,662,627
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,608,019,194
6	Public support. Subtract line 5 from line 4						1,297,643,433

3	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	544,923,911	603,800,491	595,626,534	572,931,606	588,380,085	2,905,662,627
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,608,019,194
6	Public support. Subtract line 5 from line 4						1,297,643,433
_ \$	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	544,923,911	603,800,491	595,626,534	572,931,606	588,380,085	2,905,662,627
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49,704	59,015	83,040	117,433	158,206	467,398
9	Net income from unrelated business activities, whether or not the business is regularly carried on						

S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e)2018	(f)Total
7	Amounts from line 4	544,923,911	603,800,491	595,626,534	572,931,606	588,380,085	2,905,662,627
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49,704	59,015	83,040	117,433	158,206	467,398
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	38,045	265,564	124,470	151,599	37,609	617,287
11	Total support. Add lines 7 through 10						2,906,747,312
12	Gross receipts from related activities,	etc (see instructi	ons)			12	11,916,632
13	First five years. If the Form 990 is f	or the organization	n's first, second, th	urd, fourth, or fifth	n tax year as a sect	ion 501(c)(3) org	anization,
	check this box and stop here					▶ 🛚	
S	ection C. Computation of Publ						
14	Public support percentage for 2018 (I	ine 6, column (f) d	livided by line 11,	column (f))		14	44 640 %
15	Public support percentage for 2017 S	chedule A, Part II,	line 14			15	45 210 %

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization h 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

20

Р	Support Schedule for					d + 1.6	law Dawk II - IS
	(Complete only if you c the organization fails to						ier Part II. If
Se	ection A. Public Support	quality affact t	ine cests fisced i	below, piedse ed	ompiete i die III	/	
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(B) 2013	(6) 2010	(u) 2017	(e) 2018	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
-	to or expended on its behalf The value of services or facilities						
9	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
	ection B. Total Support	T	T	1	1	1	T
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	's first, second, tl	hird, fourth, or fift	h tax vear as a se	ction 501(c)(3) o	organization.
	check this box and stop here	.		,,,	,		▶ □
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S		•	(//		16	
	ection D. Computation of Invest					••	
17	Investment income percentage for 20:			line 13. column (f	7)	17	
	Investment income percentage for 20.	•		==, ==; (1	,,		
18				on line 14 and lin	o 15 is more than	18	ne 17 is not
	331/3% support tests—2018. If the	_					_
	more than 33 1/3%, check this box and s	•					
b	33 1/3% support tests—2017. If the	_					_
	not more than 33 1/3%, check this box	and stop here. `	i ne organization i	qualifies as a publ	icly supported org	janization – – – – – – – – – – – – – – – – – – –	▶□

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

ightharpoons

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b 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 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 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)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a 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.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt 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 (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection 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?		103	-140
		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 (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income	(B) Current Year (optional)		
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	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 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Schedule A (hedule A (Form 990 or 990-EZ) 2018 Page 8						
Part VI	Section A, lines 1, 2, 3 Part IV, Section D, lin	mation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 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, es 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 and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See					
		Facts And Circumstances Test					
990 Sched	lule A, Supplemen	tal Information					
Ret	urn Reference	Explanation					
Part II, Sec	tion B, Line 10	Other income includes income from fundraising events and miscellaneous revenue					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**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 the latest information.

DLN: 93493135013430 OMB No 1545-0047

Open to Public **Inspection**

	me of the organization P International Inc		Employer identification number
MAR	7 International Inc		36-2586390
Pa	ort I Organizations Maintaining Donor Advis		s or Accounts.
	Complete if the organization answered "Ye	(a) Donor advised funds	(b)Funds and other accounts
1	Total number at end of year	(a) bollor advised fallas	(b) unus and other accounts
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 advisor	re in writing that the assets held in dono	r advised funds are the
	organization's property, subject to the organization's ex		Yes No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?		
Pa	rt II Conservation Easements. Complete if th	e organization answered "Yes" on F	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply)	
	\square Preservation of land for public use (e g , recreation	n or education)	f an historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the	e form of a <u>conservation</u> Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic	c structure included in (a)	2c
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated	by the organization during the
4	Number of states where property subject to conservatio	n easement is located >	
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ng of violations,
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcin	
7	Amount of expenses incurred in monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)^{9}$	above satisfy the requirements of section	n 170(h)(4)(B)(ı) ☐ Yes ☐ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financial s	xpense statement, and tatements that describes
Par	t III Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Treasures, or C	Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for	6 (ASC 958), not to report in its revenue public exhibition, education, or research	ın furtherance of public service,
b	provide, in Part XIII, the text of the footnote to its finan If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ	6 (ASC 958), to report in its revenue sta	tement and balance sheet works of art,
,	following amounts relating to these items		.
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
-	ii)Assets included in Form 990, Part X		* \$
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

Cat No 52283D

Schedule D (Form 990) 2018

Par	t 1111	Organizations Ma	aintaining Col	lections of	Art, Hist	tori	cal Tı	reası	ıres, o	r Other	Similar A	ssets (cor	ntınued)	
3		g the organization's acq is (check all that apply)	uisition, accessior	n, and other r	records, che	eck a	any of	the fo	llowing	that are a	significant i	use of its co	ollection	
а		Public exhibition				d		Loan	or exch	nange prog	ırams			
b		Scholarly research				е		Othe	r					
С		Preservation for future	generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII													
5		ng the year, did the orga ts to be sold to raise fur				•					nılar	☐ Yes	□ N	o
Pai	rt IV	Escrow and Cust Complete if the org X, line 21.			on Form !	990	, Part	IV, lı	ne 9, d	or reporte	ed an amou	ınt on For	m 990,	Part
1a		ne organization an agent ided on Form 990, Part)		an or other ir	ntermediary	/ for	contril	bution	s or oth	ner assets	not	Yes	□ N	0
ь	If "Y	es," explain the arrange	ment in Part XIII	and complet	e the follow	vina	table				Α	mount		_
c		nning balance				9				1c				_
d	_	tions during the year								1d				_
е		ributions during the year								1e				_
f		ng balance								1f				_
2a		the organization include	an amount on Fo	rm 990 Part	X line 21	for	escrow	or cu	ıstodial	account lia	ahility?	☐ Yes	N	_
		es," explain the arrange									•	_		U
	rt V	Endowment Fund												
		Endowniene i une	13. Complete ii	(a)Current			nor yea			years back			Four year	s back
1 a	Begini	ning of year balance .			775,170	<u> </u>	3,775	_	. ,	3,775,170		775,170		775,170
b	Contri	ibutions												
С	Net in	vestment earnings, gair	s, and losses	1	131,239		61	,144		56,885		82,269		12,611
d	Grant	s or scholarships			2,615									
е	Other	expenditures for facilities	es											
	and p	rograms		1	128,624		61	,144		56,885		82,269		12,611
f	Admir	nistrative expenses .												
g	End or	f year balance		3,7	775,170		3,775	5,170		3,775,170	3,	775,170	3,	775,170
2	Prov	ide the estimated percei	ntage of the curre	ent year end l	balance (lır	ne 1 <u>0</u>	g, colu	mn (a)) held	as				
а	Boar	d designated or quasi-e	ndowment 🟲	0 %										
b	Perm	nanent endowment 🕨	100 000 %											
С	Tem	porarily restricted endov	vment ► 0	%										
	The	percentages on lines 2a,	, 2b, and 2c shou	ld equal 100°	%									
3а		there endowment funds	not in the posses	sion of the or	rganızatıon	that	are h	eld an	d admır	nistered fo	r the		V	N-
	_	nization by inrelated organizations										3a(i	Yes	No No
	٠,	related organizations .				•	•	• •	•			3a(i	-	No
b		es" on $3a(\pi)$, are the rel		s listed as re	quired on S	Sche	• . dule R	, .	•			3b		
4		cribe in Part XIII the inte	-		•									
Pai	rt VI	Land, Buildings,	and Equipmer	nt.										
		Complete if the ord												
	Desci	ription of property	(a) Cost or oth (Investme		(b) Cost or o	other	basis (d	other)	(c) Ac	cumulated o	depreciation	(d)	Book valu	e
1 a	Land						30	05,081						305,081
	Buildii	1					5,38	33,498			1,506,546		3	3,876,952
		hold improvements					-							
		ment					2,63	38,947			2,304,254			334,693
-	-4a.b.							06 055			286 662			110 203

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Investments—Other Securities. Complete if the or See Form 990, Part X, line 12.			
(a) Description of security or category (including name of security)	(b) Book value		d of valuation -year market value
) Financial derivatives	value .		
) Closely-held equity interests	· ·		
al. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
rt VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form			
(a) Description of investment	(b) Book value		d of valuation -year market value
)			
)			
)			
)			
· \	1		
2)			
tal. (Column (b) must equal Form 990, Part X, col (B) line 13)	s' on Form 990 Part	IV line 11d. See Form S	190 Part X line 15
tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answered 'Yes (a) Description	on Form 990, Part	IV, line 11d See Form 9	90, Part X, line 15 (b) Book value
Cal. (Column (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes (a) Description	on Form 990, Part	IV, line 11d See Form 9	
tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answered 'Yes (a) Description	on Form 990, Part	IV, line 11d See Form 9	
Cal. (Column (b) must equal Form 990, Part X, col (B) line 13) THE TENT OTHER ASSETS. Complete if the organization answered 'Yes (a) Description	on Form 990, Part	IV, line 11d See Form 9	
art IX Other Assets. Complete if the organization answered 'Yes (a) Description	on Form 990, Part	IV, line 11d See Form 9	
art IX Other Assets. Complete if the organization answered 'Yes (a) Description	on Form 990, Part	IV, line 11d See Form 9	
art IX Other Assets. Complete if the organization answered 'Yes (a) Description	on Form 990, Part	IV, line 11d See Form 9	
al. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answered 'Yes (a) Description	d' on Form 990, Part	IV, line 11d See Form 9	
art IX Other Assets. Complete if the organization answered 'Yes (a) Description	d' on Form 990, Part	IV, line 11d See Form 9	
art IX Other Assets. Complete if the organization answered 'Yes (a) Description (a) Description	d' on Form 990, Part	IV, line 11d See Form 9	(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answered 'Yes (a) Description)))))))))))))			(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answered 'Yes (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Descrip	ered 'Yes' on Forn	990, Part IV, line 1	(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answered 'Yes (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description (h) Description (g) Description (h) Description (g) Description (h) Description (g) Description (h) Interval Description of liability		990, Part IV, line 1	(b) Book value
cal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answered 'Yes (a) Description tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered in See Form 990, Part X, line 25. (a) Description of liability Federal income taxes muity Reserve Payable	ered 'Yes' on Forn		(b) Book value
art IX Other Assets. Complete if the organization answered 'Yes (a) Description (a) Description (b) Must equal Form 990, Part X, col (B) line 13) (c) Description (d) Description (e) Description (f) Description (g) Description (h) Description (h) Must equal Form 990, Part X, col (B) line 15) (e) Part X Other Liabilities. Complete if the organization answing See Form 990, Part X, line 25. (a) Description of liability (e) Federal income taxes (f) Part Reserve Payable (g) Federal Reserve Payable (g) Federal Reserve Payable (h) Federal Reserve Payable (g) Federal Reserve Payable	ered 'Yes' on Forn	n 990, Part IV, line 1:	(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answered 'Yes (a) Description tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability Federal income taxes muity Reserve Payable ferred Rent Liability	ered 'Yes' on Forn		(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answered 'Yes (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description (g) Description (h) Description (g) Description (h) Description (g) Description of liability (h) Federal income taxes (h) Perred Rent Liability	ered 'Yes' on Forn		(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 13) (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description of liability (g) Federal income taxes (g) Description of liability	ered 'Yes' on Forn		(b) Book value
Other Assets. Complete if the organization answered 'Yes (a) Description (b) Must equal Form 990, Part X, col (B) line 13 (Column (B) Description (c) Description (d) Description (e) Description (f) Description (f) Description (g) Description (h) Must equal Form 990, Part X, col (B) line 15 (Column (B) Description of Liabilities. Complete if the organization answers See Form 990, Part X, line 25. (a) Description of Liability (f) Federal Income taxes (h) Pederal Income taxes	ered 'Yes' on Forn		(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answered 'Yes (a) Description)))))))))))))	ered 'Yes' on Forn		(b) Book value
Other Assets. Complete if the organization answered 'Yes (a) Description (b) Must equal Form 990, Part X, col (B) line 13 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) Part X (column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) line 15 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) line 15 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) line 15 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) line 15 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) line	ered 'Yes' on Forn		(b) Book value

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Total revenue, gains, and other support per audited financial statements

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Add lines **4a** and **4b**

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Supplemental Information

Page 4

591,172,880

562,539,417

562.539.417

Schedule D (Form 990) 2018

3

4c

5

Schedule D (Form 990) 2018

Part XI

1

3 4

b

5

Part XIII

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a Other (Describe in Part XIII) 4b -248,589 b Add lines **4a** and **4b** 4c c

5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 562,788,006 Amounts included on line 1 but not on Form 990, Part IX, line 25

-248,589 590,885,127

Donated services and use of facilities . . . 2a

2b

2 2c c 2d Other (Describe in Part XIII) 248,589 d Add lines 2a through 2d 248,589 2e

4a

4b

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

See Additional Data Table

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software Version:

Software ID:

EIN: 36-2586390 Name: MAP International Inc.

Supplemental Information

Return Reference Part XI, Line 4b - Other Fundraising Event Expenses \$248,589 Adjustments

Supplemental Information	
Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	Fundraising Event Expenses \$248,589

efile GRAPHIC print	t - DO NOT I	PROCESS	As Filed Data -			DLN:	93493135013430		
SCHEDULE F	SCHEDULE F Form 990) Statement of Activities Outside the United States						OMB No 1545-0047		
(1 01111 330)	► Comp	lete if the organ	ızatıon answered "\ ▶ Attach t	.5, or 16. 2018					
Department of the Treasury Internal Revenue Service	•	► Go to www.irs	gov/Form990 for II	nstructions and the latest ii	nformatio	n.	Open to Public Inspection		
Name of the organization MAP International Inc						Employer iden 36-2586390	tification number		
	nformation Part IV, line		s Outside the U	Inited States. Comple	te If the		nswered "Yes" to		
1 For grantmakers	s. Does the or	rganızatıon ma	intain records to	substantiate the amoun	t of its gi	rants and			
			he grants or assis	stance, and the selection	criteria	used	_		
to award the gran	ts or assistan	ce?					☑ Yes ☐ No		
2 For grantmakers outside the United		Part V the org	janization's proce	dures for monitoring the	use of it	ts grants and oth	her assistance		
3 Activites per Region	n (The followir	ng Part I, line 3	table can be dupli	cated if additional space is	needed)			
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spe	vity listed in (d) is a a service, describe ecific type of ce(s) in region	(f) Total expenditures for and investments in region		
See Add'l Data				-					
3a Sub-total b Total from continuat Part I	tion sheets to		3 6				526,113,224 196,293		
c Totals (add lines 3a	a and 3b)		3 6				526,309,517		
For Paperwork Reduction	Act Notice so	a tha Instructio	ns for Form 900	Cat	No 5008	OW Schodu	le F (Form 990) 2018		

Page 2

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

IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-435

43 Schedule F (Form 990) 2018

Schedule F (Form 990) 2018							Page 3
Part IIII Grants and Oth				ed States. Complete if	f the organization ar	iswered "Yes" to Form 9	90, Part IV, line 16.
	duplicated if addit						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Add'l Data				'	'		
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Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Corporations (See Instructions for Form 5471)	\square Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(see Instruction for Form 5005)	\square Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form	_	
	5713, don't file with Form 990)	☐ Yes	✓ No

Schedule F (Fo	rm 990) 2018 Page 5
] 3	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
990 Schedu	le F, Supplemental Information
Return Reference	Explanation

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part Lline 3	The expenditures reported in Part I. Line 3, column (f) are reported using the accrual method of accounting

Additional Data

(a) Region

Software ID: Software Version:

EIN: 36-2586390

Name: MAP International Inc

(f) Total expenditures

Form	ggn	Schedule	F Part T	Γ - Activities (Outside Th	e United States
1 01111	990	Schedule	raiti	L - MCCIVICS	outside iii	e omiceu states

(3) (3)	offices in the region	employees or agents in region	in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
Central America and the Caribbean	0		Grants for the purpose of providing assistance to beneficiaries in the region		333,436,650
Sub-Saharan Afrıca	2		- · · · · · · · · · · · · · · · · · ·	Health Promotion & Community Development	128,919,913

(b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d)

beneficiaries in the region & Program Services

(a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Middle East and North Africa 0 Grants for the purpose of 37.937.545 providing assistance to beneficiaries in the region South Asia 0 Grants for the purpose of 9,054,714 providing assistance to beneficiaries in the region

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

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Fast Asia and the Pacific 0 Grants for the purpose of 5,432,469 providing assistance to beneficiaries in the region South America Grants for the purpose of Health Promotion & 5,236,257 providing assistance to Community Development beneficiaries in the region & Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Europe 0 Grants for the purpose of 4.900.476 providing assistance to beneficiaries in the region North America 0 Grants for the purpose of 1,195,200 Iproviding assistance to beneficiaries in the region

Form 990 Schedule F Part I - Activities Outside The United States (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures (a) Region offices in the employees or ın region (by type) (ı e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 196.293 Russia and the Newly 0 Grants for the purpose of Independent States providing assistance to beneficiaries in the region

(i) Method of (b) IRS code (h) Description (f) Manner of (a) Amount of valuation (d) Purpose of (a) Name of (e) Amount of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization arant non-cash disbursement assistance appraisal, applicable) assistance other) |Central Community 197,390,972 Medicines and Fair market Development Medical lvalue lAmerica and the Caribbean Supplies 33.647.581 Medicines and |Central Community Fair market

Medical

Supplies

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

Development

lAmerica and

Ithe Caribbean

(i) Method of (h) Description l(b) IRS code (g) Amount of (f) Manner of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash and EIN(ıf cash grant organization grant non-cash disbursement appraisal, assistance applicable) assistance other) Sub-Saharan 30.116.332 Medicines and Fair market Community Africa Development lMedical lvalue Supplies lFair market

|Central America|Community 22.948.761 Medicines and and the Development Medical value

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

(i) Method of (h) Description l(b) IRS code (g) Amount of (f) Manner of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash and EIN(ıf cash grant organization grant non-cash disbursement appraisal, assistance applicable) assistance other) Middle East and Community 22,270,052 Medicines and Fair market North Africa Development Medical lvalue Supplies Central AmericalCommunity 20.055.906 Medicines and lFair market

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

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Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS code (h) Description (g) Amount of (f) Manner of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash and EIN(ıf cash grant organization grant non-cash disbursement appraisal, assistance applicable) assistance other) Central Americal Community 15,241,467 Medicines and Fair market land the Development lMedical lvalue Carıbbean Supplies Sub-Saharan Community 13.912.526 Medicines and Fair market Africa Development Medical value Supplies

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East **ICommunity** 12.465.699 Medicines and Fair market land North Development Medical lvalue Africa Supplies Sub-Saharan 11.919,190 Medicines and **ICommunity** Fair market Africa Development Medical lvalue Supplies

(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of I (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 11.405.033 Medicines and Fair market **ICommunity** Africa Development Medical lvalue Supplies Sub-Saharan 11.296.426 Medicines and Fair market ICommunity |

Medical

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

Development

Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Community 9.606.838 Medicines and Fair market land the Development |Medical lvalue Caribbean Supplies Sub-Saharan |Community 9,548,925 Medicines and Fair market Africa Development Medical lvalue Supplies

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) Central America Community 9.340.500 Medicines and Fair market land the Development Medical lvalue Carıbbean Supplies Central America Community 8.576.559 Medicines and Fair market land the Development Medical lvalue

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 8,070,379 Medicines and Fair market |Community lAfrica Development Medical Supplies Value

Sub-Saharan 7.068.295 Medicines and lCommunity | Fair market

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

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(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of (d) Purpose of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 6.126.005 Medicines and Fair market |Community lAfrica Development Medical Supplies Value Fair market

South Asia 5.088.412 Medicines and lCommunity |

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

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(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) 4,790,844 Medicines and Fair market Europe |Community Development Medical Supplies Value Sub-Saharan 3.865.610 Medicines and Fair market lCommunity |

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

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Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Community 3.310.808 Medicines and Fair market land the Development |Medical lvalue Caribbean Supplies 3.302,377 Medicines and South Asia Community Fair market Development Medical lvalue Supplies

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 2.603.863 Medicines and Fair market ICommunity | lAfrica Development Medical Supplies Ivalue Middle East 2.555.931 Medicines and lCommunity | Fair market land North Development Medical Supplies value Africa

(i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) South America 2.132.834 Medicines and Fair market |Community Development |Medical lvalue Supplies

Development Medical Value
Supplies

Central America Community
and the Development 1,583,337 Medicines and Fair market
Medical Value

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

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 1.546.836 Medicines and Fair market |Community lAfrica Development Medical Supplies Value Sub-Saharan 1.425.934 Medicines and Fair market |Community

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

Development

lAfrica

(i) Method of (h) Description l(b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Community 1,330,100 Medicines and Fair market Ithe Pacific Development Medical Supplies value

East Asia and Community 904.980 Medicines and lFair market

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

Development

Ithe Pacific

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and 766,018 Medicines and Fair market **ICommunity** Ithe Pacific Development Medical Supplies value

580.376 Medicines and

Medical Supplies Value

Fair market

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

|South America |Community

Development

(1) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 524.076 Medicines and Fair market Community lAfrica Development |Medical lvalue Supplies

Africa Development Medical Value Supplies

Central America Community 399,167 Medicines and Fair market and the Development Medical Value

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

(1) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East and Community 381,366 Medicines and Fair market North Africa Development |Medical lvalue Supplies Central America Community 304.961 Medicines and Fair market

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

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Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) Central America Community 304,321 Medicines and Fair market land the Development Medical lvalue Carıbbean Supplies Central America Community 292,140 Medicines and Fair market

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(1) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) North America 287,692 Medicines and Fair market |Community Development |Medical lvalue Supplies

Central America Community 261,276 Medicines and Fair market land the Development Medical lvalue

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

(ı) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) Central America Community 260,159 Medicines and Fair market land the Development Medical lvalue Carıbbean Supplies Central America Community 248,867 Medicines and Fair market

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

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(1) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 224,121 Medicines and Fair market Community lAfrica Development |Medical lvalue Supplies

Central America Community 202.038 Medicines and Fair market land the Development Medical lvalue

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

(i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) North America 199,680 Medicines and Fair market |Community Development |Medical lvalue Supplies

Central America Community and the Development 195,119 Medicines and Fair market Medical value

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

(i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and 189,668 Medicines and Fair market **ICommunity** Ithe Pacific Development |Medical lvalue Supplies

Central America Community 184.945 Medicines and Fair market land the Development Medical lvalue

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

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Community 184,449 Medicines and Fair market land the Development |Medical lvalue Caribbean Supplies Sub-Saharan ICommunity | 179,847 Medicines and Fair market Africa Development Medical lvalue Supplies

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Community 168,345 Medicines and Fair market land the Development |Medical lvalue Caribbean Supplies Sub-Saharan ICommunity | 162,191 Medicines and Fair market Africa Development Medical lvalue Supplies

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash (book, FMV, non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) South America |Community 160,187 Medicines and Fair market Development Medical Supplies value

159.385 Medicines and

Medical Supplies Value

Fair market

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

ICommunity

Development

East Asia and

Ithe Pacific

(1) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 157,207 Medicines and Fair market Community lAfrica Development |Medical lvalue Supplies

Central America Community 150.762 Medicines and

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

Fair market land the Development Medical lvalue Carıbbean Supplies

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash (book, FMV, non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) South America |Community 150,314 Medicines and Fair market Development Medical Supplies value

147.866 Medicines and

Medical Supplies Value

Fair market

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

ICommunity

Development

East Asia and

Ithe Pacific

(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 139,679 Medicines and Fair market |Community lAfrica Development Medical Supplies Value Sub-Saharan 137.865 Medicines and

Fair market

Medical Supplies Ivalue

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

lAfrica

lCommunity |

Development

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Community 136,785 Medicines and Fair market land the Development |Medical lvalue Caribbean Supplies Sub-Saharan 135.524 Medicines and |Community Fair market Africa Development Medical lvalue Supplies

(i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and 134,442 Medicines and Fair market **ICommunity** Ithe Pacific Development |Medical lvalue Supplies

Central America Community 130.518 Medicines and Fair market land the Development Medical lvalue

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

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Community 130,079 Medicines and Fair market land the Development |Medical lvalue Caribbean Supplies South America |Community 129,504 Medicines and Fair market Development Medical lvalue Supplies

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 123.016 Medicines and Fair market ICommunity | lAfrica Development Medical Supplies Ivalue Middle East 121.700 Medicines and lCommunity | Fair market land North Development Medical Supplies value

(I) Method of (h) Description l(b) IRS codel (q) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV. cash non-cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America 116,558 Medicines and Fair market **ICommunity** land the Development Medical lvalue lCarıbbean Supplies Russia and the 115.012 Medicines and Community Fair market

Newly Development Medical lvalue Independent Supplies

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(i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 114,088 Medicines and Fair market |Community lAfrica Development |Medical lvalue Supplies Central America Community 113.133 Medicines and IFair market

Supplies

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(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of (d) Purpose of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) North America | Community 112,356 Medicines and Fair market Development Medical Supplies Value

Sub-Saharan 111.028 Medicines and lCommunity | Fair market

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(i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and 101.059 Medicines and Fair market **ICommunity** Ithe Pacific Development |Medical lvalue Supplies Central America Community 100.906 Medicines and Fair market

Supplies

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(ı) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) Central America Community 97,576 Medicines and Fair market land the Development Medical lvalue Carıbbean Supplies Central America Community 95,799 Medicines and Fair market

Supplies

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Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Community 95,157 Medicines and Fair market land the Development |Medical lvalue Caribbean Supplies Sub-Saharan |Community 95,138 Medicines and Fair market Africa Development Medical lvalue Supplies

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) Central America Community 94,627 Medicines and Fair market land the Development Medical lvalue Carıbbean Supplies Central America Community 94.627 Medicines and Fair market land the Development Medical lvalue

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and 94.627 Medicines and Fair market **ICommunity** Ithe Pacific Development Medical Supplies Value

Sub-Saharan 94.627 Medicines and Fair market lCommunity |

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(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of (d) Purpose of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) South America Community 92.873 Medicines and Fair market Development Medical Supplies Value Sub-Saharan 91.753 Medicines and Fair market lCommunity |

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(i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 88.607 Medicines and Fair market |Community Africa Development |Medical lvalue Supplies

Central America Community 87.168 Medicines and Fair market land the Development Medical lvalue

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(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of (d) Purpose of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 85,769 Medicines and Fair market **ICommunity** lAfrica Development Medical Supplies Value Fair market

Sub-Saharan lCommunity | 84.847 Medicines and

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Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Community 83.983 Medicines and Fair market land the Development |Medical lvalue Caribbean Supplies Sub-Saharan |Community 81,246 Medicines and Fair market Africa Development Medical lvalue Supplies

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of (d) Purpose of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 80.826 Medicines and Fair market **ICommunity** lAfrica Development Medical Supplies Value Sub-Saharan Fair market lCommunity | 79.666 Medicines and

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Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Community 78,665 Medicines and Fair market land the Development |Medical lvalue Caribbean Supplies Sub-Saharan |Community 76,164 Medicines and Fair market Africa Development Medical lvalue Supplies

(ı) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) Central America Community 76,106 Medicines and Fair market land the Development Medical lvalue Carıbbean Supplies Central America Community 75.900 Medicines and Fair market land the Development Medical lvalue

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(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of (d) Purpose of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) South America Community 72,460 Medicines and Fair market Development Medical Supplies Value

Sub-Saharan 70.757 Medicines and Fair market lCommunity |

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(i) Method of l(b) IRS codel (h) Description (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) North America 70.579 Medicines and Fair market |Community Development |Medical lvalue Supplies

Central America Community 70.034 Medicines and

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Fair market land the Development Medical lvalue Carıbbean Supplies

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of (d) Purpose of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 69.073 Medicines and Fair market **ICommunity** lAfrica Development Medical Supplies Value Fair market

Sub-Saharan 68.961 Medicines and lCommunity |

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Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of l(b) IRS codel (h) Description (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Community 68.060 Medicines and Fair market land the Development |Medical lvalue Caribbean Supplies Sub-Saharan |Community 67,506 Medicines and Fair market Africa Development Medical lvalue Supplies

(ı) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) Central America Community 66,653 Medicines and Fair market land the Development Medical lvalue Carıbbean Supplies Central America Community 65.862 Medicines and Fair market land the Development Medical lvalue

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Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Community 65.040 Medicines and Fair market land the Development |Medical lvalue Caribbean Supplies Sub-Saharan |Community 65,040 Medicines and Fair market Africa Development Medical lvalue Supplies

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(i) Method of (h) Description (b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 63,242 Medicines and Fair market **ICommunity** lAfrica Development Medical Supplies Value |South America |Community Fair market 63.186 Medicines and

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Development

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Community 61,360 Medicines and Fair market land the Development |Medical lvalue Caribbean Supplies Sub-Saharan |Community 61.207 Medicines and Fair market Africa Development Medical lvalue Supplies

(i) Method of l(b) IRS codel (h) Description (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) North America 60.964 Medicines and Fair market |Community Development |Medical lvalue Supplies Central America Community 60.828 Medicines and Fair market

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(i) Method of (h) Description (b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 59.685 Medicines and Fair market **ICommunity** lAfrica Development Medical Supplies Value

|South America |Community 59.611 Medicines and Fair market

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(i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and 59,279 Medicines and Fair market **ICommunity** Ithe Pacific Development |Medical lvalue Supplies

Central America Community 58.172 Medicines and

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Supplies

Fair market land the Development Medical lvalue

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(i) Method of l(b) IRS codel (h) Description (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) South America 57,178 Medicines and Fair market |Community Development |Medical lvalue Supplies

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Central America Community 56.218 Medicines and Fair market

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(ı) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) Central America Community 55,895 Medicines and Fair market land the Development Medical lvalue Carıbbean Supplies Central America Community 55.514 Medicines and Fair market

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(ı) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) Central America Community 55,514 Medicines and Fair market land the Development Medical lvalue Carıbbean Supplies Fair market

Central America Community 55.514 Medicines and land the Development Medical lvalue

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Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Community 55,514 Medicines and Fair market land the Development |Medical lvalue Caribbean Supplies Sub-Saharan |Community 55,514 Medicines and Fair market Africa Development Medical lvalue Supplies

(i) Method of (h) Description (b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 55,514 Medicines and Fair market **ICommunity** lAfrica Development Medical Supplies Value

North America | Community Fair market 55.514 Medicines and

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(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 52,577 Medicines and Fair market |Community lAfrica Development Medical Supplies Value

51.893 Medicines and

Medical Supplies value

Fair market

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Sub-Saharan

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(ı) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) Central America Community 50,245 Medicines and Fair market land the Development Medical lvalue Carıbbean Supplies Central America Community 49,665 Medicines and Fair market land the Development Medical lvalue

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(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of (d) Purpose of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 48,777 Medicines and Fair market |Community lAfrica Development Medical Supplies Value Sub-Saharan 46.729 Medicines and Fair market lCommunity |

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(ı) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) Central America Community 46,528 Medicines and Fair market land the Development Medical lvalue Carıbbean Supplies Central America Community 46,378 Medicines and Fair market land the Development Medical lvalue

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Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Community 45,360 Medicines and Fair market land the Development |Medical lvalue Caribbean Supplies Community 44,822 Medicines and Fair market lEurope Development Medical lvalue Supplies

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Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (e) Amount of section (d) Purpose of (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Central Americal Community 43,305 Medicines and Fair market land the Development Medical lvalue Carıbbean Supplies 141.967 Check 43.169 Office South America Community lFair market Development Equipment lvalue

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of (d) Purpose of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 42,981 Medicines and Fair market |Community lAfrica Development Medical Supplies Value

Sub-Saharan 42.942 Medicines and Fair market lCommunity |

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(ı) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) Central America Community 41,524 Medicines and Fair market land the Development Medical lvalue Carıbbean Supplies Central America Community 41,138 Medicines and Fair market

Supplies

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(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of (d) Purpose of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 40,236 Medicines and Fair market **ICommunity** lAfrica Development Medical Supplies Value

Sub-Saharan 40.083 Medicines and Fair market lCommunity |

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(i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 39,683 Medicines and Fair market Community Africa Development |Medical lvalue Supplies

Supplies

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Central America Community 39.610 Medicines and Fair market

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Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) Central America Community 39,322 Medicines and Fair market land the Development Medical lvalue Carıbbean Supplies Central America Community 38.726 Medicines and Fair market

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(i) Method of (h) Description (b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 38,175 Medicines and Fair market **ICommunity** lAfrica Development Medical Supplies Value |South America |Community 37.340 Medicines and Fair market

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Development

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of l (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and 37.074 Medicines and Fair market **ICommunity** Ithe Pacific Development Medical Supplies Value

36.928 Medicines and Fair market lCommunity |

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Development

Sub-Saharan

lAfrica

Medical Supplies value

(i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 36.818 Medicines and Fair market Community Africa Development |Medical lvalue Supplies Central America Community 36.783 Medicines and Fair market

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(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) South Asia 35,863 Medicines and Fair market |Community Development Medical Supplies Value

Sub-Saharan Fair market lCommunity | 35.734 Medicines and

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Development

(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of (d) Purpose of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 35,172 Medicines and Fair market |Community lAfrica Development Medical Supplies Value Sub-Saharan 34.883 Medicines and Fair market lCommunity |

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Development

(i) Method of (h) Description l(b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Community 34.739 Medicines and Fair market Ithe Pacific Development Medical Supplies value

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(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 34,272 Medicines and Fair market |Community lAfrica Development Medical Supplies Value Fair market

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(i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 33,571 Medicines and Fair market Community Africa Development |Medical lvalue Supplies

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Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) Central America Community 33,049 Medicines and Fair market land the Development Medical lvalue Carıbbean Supplies Central America Community 33.047 Medicines and Fair market

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(i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) South America 32.742 Medicines and Fair market |Community Development |Medical lvalue Supplies Fair market

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Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Community 31,778 Medicines and Fair market land the Development |Medical lvalue Caribbean Supplies Sub-Saharan |Community 31,565 Medicines and Fair market Africa Development Medical lvalue Supplies

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) Central America Community 31,364 Medicines and Fair market land the Development Medical lvalue Carıbbean Supplies Central America Community Fair market 31.166 Medicines and

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Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) 30.544 Medicines and Fair market Europe |Community Development Medical Supplies Value Fair market

Sub-Saharan 30.409 Medicines and lCommunity |

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(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of (d) Purpose of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) South America Community 30.216 Medicines and Fair market Development Medical Supplies Value

Sub-Saharan 30.186 Medicines and Fair market lCommunity |

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(ı) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) Central America Community 29,589 Medicines and Fair market land the Development Medical lvalue Carıbbean Supplies Central America Community 29,411 Medicines and Fair market

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(i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 28,202 Medicines and Fair market Community Africa Development |Medical lvalue Supplies

Central America Community 28.138 Medicines and Fair market land the Development Medical lvalue

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(i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and 27.649 Medicines and Fair market **ICommunity** Ithe Pacific Development |Medical lvalue Supplies

Central America Community 27.593 Medicines and Fair market

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(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of l (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 27,550 Medicines and Fair market |Community lAfrica Development Medical Supplies Value

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Medical Supplies value

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(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 26.923 Medicines and Fair market **ICommunity** lAfrica Development Medical Supplies Value Fair market

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(i) Method of l(b) IRS codel (h) Description (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) South America 24.858 Medicines and Fair market |Community Development |Medical lvalue Supplies

Central America Community 24.814 Medicines and Fair market Medical lvalue

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Sub-Saharan Fair market lCommunity | 24.247 Medicines and

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Central America | Community | 23,276 | Medicines and | Fair market | And the | Development | Medical | Value | Val

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(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 22,900 Medicines and Fair market |Community lAfrica Development Medical Supplies Value South Asia 22.790 Medicines and Fair market lCommunity |

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(ı) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) Central America Community 22,650 Medicines and Fair market land the Development Medical lvalue Carıbbean Supplies Central America Community 22,435 Medicines and Fair market

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Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Community 22.193 Medicines and Fair market land the Development |Medical lvalue Caribbean Supplies South America 22.126 Medicines and |Community Fair market Development Medical lvalue Supplies

(i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and 21.877 Medicines and Fair market **ICommunity** Ithe Pacific Development |Medical lvalue Supplies

Central America Community 21.325 Medicines and Fair market land the Development Medical lvalue

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21.288 Medicines and

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Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Community 21,205 Medicines and Fair market land the Development |Medical lvalue Caribbean Supplies Sub-Saharan 20.850 Medicines and |Community Fair market lAfrica Development Medical lvalue Supplies

(i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV. cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) 20,847 Medicines and Fair market Europe |Community Development |Medical Supplies|value

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(ı) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) Central America Community 20,213 Medicines and Fair market land the Development Medical lvalue Carıbbean Supplies Central America Community 20.207 Medicines and Fair market

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(i) Method of (h) Description (b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 20,198 Medicines and Fair market **ICommunity** lAfrica Development Medical Supplies Value

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Supplies Central America Community 19.196 Medicines and land the Development Medical lvalue

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(i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and 17.467 Medicines and Fair market **ICommunity** Ithe Pacific Development |Medical lvalue Supplies

Central America Community 17.316 Medicines and

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Fair market land the Development Medical lvalue Carıbbean Supplies

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(i) Method of (h) Description l(b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Community 15.498 Medicines and Fair market Ithe Pacific Development Medical Supplies value

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(i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and 14.244 Medicines and Fair market **ICommunity** Ithe Pacific Development |Medical lvalue Supplies Fair market

Central America Community 14.237 Medicines and land the Development Medical lvalue

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(i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 13.902 Medicines and Fair market |Community Africa Development |Medical lvalue Supplies

Central America Community 13,659 Medicines and Fair market and the Development Medical value

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(ı) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) Central America Community 13,204 Medicines and Fair market land the Development Medical lvalue Carıbbean Supplies Central America Community 13.129 Medicines and Fair market

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(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (e) Amount of l (a) Name of (d) Purpose of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 12,506 Medicines and Fair market |Community lAfrica Development Medical Supplies Value

East Asia and 12.334 Medicines and Fair market ICommunity |

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(i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant organization and EIN(If grant non-cash disbursement assistance appraisal, applicable) assistance other) Russia and the 11,666 Medicines and Fair market lCommunity lNewly Development Medical lvalue Independent Supplies States

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(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash (book, FMV, non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and 11,305 Medicines and Fair market **ICommunity** Ithe Pacific Development Medical Supplies value

North America | Community 11.252 Medicines and Fair market

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(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of (d) Purpose of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) South America Community 11.133 Medicines and Fair market Development Medical Supplies Value

Sub-Saharan 11.107 Medicines and lCommunity | Fair market

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(i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 11.105 Medicines and Fair market |Community Africa Development |Medical lvalue Supplies

Central America Community 11.071 Medicines and Fair market land the Development Medical lvalue

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11.006 Medicines and

Medical Supplies value

Fair market

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|South America |Community 10.889 Medicines and Fair market

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(i) Method of (h) Description (b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 10.722 Medicines and Fair market **ICommunity** lAfrica Development Medical Supplies Value

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|South America |Community 10.478 Medicines and Fair market

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(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash (book, FMV, non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) South America |Community 10,410 Medicines and Fair market Development Medical Supplies value East Asia and 10.409 Medicines and Fair market **ICommunity**

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9.349 Medicines and

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Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Community 8.820 Medicines and Fair market land the Development |Medical lvalue Caribbean Supplies Sub-Saharan ICommunity | 8.747 Medicines and Fair market Africa Development Medical lvalue Supplies

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East 8.742 Medicines and Fair market lCommunity | land North Development Medical Supplies value Africa Sub-Saharan |Community 8.666 Medicines and Fair market Medical Supplies value Africa Development

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of (d) Purpose of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) South Asia 8.643 Medicines and Fair market |Community Development Medical Supplies Value

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

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Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Community 8.585 Medicines and Fair market land the Development |Medical lvalue Caribbean Supplies Sub-Saharan ICommunity | 8.567 Medicines and Fair market Africa Development Medical lvalue Supplies

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash (book, FMV, non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and 8.536 Medicines and Fair market **ICommunity** Ithe Pacific Development Medical Supplies value

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

|South America |Community

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (e) Amount of l (a) Name of (d) Purpose of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and 8,442 Medicines and Fair market **ICommunity** Ithe Pacific Development Medical Supplies Value

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

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Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Community 8.271 Medicines and Fair market land the Development |Medical lvalue Caribbean Supplies South America ICommunity | 8.271 Medicines and Fair market Development Medical lvalue Supplies

(i) Method of (h) Description l(b) IRS code (f) Manner of (g) Amount of valuation (e) Amount of I (a) Name of (d) Purpose of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) South Asia 8.171 Medicines and Fair market **ICommunity** Development Medical Supplies value

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

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) North America | Community 7.907 Medicines and Fair market Development Medical Supplies value Fair market

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

(i) Method of l(b) IRS codel (h) Description (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) South America 7.738 Medicines and Fair market |Community Development |Medical lvalue Supplies

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

(i) Method of (h) Description l(b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Community 7.698 Medicines and Fair market Ithe Pacific Development Medical Supplies value

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Medical Supplies Ivalue

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Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Community 7.587 Medicines and Fair market land the Development |Medical lvalue Caribbean Supplies South America ICommunity | 7,573 Medicines and Fair market Development Medical lvalue Supplies

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

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(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of (d) Purpose of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and 7.500 Medicines and Fair market **ICommunity** Ithe Pacific Development Medical Supplies Value

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

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

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Central America Community 7,322 Medicines and Fair market and the Development Medical value

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

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

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

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

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

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

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

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(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (e) Amount of l (a) Name of (d) Purpose of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 6.434 Medicines and Fair market |Community lAfrica Development Medical Supplies Value

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

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

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

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

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Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Community 5.916 Medicines and Fair market land the Development |Medical lvalue Caribbean Supplies Sub-Saharan |Community 5.885 Medicines and Fair market Africa Development Medical lvalue Supplies

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

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

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

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

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

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5.169 Medicines and

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

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5.125 Medicines and

Medical Supplies value

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

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

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Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of l (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 5.012 Medicines and Fair market |Community lAfrica Development Medical Supplies Value East Asia and 90.985 Wire ICommunity | Ithe Pacific Development

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) South America | Community 278,715 Wire Development Sub-Saharan 45.777 Wire ICommunity | Africa Development

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 8,160 Wire **ICommunity** lAfrica Development Sub-Saharan 9.447 |Check ICommunity | Africa Development

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (c)Number (b) Region (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of disbursement valuation (book, assistance cash grant non-cash non-cash recipients assistance FMV, appraisal, assistance other) Health Promotion 84 2,499,046 | Medicines and IFMV Central America Medical Supplies land the lCarıbbean Health Promotion 738,728 Medicines and IFMV East Asia and Medical Supplies the Pacific

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Health Promotion 28,581 Medicines and IFMV Middle East and Medical Supplies North Africa Health Promotion 12 336.567 Medicines and FMV South America Medical Supplies

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, FMV, appraisal, recipients assistance assistance other) Health Promotion 45,710 Medicines and IFMV Russia and the Medical Supplies Newly Independent States Health Promotion 309,608 Medicines and IFMV South Asia Medical Supplies

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Health Promotion 90 2,920,012 Medicines and IFMV Sub-Saharan Medical Supplies Africa Health Promotion 291,700 Medicines and FMV North America Medical Supplies

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

UT, VA, WA, WV, WI

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

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ. Go to www irs gov/Form990 for instructions and the latest information OMB No 1545-0047

2018

DLN: 93493135013430

Open to Public Inspection

Name of the organization MAP International Inc						Employer ide	ntification number			
MAP International Inc						36-2586390				
Part I Fundraising Activition Form 990-EZ filers are	•	_			rm 990,	Part IV, line 1	7.			
Indicate whether the organization	on raised funds thi	rough an	y of the fo	ollowing activities Check	all that ap	pply				
a 🗹 Mail solicitations	Mail solicitations e ☑ Solicitation of non-govern									
b Internet and email solicitation	b 🗸 Internet and email solicitations				f Solicitation of government grants					
c 🗸 Phone solicitations			g	g 🗸 Special fundraising events						
d 🔽 In-person solicitations										
2a Did the organization have a writ or key employees listed in Form						<u> </u>	es 🗆 No			
b If "Yes," list the ten highest paid to be compensated at least \$5,0	d individuals or ent 1000 by the organiz	tities (fui ation	ndraisers)	pursuant to agreements	under wh					
(i) Name and address of individual or entity (fundraiser)		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(or retai fundraise	nount paid to etained by) iser listed in col (i)	(vi) Amount paid to (or retained by) organization			
	ndraising nsulting	Yes	No No	282,535		29,550	252,985			
				282,535		29,550	252,985			

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2018

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, SD, TN, TX,

Sche	dule G (Form 990 or 990-EZ) 2018						Page 3
11	Does the organization conduct gamir	g activities with nonmember	-s?		Yes	□No	
12	Is the organization a grantor, benefic formed to administer charitable gam		a member of a partnership or other entity		□Yes		
13	Indicate the percentage of gaming ac	tivity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the p	erson who prepares the orga	inization's gaming/special events books and	l records			
	Name •						
	Address 🟲						
15a	Does the organization have a contract revenue?	t with a third party from who	□Yes	□No			
Ь	If "Yes," enter the amount of gaming amount of gaming revenue retained		ganization ► \$ and	the			
С	If "Yes," enter name and address of	he third party					
	Name ►						
	Address ►						
16	Gaming manager information						
	Name ▶						
	Gaming manager compensation ► \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions						
а	•	ate law to make charitable di	istributions from the gaming proceeds to				
	retain the state gaming license?				☐Yes	□No	
b			uted to other exempt organizations or sper	t			
Do.	in the organization's own exempt act It IV Supplemental Informat		\$ tions required by Part I, line 2b, colun		and (). a	ad Dawt	
ra			olicable. Also provide any additional in				s.
	Return Reference		Explanation				
Scho	dule G, Part II	The Bill Foege Global Heal	th Awards is an annual event hosted by the	Organiza	ation to reco	ognize pe	ople
50,16		purpose of the event is to awareness of the Organiza Summit periodically, when States to gather and learn updates to attendees rega activities and initiatives. A charge to attend the event to attend the event Any dare given without receiving therefore are treated as coraised at each of the above	contributions to the progress of global healt gather the leaders of the global health compation within the global health community. The it invites both donors and prospective do more about the Organization and its activities are invited at the discretion of the transport of the	nmunity a he Organi nors from ties The and infor Organiza on is requi vent are co in exchar n to the co nedule G),	s well as to ization host: all parts of Organizatio ms attende identification, and til irred to be m ompletely v inge for the ontributions attendees	raise s a Vision the Unit n provide es of new nere is no oluntary oayment, s that are often bec	ed es v o rder and , and e come

DLN: 93493135013430 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number MAP International Inc 36-2586390 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

The Organization monitors the activities and the use of grants through periodic reviews of quarterly financial reports from the recipient organization on the use of the grant. Grant recipients who receive over \$50,000 in assistance also require periodic site visits to review program activity and financial controls. Grant recipients who

Schedule I (Form 990) 2018

receive over \$100,000 in assistance, in addition to the above, are also required to provide independent audited financial statements to the Organization

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

Part IV

Part I, Line 2

Explanation

Additional Data

Software ID: **Software Version:**

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

EIN: 36-2586390

Name: MAP International Inc

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

ance

Tree of Life Healthcare 1968 North Ave Clarkston, GA 31901	30-0791060	501(c)(3)	39,282	FMV	Medicines and Medical Supplies	US Clinics Medicines Program
Ethne Health 4122 E Ponce De Leon Ave Ste 5 Clarkston, GA 30021	82-3920554	501(c)(3)	7,529	FMV	Medicines and Medical Supplies	US Clinics Medicines Program

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance The Good Samaritan Health 58-2373395 501(c)(3) 11.970 FMV Medicines and Medical Supplies US Clinics Medicines Center Program 1015 Donald Lee Hollowell Pkwv

Program

Atlanta, GA 30318

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

Gainesville, GA 30501

Medicines and Medical Supplies | US Clinics Medicines Good News 58-2058853 501(c)(3) 16,297 FMV 810 Pine St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance International Relief Teams 33-0141275 15.388 FMV Medicines and Medical Supplies | Hurricane Relief

501(c)(3) 4560 Alvarado Canyon Rd San Diego, CA 92120

Catholic Charities 68-0599307 501(c)(3) 78,321 FMV Medicines and Medical Supplies | Border Relief 700 N Virgen de San Juan Blyd

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

San Juan, TX 78599

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance Convoy of Hope 68-0051386 501(c)(3) 53.063 FMV Medicines and Medical Supplies | Hurricane Relief 330 S Patterson Ave Medicines and Medical Supplies | Hurricane Relief

Springfield, MO 65802 Georiga Emergency 58-6000885 7.825 FMV Management Agency

935 United Ave SE Atlanta, GA 30316

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 59-6000702 7.938 FMV Medicines and Medical Supplies | Hurricane Relief Lee County Emergency Management

2675 Ortiz Ave Fort Myers, FL 33905

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

Virginia Beach, VA 23463

Medicines and Medical Supplies | Hurricane Relief Operation Blessing 54-1382657 501(c)(3) 15.423 FMV 977 Centerville Turnpike

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 35-2506005 14.815 FMV Medicines and Medical Supplies | Hurricane Relief Panama Internal Medicine 11111 Panama City Beach

Pkwy
Panama City Beach, FL 32407

Florida Department of Health
In Gulf County - Port St Joe
Clinic
2475 Garrison Ave

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

Port St Joe, FL 32456

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 06-0726487 501(c)(3) 7.283 FMV Medicines and Medical Supplies | Hurricane Relief Save the Children 501 Kings Highway East Ste

400 Fairfield, CT 06825 Medicines and Medical Supplies | Hurricane Relief 90-0386790 501(c)(3) 12.838 FMV

Toolbank USA 3800 Camp Creek Pkwy

Atlanta, GA 30331

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance University of Nebraska Medical 47-0049123 45.884 FMV Medicines and Medical Supplies | Hurricane Relief

Center S 42nd Emile St Omaha, NE 68198 Medicines and Medical Supplies | Hurricane Relief 87-0365322 5.589 FMV US Department of Labor -

Brunswick Job Corps Center 4401 Glynco Pkwy Brunswick, GA 31525

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed Data	-	DLN: 934	9313	5013	430
Sch	edule J	Compensation	on Information	ОМ	В No	1545-0	0047
(Form 990)		For certain Officers, Directors, Tr	ustees, Key Employees, and Hig	hest			
		Compensat ▶ Complete if the organization answe	ed Employees ered "Yes" on Form 990. Part IV.	. line 23.	2(1	18	₹
	a		to Form 990.			o Pul	
•	tment of the Treasury al Revenue Service	Go to <u>www.irs.gov/Form990</u> for I	nstructions and the latest inform	nation.		ectio	
	ne of the organiza	tion		Employer identificati	on nu	ımber	
MAF	international Inc			36-2586390			
Pa	rt I Questio	ons Regarding Compensation					
				[Yes	No
1a		piate box(es) if the organization provided any of tection A, line 1a Complete Part III to provide any					
			Housing allowance or residence for				
	_	· —	Payments for business use of persoi				
			Health or social club dues or initiation				
	□ Discretion	ary spending account	Personal services (e g , maid, chauf	reur, cher)			
b		es in line 1a are checked, did the organization fol Il of the expenses described above? If "No," comp		nent or reimbursement	1 b	Yes	
2	Did the organiza	tion require substantiation prior to reimbursing or es, officers, including the CEO/Executive Director,	r allowing expenses incurred by all	. 1 - 2	2	Yes	
	directors, truste	es, officers, including the CEO/Executive Director,	regarding the items checked in line	e la'			
3		f any, of the following the filing organization used		ne			
	_	EO/Executive Director Check all that apply Do no d organization to establish compensation of the C	•	n Part III			
	✓ Compensa	tion committee	Written ampleyment contract				
			Written employment contract Compensation survey or study				
		· —	Approval by the board or compensa	tion committee			
4		did any person listed on Form 990, Part VII, Sect					
	related organiza	tion					
а	Receive a sever	ance payment or change-of-control payment?			4a		No
b	Participate in, o	receive payment from, a supplemental nonqualif	ied retirement plan?		4b		No
С		receive payment from, an equity-based compens	_		4c		No
	ir res to any c	f lines 4a-c, list the persons and provide the appli	icable amounts for each item in Part	1111			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations n	nust complete lines 5-9.				
5		d on Form 990, Part VII, Section A, line 1a, did thontingent on the revenues of	ne organization pay or accrue any				
а	The organization	?			5a		No
b	Any related orga				5b		No
	•	5a or 5b, describe in Part III					
6		d on Form 990, Part VII, Section A, line 1a, did th intingent on the net earnings of	ne organization pay or accrue any				
а	The organization	?			6a		No
b	Any related orga				6 b		No
_	•	6a or 6b, describe in Part III					
7		d on Form 990, Part VII, Section A, line 1a, did the escribed in lines 5 and 6? If "Yes," describe in Part		d 	7		No
8		nts reported on Form 990, Part VII, paid or accure itial contract exception described in Regulations s		escribe			Ne
9	If "Yes" on line 8 53 4958-6(c)?	3, did the organization also follow the rebuttable p	presumption procedure described in	Regulations section			No_
For I		ction Act Notice, see the Instructions for For	-m 990 Cat No 5	50053T Schedule 1		990)	2018

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

Note. The sum of colu			n of W-2 and/or 1099-MISC	Compensation ,	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 Steven G Stirling President & CEO	(i)	226,751	. 0	0	5,400	15,620	247,771	0
FIESIGEIL & CLO	(ii)		0	0	0	0	0	0
				<u> </u>		 		-
			-	<u> </u>		<u> </u>		
<u> </u>			-	<u> </u>		<u>'</u>		-
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Page 3				
Part III Supplemental Information				
rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information				
Return Reference	Explanation			

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN: 9	349313	5013	430
SCH	EDULE M			loncash Contri	hutions		MB No 1		
(For	m 990)		l'	ionicasii Contin	butions		20	10	
		▶Complete if the	organizati	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	20	18	
		► Attach to Form	990.						
	ment of the Treasury	▶Go to <u>www.irs.g</u>	iov/Form9	90 for the latest informat	ion.		Open to		
	of the organizat	ion				Employer identifi			
MAP I	nternational Inc					36-2586390			
Pa	rt I Types	of Property				30-2300390			
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(a)	(b)	(c)		(d)		
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line	Method o noncash cont	f determi		ts
1	Art—Works of art	+			1g				
	Art—Historical tr								
	Art—Fractional in								
	Books and public								
	Clothing and hou								
	goods								
	Cars and other v								
7	Boats and planes								
	Intellectual prope		<u></u>						
	Securities—Public		X	21	160,735	Hı-Low Average			
	Securities—Close Securities—Partr	nership, LLC,							
12	or trust interest Securities—Misce								
13	Qualified conserve contribution—Hi	vation							
14	structures . Qualified conserv	vation							
15	contribution—Of Real estate—Res								
16	Real estate—Cor								
17	Real estate—Oth								
18	Collectibles .								
19	Food inventory								
20	Drugs and medic		X	170	581,896,627	Estimated FMV			
21	Taxidermy .								
22	Historical artifact	ts							
23	Scientific specim	ens							
	Archeological art								
	Other ▶ (
	Other ▶ (
	Other ► (•							
	Other ▶ (
29		,	_	ition during the tax year for 3, Part IV, Donee Acknowled		29			51
20-	D	al al #ba =	m ma.com: 1	contribution any property r	anamed in Dank T. John V. C.	novel 20 thens		Yes	No
30a	must hold for at	least three years fr	om the date	e of the initial contribution, a	ind which is not required to				,
b		e the arrangement i					30a		No
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the review	of any nonstandard contri	butions?	31	Yes	
32a	Does the organi	-	ird parties	or related organizations to so	•		32a		No
ь	If "Yes," describ	e in Part II							
	•	on did not report an	amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
Ear D		on Act Notice, see the	Instruction	us for Form 990	Cat. No. 512271	Schadul	e M (Form	000)	(2018)

Schedule M (Form 990) (2018)	Page 2			
Part II Supplemental I	nformation.			
Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part				
I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete				
this part for any	additional information.			
Return Reference	Explanation			
Part I, Column (b)	The organization is reporting the number of contributors in column (b)			
	Schedule M (Form 990) (2018)			

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLI	N: 93493135013430
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses Form 990 or 990-EZ or to provide any add Attach to Form 990 or 99	s to specific questions on litional information. 0-EZ.	OMB No 1545-0047 2018 Open to Public Inspection
Namel Betherofe MAP International 990 Schedul		Employer ider 36-2586390	ntification number
Return Reference	Explanatio	on .	
Form 990, Part V, Line 2a	The Organization utilizes a professional employment organization (PEr compensation to employees and the filing of payroll tax returns with the s a combined Form W-3 with the Social Security Administration that incon's employees as well as other employees of the PEO. The number of tV, Line 2a, is the number of individuals who were included on the PE orked for the Organization during the 2018 calendar year.	e IRS The PEO file cludes the Organizati of employees listed in Pa	

Return

Reference	
Form 990, Part VI, Section A, Line 1	The Executive Committee consists of the Board Chairman, Board Vice Chairs, Secretary, Trea surer, and President. The Executive Committee has three primary responsibilities to ensure effective organizational leadership, develop the board of directors, develop the Chief Executive Officer, and act on behalf of the full board for certain critical, time-sensitive
	lissues

Explanation

Return Explanation
Reference

Form 990,	The Organization's top management official and top financial official each review the Form
Part VI,	990 prior to its filing with the IRS. A copy of the final Form 990 is also provided to th
Section B,	e voting members of the Organization's governing body prior to its filing with the IRS
line 11b	

opriate actions as required by the policy

Return

Reference		
Form 990, Part VI, Section B, line 12c	The Organization's conflict of interest policy is distributed to each member of the Organi zation's governing body, its officers, and its key employees who provide a disclosure stat ement. Such disclosure statement indicates that they have received, read, understood and a greed to comply with the policy, and certifying that (1) they have no relationships or in terests that present a conflict of interest, or (2) they have one or more conflicts of int	

Explanation

erest that present a common interest, or (2) they have one of more common or interest that have been fully disclosed as required by the policy and have been properly administered in conformity with the policy. The Organization's President is tasked with obtain ing updated disclosure statements from each Board member annually. Any previously undisclosed conflicts of interest are forwarded to appropriate Organization officials to take appr

Return Explanation
Reference

Form 990,
Part VI,
Section B,
line 15

The compensation of the CEO is set by the Executive Committee of the Board of Directors who o do not have a conflict of interest with respect to the CEO. This independent Executive Committee utilizes comparability data and contemporaneously substantiates its deliberations and decisions. The CEO is responsible for setting the compensation of the Organization's other key executives. In setting such compensation, the CEO utilizes comparability data and decisions.

Return Explanation
Reference

Form 990,
Part VI,
Section C,
Inne 19

Return Reference	Explanation
Form 990, Part VIII, Line 1g & Form 990, Part IX, Line 3	Noncash contributions ("gifts in-kind"), including donated pharmaceuticals and medical sup plies, are recognized as revenue at their estimated fair value on the date the gifts are received. The Organization only records the value of noncash contributions over which it exercises variance power. In general, the Organization's management estimates the fair value of donated pharmaceuticals using "wholesale acquisition cost," listed in reference materials including the IBM Micromedex RED BOOK, a widely-used drug and pricing reference guide for the pharmaceutical industry in the United States. The Organization's Management may apply discounts to the prices in the RED BOOK depending on the gift's condition or other factors. For gifts in-kind of pharmaceuticals and medical supplies that are sold in the Unite distates market, the Organization has determined that the U.S. is the principal or most advantageous market for purposes of estimating fair value. If prices for a particular item a re not available in the RED BOOK, the Organization estimates fair value using other online pricing sources. The Organization considers the valuation practices used for noncash contributions to be consistent with industry standards. The Organization's policy is to distribute donated pharmaceuticals and medical supplies, and those items are recognized as expenses when they are shipped from the Organization's warehouse or the date upon which the Organization no longer exercises practical control over those items.

D -4....

Reference	Explanation
Form 990, Part IX, Line 24a	As a part of the Organization's charitable purpose, the Organization limits receipts of me dicines and medical supplies to only those that the Organization intends to distribute to the proper recipients to both save lives and promote health. The amount included on Form 9. 90, Part IX, Line 24a consists primarily of medicines and medical supplies that were contruluted in a prior year that the Organization originally intended to distribute, but was un able to distribute to recipients prior to the Organization's internal expiration date, typically 3 months prior to the expiration date of the item.

Funlametics.