

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2017**  
Open to Public Inspection

**A** For the **2017** calendar year, or tax year beginning **OCT 1, 2017** and ending **SEP 30, 2018**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization MAP International, Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4700 Glynco Parkway City or town, state or province, country, and ZIP or foreign postal code Brunswick, GA 31525 <b>F</b> Name and address of principal officer: Steve Stirling same as C above	<b>D</b> Employer identification number 36-2586390 <b>E</b> Telephone number 912-265-6010 <b>G</b> Gross receipts \$ 576,938,138. <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <a href="http://www.map.org">www.map.org</a>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: 1965		<b>M</b> State of legal domicile: IL

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: Global Christian health organization that works to save lives and promote health. <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 21 <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 20 <b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a) ..... <b>5</b> 51 <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> 360 <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 0. <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> 0.																									
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="center">Prior Year</th> <th align="center">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td align="right">595,626,534.</td> <td align="right">572,931,606.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td align="right">2,580,290.</td> <td align="right">2,291,904.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td align="right">70,397.</td> <td align="right">92,972.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td align="right">754.</td> <td align="right">&lt;588,960.&gt;</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td align="right">598,277,975.</td> <td align="right">574,227,522.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	595,626,534.	572,931,606.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	2,580,290.	2,291,904.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	70,397.	92,972.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	754.	<588,960.>	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	598,277,975.	574,227,522.							
	Prior Year	Current Year																								
<b>8</b> Contributions and grants (Part VIII, line 1h) .....	595,626,534.	572,931,606.																								
<b>9</b> Program service revenue (Part VIII, line 2g) .....	2,580,290.	2,291,904.																								
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	70,397.	92,972.																								
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	754.	<588,960.>																								
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	598,277,975.	574,227,522.																								
<b>Expenses</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....</td> <td align="right">576,398,289.</td> <td align="right">523,780,403.</td> </tr> <tr> <td><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....</td> <td align="right">4,685,965.</td> <td align="right">4,198,683.</td> </tr> <tr> <td><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....</td> <td align="right">72,000.</td> <td align="right">0.</td> </tr> <tr> <td><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,882,060.</td> <td></td> <td></td> </tr> <tr> <td><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....</td> <td align="right">57,686,010.</td> <td align="right">34,781,109.</td> </tr> <tr> <td><b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....</td> <td align="right">638,842,264.</td> <td align="right">562,760,195.</td> </tr> <tr> <td><b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....</td> <td align="right">&lt;40,564,289.&gt;</td> <td align="right">11,967,327.</td> </tr> </tbody> </table>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	576,398,289.	523,780,403.	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	4,685,965.	4,198,683.	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	72,000.	0.	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,882,060.			<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	57,686,010.	34,781,109.	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	638,842,264.	562,760,195.	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<40,564,289.>	11,967,327.	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	576,398,289.	523,780,403.																								
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.																								
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	4,685,965.	4,198,683.																								
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	72,000.	0.																								
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,882,060.																										
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	57,686,010.	34,781,109.																								
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	638,842,264.	562,760,195.																								
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<40,564,289.>	11,967,327.																								
<b>Net Assets or Fund Balances</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="center">Beginning of Current Year</th> <th align="center">End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16) .....</td> <td align="right">188,316,456.</td> <td align="right">199,910,725.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26) .....</td> <td align="right">1,403,853.</td> <td align="right">1,012,751.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....</td> <td align="right">186,912,603.</td> <td align="right">198,897,974.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	<b>20</b> Total assets (Part X, line 16) .....	188,316,456.	199,910,725.	<b>21</b> Total liabilities (Part X, line 26) .....	1,403,853.	1,012,751.	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	186,912,603.	198,897,974.													
	Beginning of Current Year	End of Year																								
<b>20</b> Total assets (Part X, line 16) .....	188,316,456.	199,910,725.																								
<b>21</b> Total liabilities (Part X, line 26) .....	1,403,853.	1,012,751.																								
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	186,912,603.	198,897,974.																								

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer Jason A. Merryman, Asst. Treasurer & CFO Type or print name and title	Date 4/26/2019			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Ted R. Batson, Jr.	Preparer's signature 	Date 4/26/2019	Check if self-employed <input type="checkbox"/>	PTIN P00721951
	Firm's name ▶ Capin Crouse LLP Firm's address ▶ 1255 Lakes Parkway, STE 130 Lawrenceville, GA 30043	Firm's EIN ▶ 36-3990892 Phone no. 678-518-5301			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: MAP International is a Christian organization providing life-changing medicines and health supplies to people in need.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 478,867,250. including grants of \$ 445,774,413. ) (Revenue \$ 1,958,758. ) Medicines and Health Supplies - More than 13.6 million people were provided life-changing medicines and health supplies by MAP International in 2018. Working with 26 major partners, MAP provided medicines and health supplies in 104 countries. MAP supported more than 1,071 mission teams to help people in impoverished communities. Two new programs were started by MAP International in 2018 including the Pediatric Antibiotic Initiative and their Domestic Medicines Programs pilot in Georgia.

4b (Code: ) (Expenses \$ 39,073,637. including grants of \$ 38,676,347. ) (Revenue \$ 159,827. ) Disaster Relief - MAP provided more than \$39MM in medicines and health supplies to those affected by disasters in 2018. 30,254 Disaster Health Kits were provided in 2018 including over 18,000 for Hurricane Florence. MAP also provided critical disaster relief for people fleeing violence in Syria, those affected by volcanoes in Guatemala and civil unrest in Nicaragua, and victims of flooding in Bolivia and Kenya.

4c (Code: ) (Expenses \$ 42,372,145. including grants of \$ 39,329,643. ) (Revenue \$ 173,319. ) Community Health Development - In 2018, MAP's Community Health Development Programs reached more than 3.6 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 of health and communities to prevent and treat NTDs, especially those that impact children. 2) Maternal and 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.

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

4e Total program service expenses 560,313,032.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, and 720.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: Jason Merryman - 912-265-6010
4700 Glynco Parkway, Brunswick, GA 31525

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Steven G. Stirling President & CEO	55.00	X		X				211,181.	0.	29,115.
(2) Philip J. Mazzilli, Jr. Chairman (part year)	10.00	X		X				0.	0.	0.
(3) Mary Jane Lindholm Vice Chairman	5.00	X		X				0.	0.	0.
(4) Daniel D. Phelan Vice Chairman	5.00	X		X				0.	0.	0.
(5) Jonathan Glenn Director/Vice Chairman	5.00	X		X				0.	0.	0.
(6) James D. Barfoot Treasurer/Chairman	10.00	X		X				0.	0.	0.
(7) Susan Roeder Director/Treasurer	5.00	X		X				0.	0.	0.
(8) Kenneth Gustavsen Secretary	5.00	X		X				0.	0.	0.
(9) Linda Freeman Director/Secretary	2.00	X		X				0.	0.	0.
(10) Laurence Phelan Director	2.00	X						0.	0.	0.
(11) Dr. James Sirleaf Director	2.00	X						0.	0.	0.
(12) Allen Craig Director	2.00	X						0.	0.	0.
(13) Peter Limeri Director	2.00	X						0.	0.	0.
(14) Robert Rowan Director	2.00	X						0.	0.	0.
(15) Mark Bell Director	2.00	X						0.	0.	0.
(16) Marc Hungerford Director	2.00	X						0.	0.	0.
(17) Cynthia L. Blandford Director	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Phillip H. Street Director	2.00	X						0.	0.	0.
(19) Richard Reynolds Director	2.00	X						0.	0.	0.
(20) John Reid Director	2.00	X						0.	0.	0.
(21) Alan Ichikawa Director	2.00	X						0.	0.	0.
(22) Abi Oyeboode Director	2.00	X						0.	0.	0.
(23) Jason A Merryman Asst. Treas. & CFO	55.00			X				62,103.	0.	27,039.
(24) Jason Elliott (part year) Asst. Secretary	40.00			X				47,281.	0.	28,359.
(25) Rebekah Mobley Asst. Secretary	40.00			X				0.	0.	0.
(26) Jodi A. Ryan VP Global Giving	55.00					X		109,304.	0.	7,970.
<b>1b Sub-total</b>								429,869.	0.	92,483.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								429,869.	0.	92,483.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Sea to Sea Printing & Publishing PO Box 2117, Darien, GA 31305	Printing & Mailing Appeals	232,490.
Westfall Group, 75 Fourteenth Street, Suite 3050, Atlanta, GA 30309	Event Consulting	152,137.
Return Logistics International 550 Young Lane Road, Brunswick, GA 31525	Disposal Service	126,592.
VanDerbeck, Inc., 3410 Cypress Mill Road, Suite 243, Brunswick, GA 31520	IT Director/Help Functions	101,000.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	570,341.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	572,361,265.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		563,500,507.				
	<b>h Total.</b> Add lines 1a-1f			572,931,606.			
<b>Program Service Revenue</b>	<b>2 a</b> Handling & Service Fee	<b>Business Code</b> 900099		2,291,904.	2,291,904.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			2,291,904.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			117,433.			117,433.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss)			<24,461.>		
	<b>8 a</b> Gross income from fundraising events (not including \$ 570,341. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		38,700.			
		<b>b</b> Less: direct expenses	<b>b</b>	740,559.			
		<b>c</b> Net income or (loss) from fundraising events			<701,859.>		
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b>	<b>a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue		900099	112,899.			112,899.
	<b>e Total.</b> Add lines 11a-11d			112,899.			
<b>12 Total revenue.</b> See instructions.			574,727,522.	2,291,904.	0.	<495,988.>	

**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,745,555.	9,745,555.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	505,933.	505,933.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	513,528,915.	513,528,915.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	500,197.	353,855.	24,128.	122,214.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,618,482.	1,840,616.	127,962.	649,904.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	87,551.	64,369.	3,882.	19,300.
<b>9</b> Other employee benefits	779,490.	573,100.	34,558.	171,832.
<b>10</b> Payroll taxes	212,963.	156,575.	9,442.	46,946.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	282,183.	104,600.	18,225.	159,358.
<b>c</b> Accounting	96,951.	35,938.	6,262.	54,751.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	25,340.		25,340.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	538,500.	459,145.	70,405.	8,950.
<b>12</b> Advertising and promotion	255,949.	58,644.	4,716.	192,589.
<b>13</b> Office expenses	541,803.	413,554.	19,623.	108,626.
<b>14</b> Information technology	222,837.	89,596.	14,513.	118,728.
<b>15</b> Royalties				
<b>16</b> Occupancy	272,749.	219,218.	25,292.	28,239.
<b>17</b> Travel	532,512.	425,311.	31,406.	75,795.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	32,588.	25,541.	2,377.	4,670.
<b>20</b> Interest	36,270.		36,270.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	604,467.	421,748.	87,634.	95,085.
<b>23</b> Insurance	84,083.	66,140.	11,962.	5,981.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Disposals/Return to Com	30,079,009.	30,079,009.		
<b>b</b> Supplies	710,264.	710,264.		
<b>c</b> Freight	336,158.	335,035.	126.	997.
<b>d</b> _____				
<b>e</b> All other expenses	129,446.	100,371.	10,980.	18,095.
<b>25</b> Total functional expenses. Add lines 1 through 24e	562,760,195.	560,313,032.	565,103.	1,882,060.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,183,153.	<b>1</b>	1,121,035.
	<b>2</b> Savings and temporary cash investments .....	447.	<b>2</b>	1,054,279.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	319,219.	<b>4</b>	486,973.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	177,794,861.	<b>8</b>	188,528,400.
	<b>9</b> Prepaid expenses and deferred charges .....	386,883.	<b>9</b>	348,045.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 9,186,445.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,988,472.	5,757,585.	<b>10c</b> 5,197,973.
	<b>11</b> Investments - publicly traded securities .....	1,874,308.	<b>11</b>	3,174,020.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	188,316,456.	<b>16</b>	199,910,725.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,103,910.	<b>17</b>	789,188.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	299,943.	<b>25</b>	223,563.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,403,853.	<b>26</b>	1,012,751.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	87,905,779.	<b>27</b>	90,082,124.
	<b>28</b> Temporarily restricted net assets .....	95,231,654.	<b>28</b>	105,040,680.
	<b>29</b> Permanently restricted net assets .....	3,775,170.	<b>29</b>	3,775,170.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	186,912,603.	<b>33</b>	198,897,974.
<b>34</b> Total liabilities and net assets/fund balances .....	188,316,456.	<b>34</b>	199,910,725.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	574,727,522.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	562,760,195.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	11,967,327.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	186,912,603.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<10,972.>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	29,016.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	198,897,974.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- 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 \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

<b>Name of the organization</b> MAP International, Inc.	<b>Employer identification number</b> 36-2586390
--	---

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	317,650,284.	544,923,911.	603,800,491.	595,626,534.	572,931,606.	2634932826.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	317,650,284.	544,923,911.	603,800,491.	595,626,534.	572,931,606.	2634932826.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1443151012.
<b>6 Public support.</b> Subtract line 5 from line 4.						1191781814.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	317,650,284.	544,923,911.	603,800,491.	595,626,534.	572,931,606.	2634932826.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	14,710.	49,704.	59,015.	83,040.	117,433.	323,902.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	18,839.	38,045.	265,564.	124,470.	151,599.	598,517.
<b>11 Total support.</b> Add lines 7 through 10						2635855245.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	11,775,145.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	45.21 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	47.81 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> 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.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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.			
<b>b</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.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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? Provide details in Part VI.			
<b>b</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.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

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

Schedule A, Part II, Line 10, Explanation for Other Income:

Other Income

2013 Amount: \$ 18,839.

2014 Amount: \$ 38,045.

2015 Amount: \$ 265,564.

2016 Amount: \$ 90,570.

2017 Amount: \$ 112,899.

Fundraising Event Fees

2013 Amount: \$ 0.

2014 Amount: \$ 0.

2015 Amount: \$ 0.

2016 Amount: \$ 33,900.

2017 Amount: \$ 38,700.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

MAP International, Inc.

Employer identification number

36-2586390

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

<b>Name of organization</b>  MAP International, Inc.	<b>Employer identification number</b>  36-2586390
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 86,997,415.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 86,543,863.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 72,625,191.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 63,119,338.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 62,729,461.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 42,087,555.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  MAP International, Inc.	<b>Employer identification number</b>  36-2586390
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 36,674,773.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 15,292,232.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 13,286,272.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  MAP International, Inc.	Employer identification number  36-2586390
---	--

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Medicines & Medical Supplies _____ _____ _____	\$ 86,997,415.	09/30/18
2	Medicines & Medical Supplies _____ _____ _____	\$ 86,543,863.	09/30/18
3	Medicines & Medical Supplies _____ _____ _____	\$ 72,625,191.	09/30/18
4	Medicines & Medical Supplies _____ _____ _____	\$ 63,119,338.	09/30/18
5	Medicines & Medical Supplies _____ _____ _____	\$ 62,729,461.	09/30/18
6	Medicines & Medical Supplies _____ _____ _____	\$ 42,087,555.	09/30/18



Name of organization  MAP International, Inc.	Employer identification number  36-2586390
---	--

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	Medicines & Medical Supplies _____ _____ _____	\$ 36,674,773.	09/30/18
8	Medicines & Medical Supplies _____ _____ _____	\$ 15,292,232.	09/30/18
9	Medicines & Medical Supplies _____ _____ _____	\$ 13,286,272.	09/30/18
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  MAP International, Inc.	Employer identification number  36-2586390
---	--

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

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

**Name of the organization** MAP International, Inc. **Employer identification number** 36-2586390

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

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

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

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

Yes  No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,775,170.	3,775,170.	3,775,170.	3,775,170.	3,775,170.
b Contributions					
c Net investment earnings, gains, and losses	61,144.	56,885.	82,269.	12,611.	15,089.
d Grants or scholarships					
e Other expenditures for facilities and programs	61,144.	56,885.	82,269.	12,611.	15,089.
f Administrative expenses					
g End of year balance	3,775,170.	3,775,170.	3,775,170.	3,775,170.	3,775,170.

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

- a Board designated or quasi-endowment  .00 %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  .00 %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		702,036.		702,036.
b Buildings		5,345,242.	1,610,346.	3,734,896.
c Leasehold improvements				
d Equipment		3,120,975.	2,378,126.	742,849.
e Other		18,192.		18,192.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,197,973.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Annuity Reserve Payable	223,563.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	223,563.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	575,470,382.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<10,972.>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	740,559.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	729,587.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	574,740,795.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	15,743.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	<29,016.>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	<13,273.>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	574,727,522.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	563,485,011.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	740,559.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	740,559.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	562,744,452.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	15,743.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	15,743.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	562,760,195.

**Part XIII Supplemental Information.**

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

Part V, line 4:

MAP's Endowment Fund is used to support our global program activities.

Part XI, Line 2d - Other Adjustments:

Fundraising Expenses 740,559.

Part XI, Line 4b - Other Adjustments:

Change in Value of Annuities -29,016.

Part XII, Line 2d - Other Adjustments:

Fundraising Expenses 740,559.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization  MAP International, Inc.	Employer identification number  36-2586390
---	--

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
South America	1	19	Program Services	Health Promo & Development	1,172,254.
South America	0	0	Grants to recipients located in region		5,683,763.
Sub-Saharan Africa	3	22	Program Services	Health Promo & Development	4,579,275.
Sub-Saharan Africa	0	0	Grants to recipients located in region		72,965,211.
East Asia and the Pacific	0	0	Grants to recipients located in region		13,330,128.
Central America and Caribbean	0	0	Grants to recipients located in region		379,889,723.
Europe	0	0	Grants to recipients located in region		5,772,557.
Middle East and North Africa	0	0	Grants to recipients located in region		29,396,228.
<b>3 a</b> Sub-total .....	4	41			512,789,139.
<b>b</b> Total from continuation sheets to Part I .....	0	0			6,491,305.
<b>c Totals</b> (add lines 3a and 3b) .....	4	41			519,280,444.

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

Schedule F (Form 990) 2017



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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America	0	0	Grants to recipients located in region		604,690.
Russia and Neighboring States	0	0	Grants to recipients located in region		86,450.
South Asia	0	0	Grants to recipients located in region		5,800,165.
<b>Totals</b> .....					6,491,305.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		227,040,451.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		30,821,545.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		29,477,388.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		22,575,157.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		18,790,739.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		15,111,867.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		9,874,482.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		5,790,905.	Medicines/Medical Supplies	Fair Market Value

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 188

3 Enter total number of other organizations or entities ..... 307

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		4,958,373.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		3,758,216.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		903,541.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		575,829.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		400,559.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		295,405.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		273,722.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		153,131.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		147,516.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		132,670.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		131,752.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		121,456.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		110,255.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		109,053.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		107,357.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		105,703.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		100,774.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		94,630.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		90,420.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		85,486.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		82,763.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		82,760.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		81,835.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		81,366.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		78,168.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		75,935.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		71,832.	Medicines/Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		71,550.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		68,503.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		67,840.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		62,578.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		62,502.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		61,830.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		61,630.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		59,766.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		59,278.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		56,833.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		56,490.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		55,805.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		55,533.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		53,944.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		53,430.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		53,259.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		51,591.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		51,391.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		51,157.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		50,792.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		50,762.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		49,066.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		46,039.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		46,006.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		44,515.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		44,103.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		42,785.	Medicines/Medical Supplies	Fair Market Value



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		42,407.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		42,041.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		41,534.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		39,010.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		38,665.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		37,947.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		37,921.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		37,603.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		36,109.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		35,865.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		35,865.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		35,255.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		34,983.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		34,475.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		32,903.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		32,543.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		32,490.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		32,137.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		32,042.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		31,655.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		31,471.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		30,419.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		29,996.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		28,491.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		28,478.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		27,554.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		27,249.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		27,074.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		26,995.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		26,972.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		26,972.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		26,972.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		26,251.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		26,230.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		25,883.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		25,866.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		25,758.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		25,330.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		25,330.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		25,288.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		25,224.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		24,713.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		23,428.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		23,236.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		23,224.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		23,189.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		22,909.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		22,801.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		22,620.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		22,337.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		22,116.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		20,563.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		19,955.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		19,837.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		19,800.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		19,566.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		19,160.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		19,095.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		18,913.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		18,880.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		18,760.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		18,491.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		18,273.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		18,214.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		18,145.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		17,738.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		17,290.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		17,063.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		16,995.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		16,854.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		16,844.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		16,816.	Medicines/Medical Supplies	Fair Market Value



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		16,654.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		16,346.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		15,854.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		15,601.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		15,546.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		15,388.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		15,324.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		15,001.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		15,001.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		14,914.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		14,754.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		14,481.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		14,272.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		14,160.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		14,141.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		13,884.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		13,876.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		13,642.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		13,638.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		13,609.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		13,576.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		13,490.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		13,438.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		13,098.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		12,532.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		12,307.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		11,750.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		11,641.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		11,501.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		10,905.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		10,634.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		10,583.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		10,270.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		10,147.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		10,101.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		9,978.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		9,706.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		9,683.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		9,473.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		9,416.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		9,187.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		9,074.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		9,057.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		8,922.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		8,871.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		8,869.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		8,543.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		8,452.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		8,450.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		8,271.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		8,253.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		8,189.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		8,183.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		8,038.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		8,035.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		7,950.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		7,909.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		7,888.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		7,871.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		7,869.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		7,803.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		7,798.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		7,714.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		7,579.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		7,322.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		6,684.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		6,468.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		6,430.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		6,429.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		6,135.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		6,087.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		6,044.	Medicines/Medical Supplies	Fair Market Value



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		6,013.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		6,003.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		5,984.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		5,957.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		5,935.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		5,824.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		5,793.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		5,738.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		5,716.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and Caribbean	Community Development	0.		5,578.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		5,564.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		5,349.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		5,209.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		5,191.	Medicines/Medical Supplies	Fair Market Value
		Central America and Caribbean	Community Development	0.		5,191.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		1,371,831.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		911,711.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		166,607.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		South America	Community Development	0.		136,023.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		133,990.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		73,244.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		68,743.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		57,764.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		55,727.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		47,379.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		43,130.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		40,657.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		South America	Community Development	0.		37,261.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		28,042.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		27,560.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		26,972.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		25,330.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		24,742.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		23,750.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		23,198.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		19,169.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		South America	Community Development	0.		18,897.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		17,129.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		15,094.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		11,493.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		11,284.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		10,910.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		10,672.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		10,520.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		9,423.	Medicines/Medical Supplies	Fair Market Value

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		South America	Community Development	0.		9,242.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		9,037.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		8,958.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		8,958.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		8,819.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		8,795.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		8,698.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		8,133.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		8,076.	Medicines/Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Community Development	0.		7,882.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		7,477.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		7,470.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		7,292.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		7,273.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		7,070.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		6,953.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		6,748.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		6,177.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		South America	Community Development	0.		6,055.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		5,605.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		5,060.	Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	181,773.	Check	0.		
		South America	Community Development	23,690.	Check	0.		
		Sub-Saharan Africa	Community Development	0.		23,608,714.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		12,467,554.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		12,399,050.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		5,700,519.	Medicines/Medical Supplies	Fair Market Value



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Community Development	0.		3,537,725.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		3,509,701.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		3,081,279.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		999,235.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		295,492.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		263,785.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		248,898.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		201,025.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		154,111.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Community Development	0.		148,595.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		135,484.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		112,072.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		108,838.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		101,506.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		99,174.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		94,238.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		86,781.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		86,690.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Community Development	0.		84,717.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		76,494.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		73,979.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		73,730.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		64,084.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		62,219.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		61,895.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		59,930.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		58,336.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Community Development	0.		57,168.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		54,500.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		50,753.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		49,962.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		49,795.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		48,699.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		48,336.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		47,570.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		46,129.	Medicines/Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Community Development	0.		45,413.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		44,282.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		41,981.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		40,695.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		37,756.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		36,899.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		35,638.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		35,018.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		32,526.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Community Development	0.		27,240.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		26,607.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		26,595.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		25,896.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		25,330.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		23,646.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		23,320.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		22,620.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		22,233.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Community Development	0.		19,947.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		19,436.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		18,221.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		18,152.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		17,674.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		17,448.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		16,905.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		16,654.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		16,654.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Community Development	0.		16,615.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		16,459.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		15,758.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		15,225.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		15,001.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		15,001.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		14,777.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		14,375.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		14,265.	Medicines/Medical Supplies	Fair Market Value



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Community Development	0.		13,927.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		12,965.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		12,638.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		12,322.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		12,133.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		12,086.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		12,076.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		11,903.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		11,576.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Community Development	0.		11,384.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		11,251.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		11,027.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		10,942.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		10,818.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		10,301.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		10,008.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		9,925.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		9,880.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Community Development	0.		9,805.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		9,381.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		9,111.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		8,976.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		8,869.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		8,392.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		8,370.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		8,328.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		8,280.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Community Development	0.		8,142.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		8,135.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		8,066.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		8,065.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		8,000.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		7,906.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		6,542.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		6,304.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		6,213.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Community Development	0.		5,923.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	0.		5,170.	Medicines/Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Community Development	120,906.	Check	0.		
		Sub-Saharan Africa	Community Development	82,789.	Check	0.		
		Sub-Saharan Africa	Community Development	60,026.	Check	0.		
		Sub-Saharan Africa	Community Development	15,879.	Check	0.		
		East Asia and the Pacific	Community Development	0.		8,057,170.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		2,218,024.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		552,423.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Community Development	0.		279,893.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		255,361.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		235,714.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		99,165.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		77,105.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		58,075.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		57,813.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		54,445.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		50,753.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Community Development	0.		44,197.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		39,494.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		37,764.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		34,099.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		28,649.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		24,129.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		22,697.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		21,760.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		21,315.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Community Development	0.		20,195.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		19,818.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		19,579.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		18,535.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		18,496.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		17,903.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		17,139.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		15,388.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		15,001.	Medicines/Medical Supplies	Fair Market Value



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Community Development	0.		14,141.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		13,905.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		13,789.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		12,414.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		11,565.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		11,086.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		10,676.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		10,480.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		10,429.	Medicines/Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Community Development	0.		10,232.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		10,119.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		10,083.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		9,873.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		9,280.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		9,141.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		7,528.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		7,250.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		7,090.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Community Development	0.		7,024.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		7,000.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.		5,364.	Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	12,042.	Check	0.		
		Europe	Community Development	0.		5,584,231.	Medicines/Medical Supplies	Fair Market Value
		Europe	Community Development	0.		25,976.	Medicines/Medical Supplies	Fair Market Value
		Europe	Community Development	0.		20,120.	Medicines/Medical Supplies	Fair Market Value
		Europe	Community Development	0.		10,514.	Medicines/Medical Supplies	Fair Market Value
		Middle East and North Africa	Community Development	0.		27,687,459.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	Community Development	0.		667,272.	Medicines/Medical Supplies	Fair Market Value
		Middle East and North Africa	Community Development	0.		402,135.	Medicines/Medical Supplies	Fair Market Value
		Middle East and North Africa	Community Development	0.		291,001.	Medicines/Medical Supplies	Fair Market Value
		Middle East and North Africa	Community Development	0.		74,864.	Medicines/Medical Supplies	Fair Market Value
		Middle East and North Africa	Community Development	0.		24,161.	Medicines/Medical Supplies	Fair Market Value
		Middle East and North Africa	Community Development	0.		12,922.	Medicines/Medical Supplies	Fair Market Value
		Middle East and North Africa	Community Development	0.		7,638.	Medicines/Medical Supplies	Fair Market Value
		Middle East and North Africa	Community Development	0.		5,079.	Medicines/Medical Supplies	Fair Market Value
		North America	Community Development	0.		80,345.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		North America	Community Development	0.		62,991.	Medicines/Medical Supplies	Fair Market Value
		North America	Community Development	0.		42,345.	Medicines/Medical Supplies	Fair Market Value
		North America	Community Development	0.		42,214.	Medicines/Medical Supplies	Fair Market Value
		North America	Community Development	0.		40,137.	Medicines/Medical Supplies	Fair Market Value
		North America	Community Development	0.		37,661.	Medicines/Medical Supplies	Fair Market Value
		North America	Community Development	0.		30,540.	Medicines/Medical Supplies	Fair Market Value
		North America	Community Development	0.		30,209.	Medicines/Medical Supplies	Fair Market Value
		North America	Community Development	0.		26,332.	Medicines/Medical Supplies	Fair Market Value
		North America	Community Development	0.		18,958.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		North America	Community Development	0.		16,032.	Medicines/Medical Supplies	Fair Market Value
		North America	Community Development	0.		13,326.	Medicines/Medical Supplies	Fair Market Value
		North America	Community Development	0.		11,556.	Medicines/Medical Supplies	Fair Market Value
		North America	Community Development	0.		11,301.	Medicines/Medical Supplies	Fair Market Value
		North America	Community Development	0.		10,550.	Medicines/Medical Supplies	Fair Market Value
		North America	Community Development	0.		10,349.	Medicines/Medical Supplies	Fair Market Value
		North America	Community Development	0.		10,299.	Medicines/Medical Supplies	Fair Market Value
		North America	Community Development	0.		10,147.	Medicines/Medical Supplies	Fair Market Value
		Russia and Neighboring States	Community Development	0.		67,863.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		South Asia	Community Development	0.		5,247,327.	Medicines/Medical Supplies	Fair Market Value
		South Asia	Community Development	0.		32,884.	Medicines/Medical Supplies	Fair Market Value
		South Asia	Community Development	0.		27,585.	Medicines/Medical Supplies	Fair Market Value
		South Asia	Community Development	0.		26,632.	Medicines/Medical Supplies	Fair Market Value
		South Asia	Community Development	0.		25,582.	Medicines/Medical Supplies	Fair Market Value
		South Asia	Community Development	0.		25,330.	Medicines/Medical Supplies	Fair Market Value
		South Asia	Community Development	0.		22,453.	Medicines/Medical Supplies	Fair Market Value
		South Asia	Community Development	0.		18,039.	Medicines/Medical Supplies	Fair Market Value
		South Asia	Community Development	0.		15,175.	Medicines/Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		South Asia	Community Development	0.		14,836.	Medicines/Medical Supplies	Fair Market Value
		South Asia	Community Development	0.		14,660.	Medicines/Medical Supplies	Fair Market Value
		South Asia	Community Development	0.		11,336.	Medicines/Medical Supplies	Fair Market Value
		South Asia	Community Development	0.		10,980.	Medicines/Medical Supplies	Fair Market Value
		South Asia	Community Development	0.		10,630.	Medicines/Medical Supplies	Fair Market Value
		South Asia	Community Development	0.		10,534.	Medicines/Medical Supplies	Fair Market Value
		South Asia	Community Development	0.		8,968.	Medicines/Medical Supplies	Fair Market Value
		South Asia	Community Development	0.		7,771.	Medicines/Medical Supplies	Fair Market Value
		South Asia	Community Development	0.		7,658.	Medicines/Medical Supplies	Fair Market Value



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	Community Development	0.		6,557.	Medicines/Medical Supplies	Fair Market Value

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	Central America and Caribbean	90	0.		2,607,704.	Medicines/Medical Supplies	Fair Market Value
	East Asia and the Pacific	27	0.		629,924.	Medicines/Medical Supplies	Fair Market Value
	Europe	3	0.		77,321.	Medicines/Medical Supplies	Fair Market Value
	Middle East and North Africa	3	0.		125,779.	Medicines/Medical Supplies	Fair Market Value
	North America	4	0.		75,434.	Medicines/Medical Supplies	Fair Market Value
	Russia and Neighboring States	2	0.		17,793.	Medicines/Medical Supplies	Fair Market Value
	South America	21	0.		273,237.	Medicines/Medical Supplies	Fair Market Value
	South Asia	10	0.		239,763.	Medicines/Medical Supplies	Fair Market Value
	Sub Saharan Africa	88	0.		2,082,002.	Medicines/Medical Supplies	Fair Market Value

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

Part I, Line 2:

Periodic review of financial reports from the recipient organization on the use of the grant. Grants over \$50,000 require site visits to review program activity and financial controls. Grants over \$100,000 require in addition to above site audits by a local external auditor. Submission of due diligence review sheets quarterly to International office in USA.

Part I, line 3:

The organization tracked expenditures in accordance with accrual basis of accounting.

Schedule F, Part II, Line 2

Please note grants listed do not match total grants on Form 990, Page 10, Line 3 as grants less than \$5,000 are not reported on Schedule F.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization **MAP International, Inc.** Employer identification number **36-2586390**

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations e  Solicitation of non-government grants  
b  Internet and email solicitations f  Solicitation of government grants  
c  Phone solicitations g  Special fundraising events  
d  In-person solicitations
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No  
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

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

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

		(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through col. (c))
		Bill Foege Dinner (event type)	Westfall Event (event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	292,591.	316,450.		609,041.
	<b>2</b> Less: Contributions .....	253,891.	316,450.		570,341.
	<b>3</b> Gross income (line 1 minus line 2) .....	38,700.			38,700.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....		103,506.		103,506.
	<b>7</b> Food and beverages .....	67,265.	99,902.		167,167.
	<b>8</b> Entertainment .....		48,863.		48,863.
	<b>9</b> Other direct expenses .....	144,357.	276,666.		421,023.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				740,559.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				<701,859.>	

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

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

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

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV**

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

---

---

---

---

---

---

---

---

---

---

---

**Part IV** Supplemental Information *(continued)*

A series of horizontal lines for providing supplemental information.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization **MAP International, Inc.** Employer identification number **36-2586390**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
Food For The Poor, Inc. 6401 Lyons Road Coconut Creek, FL 33073	59-2174510	501(c)(3)	0.	4,372,188.	Fair Market Value	Medicines and Medical Supplie	Hurricane Relief
World Hope 1330 Braddock Pl, Ste 301 Alexandria, VA 22314	36-1985485	501(c)(3)	0.	3,697,426.	Fair Market Value	Medicines and Medical Supplie	Hurricane Relief
Project Hope 255 Carter Hall Lane Millwood, VA 22646	53-0242962	501(c)(3)	0.	469,160.	Fair Market Value	Medicines and Medical Supplie	Hurricane Relief
Good360 675 North Washington St Alexandria, VA 22314	54-1282616	501(c)(3)	0.	460,390.	Fair Market Value	Medicines and Medical Supplie	Hurricane Relief
Convoy of Hope 330 S Patterson Ave, Ste 100 Springfield, MO 65802	68-0051386	501(c)(3)	0.	250,752.	Fair Market Value	Medicines and Medical Supplie	Hurricane Relief
World Outreach Foundation P.O. Box 450049 Atlanta, GA 31145	58-1502547	501(c)(3)	0.	122,847.	Fair Market Value	Medicines and Medical Supplie	Hurricane Relief

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **15.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2017)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIG Global Foundation 11 Eliot Court Teaneck, NJ 07666	45-3216628	501(c)(3)	0.	119,253.	Fair Market Value	Medicines and Medical Supplie	Hurricane Relief
International Relief Teams 4560 Alvarado Canyon Road San Diego, CA 92120	33-0412751	501(c)(3)	0.	94,798.	Fair Market Value	Medicines and Medical Supplie	Hurricane Relief
Global Rescue, Relief and Resilience, Inc. (GR3) - 600 Citrus Ave, Suite 200 - Fort Pierce, FL 34950	59-3715468	501(c)(3)	0.	89,870.	Fair Market Value	Medicines and Medical Supplie	Hurricane Relief
The Mercy Ministries 714-1 NW Broad St Lyons, GA 30436	27-1107136	501(c)(3)	0.	24,551.	Fair Market Value	Medicines and Medical Supplie	Hurricane Relief
Breath of The Spirit Int'l Ministries - P.O. Box 2676 - Orange, CA 92859	95-3474693	501(c)(3)	0.	11,423.	Fair Market Value	Medicines and Medical Supplie	Hurricane Relief
The Good Samaritan Health Center 1015 Donald Lee Hollowell Atlanta, GA 30318	58-2373395	501(c)(3)	0.	10,957.	Fair Market Value	Medicines and Medical Supplie	Hurricane Relief
Partnership Health Center 520 Griffin Ave Valdosta, GA 31602	58-2405825	501(c)(3)	0.	8,928.	Fair Market Value	Medicines and Medical Supplie	Hurricane Relief
Place of Hope Clinic 5405 Jonesboro Road Lake City, GA 30260	58-2656313	501(c)(3)	0.	6,716.	Fair Market Value	Medicines and Medical Supplie	Hurricane Relief
All Hands and Hearts 6 County Road, Suite 6 Mattapoisett, MA 02739	20-3414952	501(c)(3)	0.	6,296.	Fair Market Value	Medicines and Medical Supplie	Hurricane Relief

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Relief Supplies for Texas, Florida, and North Carolina	6	0.	415,955.	Fair Market Value	Medicines and Medical Supplies
Relief Supplies for Puerto Rico	2	0.	64,565.	Fair Market Value	Medicines and Medical Supplies
Relief Supplies for US Virgin Islands	2	0.	25,413.	Fair Market Value	Medicines and Medical Supplies

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

Part I, Line 2:

Periodic review of financial reports from the recipient organization on the use of the grant. Grants over \$50,000 require site visits to review program activity and financial controls. Grants over \$100,000 require in addition to above site audits by a local external auditor. Submission of due diligence review sheets quarter to International office in USA.

Form 990, Schedule I, Part II & III

During the year the organization responded to hurricanes in Houston,



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization

MAP International, Inc.

Employer identification number

36-2586390

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

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

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

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

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

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

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

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Steven G. Stirling President & CEO	(i)	209,518.	0.	1,663.	9,073.	23,408.	243,662.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

Part I, Line 1a:

Travel for the spouse of the President/CEO is permitted with prior approval

from an Officer of the Board of Directors. Receipts are required to be

submitted for reimbursement of all travel expenses. The travel expenses are

not taxable as the Board considers the travel to be for a bona fide

business purpose.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization **MAP International, Inc.** Employer identification number **36-2586390**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	35	195,159.	Hi-Low Average
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	431	563,305,348.	GAAP Valuation Method
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 50

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

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

Schedule M (Form 990) 2017



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

Schedule M, Part I, Column (b):

The number of contributions represent the number of contributions received, not the number of items donated.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

MAP International, Inc.

Employer identification number

36-2586390

Form 990, Part III, Line 4c, Program Service Accomplishments:

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, and ongoing education.

Form 990, Part V, Line 2a:

MAP uses a professional employment organization (PEO) who remits

compensation to the employees and payroll taxes to the IRS. The PEO

files Form W-3 with the IRS. The amount reported here are the number of

individuals who worked for the organization during the 2017 calendar

year.

Form 990, Part V, Line 4b, List of Foreign Countries:

Bolivia, Ecuador, Ghana, Kenya,

Cote D Ivoire, Uganda, Liberia

Form 990, Part VI, Section A, line 1:

The Executive Committee consists of the Board Chairman, Board Vice Chairs,

Secretary, Treasurer, 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

issues.

Name of the organization MAP International, Inc.	Employer identification number 36-2586390
---	--

Form 990, Part VI, Section B, line 11b:

Form 990 is prepared by an independent CPA firm and reviewed in detail by the organization's top management and Audit Committee. The reviewed Form 990 is then provided to the board of directors prior to filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

In its routine internal audit/internal control procedures, each MAP office and the internal audit team from MAP's International Office will:

- a. Review reports regarding the Conflict of Interest Questionnaires
- b. Receive disclosures of potentially conflicting transactions.
- c. Review proposed transactions to determine whether they meet the above described standards.
- d. Perform an annual review of potential and known transactions through annual Conflict of Interest Questionnaires completed by each relevant staff member.
- e. Keep written records of its review of potential or known conflicting transactions.
- f. Review its local office Conflict of Interest Policy and involve the appropriate group in making changes as needed.

The Board's Audit Committee will perform an annual review of any issues brought forward of potential and known transactions through the annual conflict of interest questionnaires completed by each board member and each relevant staff member.

Should any potential conflicts of interest be disclosed, the board member

Name of the organization MAP International, Inc.	Employer identification number 36-2586390
---	--

or officer would be asked to refrain from participation in any deliberation

or decision with regard to matters affected by the relationship.

Form 990, Part VI, Section B, Line 15:

Question 15a - Each year the independent board of directors conducts a performance review of the CEO, and the CEO submits a self-appraisal. The process consists of a survey of the board followed by a review of the compiled results by the executive committee and a report to the full board. In executive session the Board decides on any compensation changes based on availability of funds, merit, and salary surveys. Salary data from over 140 non-profit organizations is also analyzed every two years as a participating member of InsideNGO's salary and benefits survey.

Question 15b - Annually the Assistant Treasurer and Assistant Secretary submit a self-appraisal, and a performance review is then conducted by the independent CEO. Comparability data is obtained every two years and is used to determine compensation. This process is documented. Any compensation is based on availability of funds and merit.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

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

Form 990, Part VI, Section C, Line 19:

Financial statements and governing documents are made available to the public on our web site. The conflict of interest policy is available on our internal intranet site for employees, and is made available to the public upon request.

Name of the organization MAP International, Inc.	Employer identification number 36-2586390
---	--

Form 990, Part XI, line 9, Changes in Net Assets:

Change in Value of Annuities 29,016.

Form 990, Part XII, Line 2c:

The organization's Board assumes responsibility for oversight of the audit of its financial statements and selection of its independent accountant. This process has not changed since the prior year.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

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

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	MAP International, Inc.	36-2586390
<small>File by the due date for filing your return. See instructions.</small>	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	4700 Glynco Parkway	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Brunswick, GA 31525	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Jason Merryman

- The books are in the care of ▶ 4700 Glynco Parkway - Brunswick, GA 31525  
Telephone No. ▶ 912-265-6010 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until August 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning OCT 1, 2017, and ending SEP 30, 2018.

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

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

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