

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MAP International, Inc.		D Employer identification number 36-2586390
	Doing business as		E Telephone number 800-225-8550
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	4700 Glynco Parkway		G Gross receipts \$ 592,011,981.
	City or town, state or province, country, and ZIP or foreign postal code Brunswick, GA 31525		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: Steven G Stirling same as C above		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ www.map.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1965 M State of legal domicile: IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Global Christian health organization that works to save lives and promote health.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 18
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 45
	6 Total number of volunteers (estimate if necessary) 6 322
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, line 38 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 572,931,606. Prior Year 588,380,085. Current Year
	9 Program service revenue (Part VIII, line 2g) 2,291,904. 2,557,816.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 92,972. 158,206.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -588,960. -210,980.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 574,727,522. 590,885,127.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 523,780,403. 526,012,095.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,198,683. 3,385,546.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 29,550.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,997,663.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 34,781,109. 33,112,226.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 562,760,195. 562,539,417.	
19 Revenue less expenses. Subtract line 18 from line 12 11,967,327. 28,345,710.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 199,910,725. Beginning of Current Year 228,035,145. End of Year
	21 Total liabilities (Part X, line 26) 1,012,751. 752,297.
	22 Net assets or fund balances. Subtract line 21 from line 20 198,897,974. 227,282,848.

Part II Signature Block

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

Sign Here	Signature of officer	Date 5/7/2020			
	Jason A Merryman, Asst. Treasurer & CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Michele M. Wales	Preparer's signature 	Date 05/07/20	Check if self-employed <input type="checkbox"/>	PTIN P00428093
	Firm's name ▶ Batts Morrison Wales & Lee, P.A.	Firm's EIN ▶ 20-4193611			
	Firm's address ▶ 801 North Orange Avenue, Suite 800 Orlando, FL 32801	Phone no. 407-770-6000			

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.

4a (Code:) (Expenses \$ 480,175,109. including grants of \$ 451,045,746.) (Revenue \$ 2,193,280.) Medicine and Health Supplies - More than 13.3 million people were provided life-changing medicines and health supplies by MAP International in 2019. Working with 30 major partners, MAP provided medicines and health supplies in 98 countries. MAP supported more than 1,028 mission teams to help people in impoverished communities. MAP International continued to grow & invest in our newer programs including the Bringing Children Health initiative and their Domestic Medicines Programs pilot in Georgia.

4b (Code:) (Expenses \$ 63,057,519. including grants of \$ 59,232,195.) (Revenue \$ 288,026.) Community Health Development - In 2019, MAP's Community Health Development Programs reached more than 2.18 million people across Bolivia, Kenya, Cote d'Ivoire, Liberia, and Indonesia. In collaboration with local partners, MAP focused on health improvements and empowerment in three core program areas: 1) Neglected Tropical Diseases (NTD): MAP works with partners, local ministries and health and communities to prevent and treat NTDs, especially those that impact children. 2) 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. 3) Water, Sanitation and Hygiene: In

4c (Code:) (Expenses \$ 16,750,295. including grants of \$ 15,734,154.) (Revenue \$ 76,510.) Disaster and Disease Management - MAP provided more than \$15M in medicines and health supplies to those affected by disasters in 2019. 58,594 Disaster Health Kits were provided in 2019 including nearly 14,000 for Hurricane Dorian and over 10,000 for Hurricane Michael. MAP also provided critical disaster relief for those impacted in the US Border Crisis, victims of flooding in the Midwest, people fleeing violence in Syria and millions more affected by other natural disasters worldwide.

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

4e Total program service expenses 559,982,923.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 45		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: Bolivia, Kenya, Cote D Ivoire See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	18	
1b	Enter the number of voting members included in line 1a, above, who are independent	17	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
Jason A. Merryman - 800-225-8550
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				226,751.	0.	21,020.
(2) Jonathan Glenn Director/Vice Chairman (ended 09/19)	5.00	X		X				0.	0.	0.
(3) James D. Barfoot Treasurer/Chairman	10.00	X		X				0.	0.	0.
(4) Susan Roeder Director/Treasurer	5.00	X		X				0.	0.	0.
(5) Kenneth Gustavsen Secretary	5.00	X		X				0.	0.	0.
(6) Linda Freeman Director/Secretary	2.00	X		X				0.	0.	0.
(7) Laurence Phelan Director (ended 01/19)	2.00	X						0.	0.	0.
(8) Dr. James Sirleaf Director	2.00	X						0.	0.	0.
(9) Allen Craig Director	2.00	X						0.	0.	0.
(10) Peter Limeri Director	2.00	X						0.	0.	0.
(11) Robert Rowan Director	2.00	X						0.	0.	0.
(12) Mark Bell Director	2.00	X						0.	0.	0.
(13) Marc Hungerford Director (ended 09/19)	2.00	X						0.	0.	0.
(14) Cynthia L. Blandford Director	2.00	X						0.	0.	0.
(15) Richard Reynolds Director	2.00	X						0.	0.	0.
(16) John Reid Director	2.00	X						0.	0.	0.
(17) Alan Ichikawa Director	4.00	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) Abi Oyeboode Director	2.00	X					0.	0.	0.	
(19) Wanda Burgand Director (began 09/19)	2.00	X					0.	0.	0.	
(20) Michael Erisman Director (began 09/19)	3.00	X					0.	0.	0.	
(21) James Leonard Director (began 09/19)	2.00	X					0.	0.	0.	
(22) Jason A. Merryman Assistant Treasurer & CFO	55.00			X			89,349.	0.	23,251.	
(23) Amanda Brayman Asst. Secretary (began 07/19)	40.00			X			0.	0.	0.	
(24) Rebekah Mobley Asst. Secretary (ended 06/19)	40.00			X			45,712.	0.	2,356.	
(25) Jodi A. Ryan VP Global Giving	55.00			X			119,013.	0.	8,292.	
1b Sub-total							480,825.	0.	54,919.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							480,825.	0.	54,919.	

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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 P.O. Box 2117, Darien, GA 31305	Printing & Mail Services	163,058.
Westfall Group 75 Fourteenth St., Atlanta, GA 30309	Event Consulting	123,318.
Vanderbeck, Inc, 3410 Cypress Mill Rd., Suite 243, Brunswick, GA 31520	IT Director/Help Desk Function	110,645.
Mission Clicks 522 W Oregon Ave., Phoenix, AZ 85013	Consulting Services	104,100.

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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 23,232.					
	b Membership dues	1b					
	c Fundraising events	1c 205,093.					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 588,151,760.					
	g Noncash contributions included in lines 1a-1f: \$	582,057,362.					
	h Total. Add lines 1a-1f	▶	588,380,085.				
Program Service Revenue	2 a Handling & Service Fee	Business Code 900099	2,557,816.	2,557,816.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	▶	2,557,816.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	165,023.			165,023.	
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶					
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		871,448.					
		b Less: cost or other basis and sales expenses	878,265.				
		c Gain or (loss)	-6,817.				
	d Net gain or (loss)	▶	-6,817.			-6,817.	
	8 a Gross income from fundraising events (not including \$ 205,093. of contributions reported on line 1c). See Part IV, line 18	a 21,400.					
		b Less: direct expenses	b 248,589.				
		c Net income or (loss) from fundraising events	▶	-227,189.			-227,189.
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	▶					
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue		Business Code					
11 a Miscellaneous Revenue	900099	16,209.			16,209.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	▶	16,209.					
12 Total revenue. See instructions	▶	590,885,127.	2,557,816.	0.	-52,774.		

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	371,700.	371,700.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	525,640,395.	525,640,395.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	571,945.	225,568.	99,807.	246,570.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,937,446.	1,442,477.	43,415.	451,554.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	86,327.	64,872.	2,104.	19,351.
9 Other employee benefits	604,894.	425,102.	22,015.	157,777.
10 Payroll taxes	184,934.	127,586.	8,499.	48,849.
11 Fees for services (non-employees):				
a Management				
b Legal	148,097.	65,204.	13,455.	69,438.
c Accounting	106,282.	46,794.	9,656.	49,832.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	29,550.			29,550.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	808,035.	368,770.	76,098.	363,167.
12 Advertising and promotion				
13 Office expenses	313,055.	124,991.	27,566.	160,498.
14 Information technology				
15 Royalties				
16 Occupancy	65,016.	47,550.	11,644.	5,822.
17 Travel	324,692.	159,401.	26,438.	138,853.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,834.	15,196.	4,116.	4,522.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	490,570.	320,257.	77,957.	92,356.
23 Insurance	87,261.	61,539.	17,033.	8,689.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a GIK Disposals/Recalls	29,469,281.	29,469,281.		
b Freight	359,837.	358,978.	110.	749.
c Field Office Programs	338,906.	335,059.	1,748.	2,099.
d Supplies	125,515.	88,319.	3,271.	33,925.
e All other expenses	451,845.	223,884.	113,899.	114,062.
25 Total functional expenses. Add lines 1 through 24e	562,539,417.	559,982,923.	558,831.	1,997,663.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,121,035.	1	2,593,699.
	2 Savings and temporary cash investments	1,054,279.	2	572,164.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	486,973.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	188,528,400.	8	216,641,884.
	9 Prepaid expenses and deferred charges	348,045.	9	397,373.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,724,481.		
	b Less: accumulated depreciation	10b 4,097,462.		
	11 Investments - publicly traded securities	5,197,973.	10c	4,627,019.
	12 Investments - other securities. See Part IV, line 11	3,174,020.	11	3,203,006.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	199,910,725.	15		
		16	228,035,145.	
Liabilities	17 Accounts payable and accrued expenses	789,188.	17	550,232.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	223,563.	25	202,065.
	26 Total liabilities. Add lines 17 through 25	1,012,751.	26	752,297.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	90,082,124.	27	135,072,637.
	28 Temporarily restricted net assets	105,040,680.	28	88,435,041.
	29 Permanently restricted net assets	3,775,170.	29	3,775,170.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	198,897,974.	33	227,282,848.	
34 Total liabilities and net assets/fund balances	199,910,725.	34	228,035,145.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	590,885,127.
2	Total expenses (must equal Part IX, column (A), line 25)	2	562,539,417.
3	Revenue less expenses. Subtract line 2 from line 1	3	28,345,710.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	198,897,974.
5	Net unrealized gains (losses) on investments	5	39,164.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	227,282,848.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	544,923,911.	603,800,491.	595,626,534.	572,931,606.	588,380,085.	2905662627.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	544,923,911.	603,800,491.	595,626,534.	572,931,606.	588,380,085.	2905662627.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1608019194.
6 Public support. Subtract line 5 from line 4.						1297643433.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	544,923,911.	603,800,491.	595,626,534.	572,931,606.	588,380,085.	2905662627.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	49,704.	59,015.	83,040.	117,433.	158,206.	467,398.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	38,045.	265,564.	124,470.	151,599.	37,609.	617,287.
11 Total support. Add lines 7 through 10						2906747312.
12 Gross receipts from related activities, etc. (see instructions)					12	11,916,632.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	44.64 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	45.21 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined 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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
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.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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.)

Part II, Section B, Line 10:

Other income includes income from fundraising events and miscellaneous revenue.

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 for the latest information.

OMB No. 1545-0047

2018

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

Name of organization MAP International, Inc.	Employer identification number 36-2586390
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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	<hr/> <hr/> <hr/>	\$ <u>229,830,898.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>59,339,310.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>47,788,650.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>33,846,478.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>16,893,074.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>16,777,489.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MAP International, Inc.	Employer identification number 36-2586390
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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	<hr/> <hr/> <hr/>	\$ <u>14,985,247.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>14,669,943.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>13,887,838.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>13,647,014.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>12,636,799.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	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
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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 and Medical Supplies _____ _____ _____	\$ <u>229,830,898.</u>	<u>09/30/19</u>
2	Medicines and Medical Supplies _____ _____ _____	\$ <u>59,339,310.</u>	<u>09/30/19</u>
3	Medicines and Medical Supplies _____ _____ _____	\$ <u>47,788,650.</u>	<u>09/30/19</u>
4	Medicines and Medical Supplies _____ _____ _____	\$ <u>33,846,478.</u>	<u>09/30/19</u>
5	Medicines and Medical Supplies _____ _____ _____	\$ <u>16,893,074.</u>	<u>09/30/19</u>
6	Medicines and Medical Supplies _____ _____ _____	\$ <u>16,777,489.</u>	<u>09/30/19</u>

Name of organization MAP International, Inc.	Employer identification number 36-2586390
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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 and Medical Supplies _____ _____ _____	\$ 14,985,247.	09/30/19
8	Medicines and Medical Supplies _____ _____ _____	\$ 14,669,943.	09/30/19
9	Medicines and Medical Supplies _____ _____ _____	\$ 13,887,838.	09/30/19
10	Medicines and Medical Supplies _____ _____ _____	\$ 13,647,014.	09/30/19
11	Medicines and Medical Supplies _____ _____ _____	\$ 12,636,799.	09/30/19
	_____ _____ _____	\$ _____	

Name of organization MAP International, Inc.	Employer identification number 36-2586390
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2018

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, habitat, open space, historic area, historic structure). 2. Table for conservation contribution details (2a-2d). 3-9. Questions about monitoring, expenses, and reporting.

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.

Form with questions 1a-1b and 2a-2b regarding reporting of art and historical treasures.

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	131,239.	61,144.	56,885.	82,269.	12,611.
d Grants or scholarships	2,615.				
e Other expenditures for facilities and programs	128,624.	61,144.	56,885.	82,269.	12,611.
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:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
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		305,081.		305,081.
b Buildings		5,383,498.	1,506,546.	3,876,952.
c Leasehold improvements				
d Equipment		2,638,947.	2,304,254.	334,693.
e Other		396,955.	286,662.	110,293.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,627,019.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Annuity Reserve Payable	191,157.
(3) Deferred Rent Liability	10,908.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	202,065.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	591,172,880.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	39,164.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	39,164.
3	Subtract line 2e from line 1	3	591,133,716.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-248,589.
c	Add lines 4a and 4b	4c	-248,589.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	590,885,127.

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

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

1	Total expenses and losses per audited financial statements	1	562,788,006.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	248,589.
e	Add lines 2a through 2d	2e	248,589.
3	Subtract line 2e from line 1	3	562,539,417.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	562,539,417.

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 XI, Line 4b - Other Adjustments:

Fundraising Event Expenses \$248,589

Part XII, Line 2d - Other Adjustments:

Fundraising Event Expenses \$248,589

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

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
Central America and the Caribbean	0	0	Grants for the purpose of providing assistance to beneficiaries in the region		333,436,650.
Sub-Saharan Africa	2	5	Grants for the purpose of providing assistance to beneficiaries in the region	Health Promotion & Community Development	128,919,913.
Middle East and North Africa	0	0	Grants for the purpose of providing assistance to beneficiaries in the region		37,937,545.
South Asia	0	0	Grants for the purpose of providing assistance to beneficiaries in the region		9,054,714.
East Asia and the Pacific	0	0	Grants for the purpose of providing assistance to beneficiaries in the region		5,432,469.
South America	1	1	Grants for the purpose of providing assistance to beneficiaries in the region	Health Promotion & Community Development	5,236,257.
Europe	0	0	Grants for the purpose of providing assistance to beneficiaries in the region		4,900,476.
North America	0	0	Grants for the purpose of providing assistance to beneficiaries in the region		1,195,200.
3 a Subtotal	3	6			526,113,224.
b Total from continuation sheets to Part I	0	0			196,293.
c Totals (add lines 3a and 3b)	3	6			526,309,517.

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

Schedule F (Form 990) 2018

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Community Development	0.		197,390,972.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		33,647,581.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		30,116,332.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		22,948,761.	Medicines and Medical Supplies	Fair market value
		Middle East and North Africa	Community Development	0.		22,270,052.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		20,055,906.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		15,241,467.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		13,912,526.	Medicines and 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 **435**

3 Enter total number of other organizations or entities **43**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	Community Development	0.		12,465,699.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		11,919,190.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		11,405,033.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		11,296,426.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		9,606,838.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		9,548,925.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		9,340,500.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		8,576,559.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		8,070,379.	Medicines and 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.		7,068,295.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		6,126,005.	Medicines and Medical Supplies	Fair market value
		South Asia	Community Development	0.		5,088,412.	Medicines and Medical Supplies	Fair market value
		Europe	Community Development	0.		4,790,844.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		3,865,610.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		3,310,808.	Medicines and Medical Supplies	Fair market value
		South Asia	Community Development	0.		3,302,377.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		2,603,863.	Medicines and Medical Supplies	Fair market value
		Middle East and North Africa	Community Development	0.		2,555,931.	Medicines and 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.		2,132,834.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		1,583,337.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		1,546,836.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		1,425,934.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		1,330,100.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		904,980.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		766,018.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		580,376.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		524,076.	Medicines and 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 the Caribbean	Community Development	0.		399,167.	Medicines and Medical Supplies	Fair market value
		Middle East and North Africa	Community Development	0.		381,366.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		304,961.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		304,321.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		292,140.	Medicines and Medical Supplies	Fair market value
		North America	Community Development	0.		287,692.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		261,276.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		260,159.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		248,867.	Medicines and 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.		224,121.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		202,038.	Medicines and Medical Supplies	Fair market value
		North America	Community Development	0.		199,680.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		195,119.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		189,668.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		184,945.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		184,449.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		179,847.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		168,345.	Medicines and 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.		162,191.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		160,187.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		159,385.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		157,207.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		150,762.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		150,314.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		147,866.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		139,679.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		137,865.	Medicines and 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 the Caribbean	Community Development	0.		136,785.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		135,524.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		134,442.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		130,518.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		130,079.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		129,504.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		123,016.	Medicines and Medical Supplies	Fair market value
		Middle East and North Africa	Community Development	0.		121,700.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		116,558.	Medicines and 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)
		Russia and the Newly Independent States	Community Development	0.		115,012.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		114,088.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		113,133.	Medicines and Medical Supplies	Fair market value
		North America	Community Development	0.		112,356.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		111,028.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		101,059.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		100,906.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		97,576.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		95,799.	Medicines and 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 the Caribbean	Community Development	0.		95,157.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		95,138.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		94,627.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		94,627.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		94,627.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		94,627.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		92,873.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		91,753.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		88,607.	Medicines and 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 the Caribbean	Community Development	0.		87,168.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		85,769.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		84,847.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		83,983.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		81,246.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		80,826.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		79,666.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		78,665.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		76,164.	Medicines and 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 the Caribbean	Community Development	0.		76,106.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		75,900.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		72,460.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		70,757.	Medicines and Medical Supplies	Fair market value
		North America	Community Development	0.		70,579.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		70,034.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		69,073.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		68,961.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		68,060.	Medicines and 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.		67,506.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		66,653.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		65,862.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		65,040.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		65,040.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		64,876.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		64,367.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		63,958.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		63,408.	Medicines and 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.		63,242.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		63,186.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		61,360.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		61,207.	Medicines and Medical Supplies	Fair market value
		North America	Community Development	0.		60,964.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		60,828.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		59,685.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		59,611.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		59,279.	Medicines and 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 the Caribbean	Community Development	0.		58,172.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		58,121.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		57,293.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		57,178.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		56,218.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		55,895.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		55,514.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		55,514.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		55,514.	Medicines and 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 the Caribbean	Community Development	0.		55,514.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		55,514.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		55,514.	Medicines and Medical Supplies	Fair market value
		North America	Community Development	0.		55,514.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		52,577.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		51,893.	Medicines and Medical Supplies	Fair market value
		Middle East and North Africa	Community Development	0.		51,013.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		50,420.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		50,245.	Medicines and 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 the Caribbean	Community Development	0.		49,665.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		48,777.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		46,729.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		46,528.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		46,378.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		45,360.	Medicines and Medical Supplies	Fair market value
		Europe	Community Development	0.		44,822.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		44,305.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		44,025.	Medicines and 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 the Caribbean	Community Development	0.		43,305.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	141,967.	Check	43,169.	Office Equipment	Fair market value
		Sub-Saharan Africa	Community Development	0.		42,981.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		42,942.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		41,524.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		41,138.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		40,236.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		40,083.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		39,809.	Medicines and 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 the Caribbean	Community Development	0.		39,793.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		39,683.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		39,610.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		39,322.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		38,726.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		38,175.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		37,340.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		37,074.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		36,928.	Medicines and 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.		36,818.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		36,783.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		36,512.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		35,970.	Medicines and Medical Supplies	Fair market value
		South Asia	Community Development	0.		35,863.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		35,734.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		35,172.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		34,883.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		34,739.	Medicines and 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.		34,542.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		34,272.	Medicines and Medical Supplies	Fair market value
		South Asia	Community Development	0.		33,627.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		33,571.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		33,300.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		33,049.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		33,047.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		32,742.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		32,441.	Medicines and 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 the Caribbean	Community Development	0.		31,778.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		31,565.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		31,364.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		31,166.	Medicines and Medical Supplies	Fair market value
		Europe	Community Development	0.		30,544.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		30,409.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		30,216.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		30,186.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		30,181.	Medicines and 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.		29,617.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		29,589.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		29,411.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		28,202.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		28,138.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		27,649.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		27,593.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		27,550.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		27,272.	Medicines and 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 the Caribbean	Community Development	0.		27,110.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		27,101.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		26,923.	Medicines and Medical Supplies	Fair market value
		South Asia	Community Development	0.		26,874.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		26,538.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		26,201.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		25,785.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		25,532.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		25,421.	Medicines and 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 the Caribbean	Community Development	0.		25,083.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		24,858.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		24,814.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		24,617.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		24,247.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		24,194.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		24,157.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		23,649.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		23,564.	Medicines and 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.		23,280.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		23,276.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		22,938.	Medicines and Medical Supplies	Fair market value
		Middle East and North Africa	Community Development	0.		22,938.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		22,900.	Medicines and Medical Supplies	Fair market value
		South Asia	Community Development	0.		22,790.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		22,650.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		22,435.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		22,193.	Medicines and 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.		22,126.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		21,877.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		21,325.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	18,372.	Check	21,316.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		21,288.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		21,205.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		20,850.	Medicines and Medical Supplies	Fair market value
		Europe	Community Development	0.		20,847.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		20,838.	Medicines and 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.		20,814.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		20,795.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		20,735.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		20,731.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		20,314.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		20,286.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		20,213.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		20,207.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		20,198.	Medicines and 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.		20,000.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		19,902.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		19,857.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		19,607.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		19,196.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		18,870.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		18,777.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		18,502.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		18,295.	Medicines and 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.		18,282.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		18,194.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		18,077.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		18,010.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		17,908.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		17,544.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		17,467.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		17,316.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		17,298.	Medicines and 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.		17,298.	Medicines and Medical Supplies	Fair market value
		South Asia	Community Development	0.		17,096.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		16,960.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		16,935.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		16,798.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		16,734.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		16,635.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		16,599.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		16,495.	Medicines and 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 the Caribbean	Community Development	0.		16,465.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		16,306.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		16,091.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		16,009.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		15,927.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		15,927.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		15,842.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		15,583.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		15,498.	Medicines and 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.		15,251.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		15,251.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		15,251.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		15,251.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		15,251.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		15,251.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		15,251.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		15,251.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		14,979.	Medicines and Medical Supplies	Fair market value
		South Asia	Community Development	0.		14,928.	Medicines and 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 the Caribbean	Community Development	0.		14,891.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		14,783.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		14,677.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		14,361.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		14,244.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		14,244.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		14,244.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		14,237.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		14,230.	Medicines and 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 the Caribbean	Community Development	0.		14,220.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		13,902.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		13,659.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		13,657.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		13,631.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		13,204.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		13,129.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		13,127.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		13,068.	Medicines and 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.		12,908.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		12,875.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		12,869.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		12,857.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		12,752.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		12,516.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		12,506.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		12,334.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		12,300.	Medicines and 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 the Caribbean	Community Development	0.		12,112.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		11,969.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		11,812.	Medicines and Medical Supplies	Fair market value
		Russia and the Newly Independent States	Community Development	0.		11,666.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		11,486.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		11,482.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		11,441.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		11,434.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		11,355.	Medicines and 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.		11,305.	Medicines and Medical Supplies	Fair market value
		North America	Community Development	0.		11,252.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		11,133.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		11,107.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		11,105.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		11,071.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		11,067.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		11,052.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		11,014.	Medicines and 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.		11,006.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		10,901.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		10,889.	Medicines and Medical Supplies	Fair market value
		South Asia	Community Development	0.		10,834.	Medicines and Medical Supplies	Fair market value
		Middle East and North Africa	Community Development	0.		10,810.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		10,799.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		10,777.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		10,755.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		10,749.	Medicines and 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.		10,722.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		10,478.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		10,410.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		10,409.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		10,382.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		10,329.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		10,255.	Medicines and Medical Supplies	Fair market value
		South Asia	Community Development	0.		10,072.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		9,928.	Medicines and 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 the Caribbean	Community Development	0.		9,824.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		9,804.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		9,804.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		9,804.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		9,804.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		9,804.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		9,804.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		9,804.	Medicines and Medical Supplies	Fair market value
		Russia and the Newly Independent States	Community Development	0.		9,803.	Medicines and 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 the Caribbean	Community Development	0.		9,692.	Medicines and Medical Supplies	Fair market value
		South Asia	Community Development	0.		9,666.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		9,511.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		9,462.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		9,424.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		9,379.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		9,373.	Medicines and Medical Supplies	Fair market value
		North America	Community Development	0.		9,349.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		9,341.	Medicines and 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.		9,309.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		9,243.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		9,197.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		9,152.	Medicines and Medical Supplies	Fair market value
		North America	Community Development	0.		9,147.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		9,013.	Medicines and Medical Supplies	Fair market value
		Middle East and North Africa	Community Development	0.		9,007.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		8,919.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		8,893.	Medicines and 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.		8,847.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		8,821.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		8,820.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		8,747.	Medicines and Medical Supplies	Fair market value
		Middle East and North Africa	Community Development	0.		8,742.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		8,666.	Medicines and Medical Supplies	Fair market value
		South Asia	Community Development	0.		8,643.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		8,639.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		8,585.	Medicines and 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.		8,567.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		8,536.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		8,529.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		8,442.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		8,345.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		8,271.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		8,271.	Medicines and Medical Supplies	Fair market value
		South Asia	Community Development	0.		8,171.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		7,982.	Medicines and 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)
		North America	Community Development	0.		7,907.	Medicines and Medical Supplies	Fair market value
		South Asia	Community Development	0.		7,885.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		7,738.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		7,725.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		7,698.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		7,640.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		7,587.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		7,573.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		7,551.	Medicines and 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.		7,550.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		7,500.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		7,440.	Medicines and Medical Supplies	Fair market value
		North America	Community Development	0.		7,433.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		7,406.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		7,406.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		7,398.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		7,395.	Medicines and Medical Supplies	Fair market value
		North America	Community Development	0.		7,332.	Medicines and 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.		7,331.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		7,322.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		7,278.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		7,201.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		7,192.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		7,122.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		7,122.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		7,085.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		7,039.	Medicines and 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)
		North America	Community Development	0.		6,867.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		6,796.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		6,764.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		6,728.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		6,720.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		6,711.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		6,549.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		6,538.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		6,467.	Medicines and 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.		6,434.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		6,395.	Medicines and Medical Supplies	Fair market value
		North America	Community Development	0.		6,378.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		6,309.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		6,273.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		6,210.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		6,200.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		6,164.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		5,948.	Medicines and 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.		5,943.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		5,916.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		5,885.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		5,824.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		5,813.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		5,760.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		5,718.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		5,718.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		5,718.	Medicines and 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.		5,718.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		5,667.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		5,640.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		5,616.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		5,342.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		5,309.	Medicines and Medical Supplies	Fair market value
		South America	Community Development	0.		5,266.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	0.		5,169.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		5,164.	Medicines and 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.		5,125.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		5,103.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		5,087.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		5,075.	Medicines and Medical Supplies	Fair market value
		Central America and the Caribbean	Community Development	0.		5,021.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan Africa	Community Development	0.		5,012.	Medicines and Medical Supplies	Fair market value
		East Asia and the Pacific	Community Development	90,985.	Wire	0.		
		South America	Community Development	278,715.	Wire	0.		
		Sub-Saharan Africa	Community Development	45,777.	Wire	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Community Development	8,160.	Wire	0.		
		Sub-Saharan Africa	Community Development	9,447.	Check	0.		

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)
Health Promotion	Central America and the Caribbean	84	0.		2,499,046.	Medicines and Medical Supplies	FMV
Health Promotion	East Asia and the Pacific	21	0.		738,728.	Medicines and Medical Supplies	FMV
Health Promotion	Middle East and North Africa	2	0.		28,581.	Medicines and Medical Supplies	FMV
Health Promotion	South America	12	0.		336,567.	Medicines and Medical Supplies	FMV
Health Promotion	Russia and the Newly Independent States	1	0.		45,710.	Medicines and Medical Supplies	FMV
Health Promotion	South Asia	12	0.		309,608.	Medicines and Medical Supplies	FMV
Health Promotion	Sub-Saharan Africa	90	0.		2,920,012.	Medicines and Medical Supplies	FMV
Health Promotion	North America	6	0.		291,700.	Medicines and Medical Supplies	FMV

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:

The Organization monitors the activities and the use of grants through periodic reviews of quarterly financial reports from the recipient organization on the use of the grant. Grant recipients who receive over \$50,000 in assistance also require periodic site visits to review program activity and financial controls. Grant recipients who receive over \$100,000 in assistance, in addition to the above, are also required to provide independent audited financial statements to the Organization.

Part I, line 3:

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

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

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
 b Internet and email solicitations
 c Phone solicitations
 d In-person solicitations
 e Solicitation of non-government grants
 f Solicitation of government grants
 g Special fundraising events

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Veritus Group, LLC - P.O. Box 18294, Asheville, NC 28814	Fundraising Consulting		X	282,535.	29,550.	252,985.
Total				282,535.	29,550.	252,985.

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

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

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	(d) Total events (add col. (a) through col. (c))
		Bill Foege Awards	Vision Summit	None	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	166,993.	59,500.		226,493.
	2 Less: Contributions	145,593.	59,500.		205,093.
	3 Gross income (line 1 minus line 2)	21,400.			21,400.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	48,394.	35,435.		83,829.
	8 Entertainment		64,675.		64,675.
	9 Other direct expenses	100,085.			100,085.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				248,589.
11 Net income summary. Subtract line 10 from line 3, column (d)				-227,189.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

Schedule G, Part II:

The Bill Foege Global Health Awards is an annual event hosted by the Organization to recognize people and organizations whose contributions to the progress of global health measure substantially. The purpose of the event is to gather the leaders of the global health community as well as to raise awareness of the Organization within the global health community.

The Organization hosts a Vision Summit periodically, where it invites

Part IV Supplemental Information *(continued)*

both donors and prospective donors from all parts of the United States to gather and learn more about the Organization and its activities. The Organization provides updates to attendees regarding the Organization's program activities and informs attendees of new activities and initiatives. Attendees are invited at the discretion of the Organization, and there is no charge to attend the event. There is no expectation that a contribution is required to be made in order to attend the event. Any donations received from attendees at the event are completely voluntary and are given without receiving or expecting to receive goods or services in exchange for the payment, and therefore are treated as contributions by the Organization.

In addition to the contributions that are raised at each of the above events (and that are reported on this Schedule G), attendees often become regular contributors to the Organization throughout the year as a result of the information that they receive at these events.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2018

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Tree of Life Healthcare 1968 North Ave. Clarkston, GA 31901	30-0791060	501(c)(3)	0.	39,282.	FMV	Medicines and Medical Supplies	US Clinics Medicines Program
Ethne Health 4122 E Ponce De Leon Ave., Ste. 5 Clarkston, GA 30021	82-3920554	501(c)(3)	0.	7,529.	FMV	Medicines and Medical Supplies	US Clinics Medicines Program
The Good Samaritan Health Center 1015 Donald Lee Hollowell Pkwy. Atlanta, GA 30318	58-2373395	501(c)(3)	0.	11,970.	FMV	Medicines and Medical Supplies	US Clinics Medicines Program
Good News 810 Pine St. Gainesville, GA 30501	58-2058853	501(c)(3)	0.	16,297.	FMV	Medicines and Medical Supplies	US Clinics Medicines Program
International Relief Teams 4560 Alvarado Canyon Rd. San Diego, CA 92120	33-0141275	501(c)(3)	0.	15,388.	FMV	Medicines and Medical Supplies	Hurricane Relief
Catholic Charities 700 N Virgen de San Juan Blvd. San Juan, TX 78599	68-0599307	501(c)(3)	0.	78,321.	FMV	Medicines and Medical Supplies	Border 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 **1.**

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

Schedule I (Form 990) (2018)

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
Convoy of Hope 330 S Patterson Ave. Springfield, MO 65802	68-0051386	501(c)(3)	0.	53,063.	FMV	Medicines and Medical Supplies	Hurricane Relief
Georiga Emergency Management Agency - 935 United Ave. SE - Atlanta, GA 30316	58-6000885		0.	7,825.	FMV	Medicines and Medical Supplies	Hurricane Relief
Lee County Emergency Management 2675 Ortiz Ave. Fort Myers, FL 33905	59-6000702		0.	7,938.	FMV	Medicines and Medical Supplies	Hurricane Relief
Operation Blessing 977 Centerville Turnpike Virginia Beach, VA 23463	54-1382657	501(c)(3)	0.	15,423.	FMV	Medicines and Medical Supplies	Hurricane Relief
Panama Internal Medicine 11111 Panama City Beach Pkwy. Panama City Beach, FL 32407	35-2506005		0.	14,815.	FMV	Medicines and Medical Supplies	Hurricane Relief
Florida Department of Health in Gulf County - Port St. Joe Clinic - 2475 Garrison Ave. - Port St. Joe, FL 32456	59-3502843		0.	32,255.	FMV	Medicines and Medical Supplies	Hurricane Relief
Save the Children 501 Kings Highway East, Ste. 400 Fairfield, CT 06825	06-0726487	501(c)(3)	0.	7,283.	FMV	Medicines and Medical Supplies	Hurricane Relief
Toolbank, USA 3800 Camp Creek Pkwy. Atlanta, GA 30331	90-0386790	501(c)(3)	0.	12,838.	FMV	Medicines and Medical Supplies	Hurricane Relief
University of Nebraska Medical Center - S 42nd & Emile St. - Omaha, NE 68198	47-0049123		0.	45,884.	FMV	Medicines and Medical Supplies	Hurricane Relief

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
US Department of Labor - Brunswick Job Corps Center - 4401 Glynco Pkwy. - Brunswick, GA 31525	87-0365322		0.	5,589.	FMV	Medicines and Medical Supplies	Hurricane Relief

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

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:

The Organization monitors the activities and the use of grants through periodic reviews of quarterly financial reports from the recipient organization on the use of the grant. Grant recipients who receive over \$50,000 in assistance also require periodic site visits to review program activity and financial controls. Grant recipients who receive over \$100,000 in assistance, in addition to the above, are also required to provide independent audited financial statements to the Organization.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2018

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)	226,751.	0.	0.	5,400.	15,620.	247,771.	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)							
	(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 bona fide business purposes.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **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	21	160,735.	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	170	581,896,627.	Estimated FMV		
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	51		
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?					Yes	No
30a							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?					Yes	No
31						X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?					Yes	No
32a							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) 2018

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 organization is reporting the number of contributors in column (b).

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 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

MAP International, Inc.

Employer identification number

36-2586390

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

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:

The Organization utilizes a professional employment organization (PEO) for the payment of compensation to employees and the filing of payroll tax returns with the IRS. The PEO files a combined Form W-3 with the Social Security Administration that includes the Organization's employees as well as other employees of the PEO. The number of employees listed in Part V, Line 2a, is the number of individuals who were included on the PEO's Form W-3 that worked for the Organization during the 2018 calendar year.

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.

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

The Organization's top management official and top financial official each

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

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

Name of the organization MAP International, Inc.	Employer identification number 36-2586390
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review the Form 990 prior to its filing with the IRS. A copy of the final Form 990 is also provided to the voting members of the Organization's governing body prior to its filing with the IRS.

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

The Organization's conflict of interest policy is distributed to each member of the Organization's governing body, its officers, and its key employees who provide a disclosure statement. Such disclosure statement indicates that they have received, read, understood and agreed to comply with the policy, and certifying that: (1) they have no relationships or interests that present a conflict of interest, or (2) they have one or more conflicts of interest that have been fully disclosed as required by the policy and have been properly administered in conformity with the policy. The Organization's President is tasked with obtaining updated disclosure statements from each Board member annually. Any previously undisclosed conflicts of interest are forwarded to appropriate Organization officials to take appropriate actions as required by the policy.

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

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

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

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

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

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

The Organization makes its financial statements and its Form 990 available to the public through the Organization's website. The Organization's governing documents, conflict of interest policy, financial statements and Form 990 are available by mail upon request.

Form 990, Part VIII, Line 1g & Form 990, Part IX, Line 3:

Noncash contributions ("gifts in-kind"), including donated pharmaceuticals and medical supplies, are recognized as revenue at their estimated fair value on the date the gifts are received. The Organization only records the value of noncash contributions over which it exercises variance power. In general, the Organization's management estimates the fair value of donated pharmaceuticals using "wholesale acquisition cost," listed in reference materials including the IBM Micromedex RED BOOK, a widely-used drug and pricing reference guide for the pharmaceutical industry in the United States. The Organization's Management may apply discounts to the prices in the RED BOOK depending on the gift's condition or other factors. For gifts in-kind of pharmaceuticals and medical supplies that are sold in the United States market, the Organization has determined that the U.S. is the principal or most advantageous market for purposes of estimating fair value. If prices for a particular item are not available in the RED BOOK, the Organization estimates fair value using other online pricing sources. The Organization considers the valuation practices used for noncash contributions to be consistent with industry standards. The

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Organization's policy is to distribute donated pharmaceuticals and medical supplies, and those items are recognized as expenses when they are shipped from the Organization's warehouse or the date upon which the Organization no longer exercises practical control over those items.

Form 990, Part IX, Line 24a:

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