Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For the	2016 calendar year, or tax year beginning 00	T 1, 2016 and	ending Si	EP 30, 2017			
В	Check if applicable:	C Name of organization			D Employer id	lentific	ation number	
	Address change	MAP International, Inc.						
	Name change	Doing business as			36	-2586	390	
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone n	umber		
	Final return/	4700 Glynco Parkway	,		912-265-6010			
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		600,235,455.	
	Amende return				H(a) Is this a gr			
	Applica	F Name and address of principal officer: Steve	Stirling		for subord	-		
	pending	same as C above					cluded? Yes No	
$\overline{\Gamma}$	Tax-exe	mpt status: X 501(c)(3) 501(c) (◄ (insert no.) 4947(a)(1)	or 527	1		ist. (see instructions)	
		http://www.map.org	() ()		H(c) Group exe		,	
K	Form of o	organization: X Corporation Trust As	sociation Other >	L Year	of formation: 196		State of legal domicile: IL	
		Summary		·		•		
_	1 E	Briefly describe the organization's mission or most	significant activities: Global	Christia	n health			
Governance		organization that works to save lives						
rna	2 0	Check this box if the organization discor	ntinued its operations or dispo	sed of more	than 25% of its	net as	sets.	
ove.	3 1	lumber of voting members of the governing body		3	19			
Ğ		lumber of independent voting members of the go					18	
es 8		otal number of individuals employed in calendar y					47	
Ϋ́		otal number of volunteers (estimate if necessary)					340	
Activities &		otal unrelated business revenue from Part VIII, co					0.	
_	b N	Net unrelated business taxable income from Form	990-T, line 34			7b	0.	
					Prior Year		Current Year	
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			603,800,	491.	595,626,534.	
Revenue	9 F	Program service revenue (Part VIII, line 2g)			2,346,	522.	2,580,290.	
ě	10 li	nvestment income (Part VIII, column (A), lines 3, 4	and 7d)		76,	093.	70,397.	
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		265,	564.	754.	
	1	otal revenue - add lines 8 through 11 (must equal			606,488,	-	598,277,975.	
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		631,	706.	576,398,289.	
		Benefits paid to or for members (Part IX, column (A				0.	0.	
es	15 8	Salaries, other compensation, employee benefits (I			4,211,		4,685,965.	
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), I			252,	004.	72,000.	
ă	b T	otal fundraising expenses (Part IX, column (D), line						
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d			513,478,	-	57,686,010.	
		otal expenses. Add lines 13-17 (must equal Part I			518,573,		638,842,264.	
. (/	19 F	Revenue less expenses. Subtract line 18 from line	12		87,915,		<40,564,289.>	
SOC				Ве	ginning of Current	_	End of Year	
Sset	20 T	otal assets (Part X, line 16)			229,545,	_	188,316,456.	
Net Assets or Fund Balances	21 T	otal liabilities (Part X, line 26)			2,043,		1,403,853.	
		Net assets or fund balances. Subtract line 21 from	line 20		227,501,	863.	186,912,603.	
	art II	Signature Block	including accompanying achadula	a and atatam	anta and to the had	at of my	knowledge and balief it is	
	-	ties of perjury, I declare that I have examined this return, , and complete. Declaration of preparer (other than office				-	Knowledge and bellet, it is	
uuu	, сопесі,	, and complete. Declaration of preparer (other than office	1) is based oil all illioi lladioil of w	non preparer			0	
C:~		Signature of officer			Date	4/201	0	
Sig		Jason A. Merryman, Asst. Treasure	r ይ ሮቹር					
He	re	Type or print name and title	ı « cro					
		Print/Type preparer's name	Preparer's signature	П	Date Ch	neck	TI PTIN	
Pai		ed R. Batson, Jr.	Led R. Batsas	\ \	8/14/2018 se		-	
	-	Firm's name Capin Crouse LLP	map. 10 mga	/	Firm's E		36-3990892	
		Firm's address 1255 Lakes Parkway, STE	130					
		Lawrenceville, GA 30043			Phone n	0.678-	518-5301	
Ma	v the IR	S discuss this return with the preparer shown abo	we? (see instructions)		11 110110 11	J	X Yes No	

Ра	rt 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 global Christian health organization that	
	partners with people living in conditions of poverty to save lives and	
	develop healthier families and communities.	
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
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	l expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 495,893,255. including grants of \$ 452,106,541.) (Revenue \$	2,009,577.)
	Provide Essential Medicines-Distributing donated and purchased	<u> </u>
	medicines and supplies to health workers, village pharmacies,	
	dispensaries, clinics, hospitals and relief centers serving people	
	living in poor communities in 94 countries.	
	For additional information on MAP's activities please see Schedule O	
	04 050 500	200 100
4b	(Code:) (Expenses \$ 81,059,532. including grants of \$ 73,863,500.) (Revenue \$	328,489.
	Provide urgently needed medicines and health supplies to people	
	affected by disasters.	
4c	(Code:) (Expenses \$ 59,772,496. including grants of \$ 50,428,248.) (Revenue \$	242,224.)
70	Promote Community Health Development-Equipping families, health	
	workers, church leaders, and others to build comprehensive health	
	initiatives in their own communities by partnering in education,	
	training, information and awareness-raising. Prevent and mitigate	
	disease and other health threats - Providing medicines for vaccination	
	programs. Targeting specific diseases such as, Buruli Ulcer and Guinea	
	Worm.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 636,725,283.	,
		- 000 (aa.ta)

Form 990 (2016) MAP International, Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		х
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	v	Х
14a	, 1 , , ,	14a	Х	
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
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	טדו		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

			Yes	No
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
04-	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		х
h	Did the constitution of th	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
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? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			.,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		Λ
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ļ .		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	l

Form 990 (2016) MAP International, Inc. 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	

	Check if Schedule O contains a response or note to any line in this Part V					Х
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	56			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ıble gaming			
	(gambling) winnings to prize winners?			1c	Х	
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	47			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
				3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•		.,	
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	Х	
D	If "Yes," enter the name of the foreign country: See Schedule 0	000115	λ+ο (ΕΒΛΒ)			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			5a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5a 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			50		
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribute					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ set \ for \ goods \ for\$	vices p	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?	ı		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of the per			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received funds are required funds.			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			-		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	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:					
а	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				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l .	? I	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
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				
	Did the constitution of the following the fo		<u> </u>	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
					000	(2016)

Form 990 (2016) MAP International, Inc. 36-2586390 Page
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			Х			
Sec	tion 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 1a1	7					
	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.						
_	Enter the number of voting members included in line 1a, above, who are independent 1b1	3					
2							
•	officer, director, trustee, or key employee?	2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x			
4	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		х			
6		6		Х			
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>		-			
,	more members of the governing body?	7a		x			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
_	persons other than the governing body?	7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		,				
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a	Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	Х				
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	Λ				
·	in Schedule O how this was done	12c	х				
13	Did the organization have a written whistleblower policy?	13	Х				
14	Did the organization have a written document retention and destruction policy?	14	Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	х				
b	Other officers or key employees of the organization	15b	Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallab	ые				
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)						
10	· · ·	d finar	cial				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	u iirian	udl				
20	State the name, address, and telephone number of the person who possesses the organization's books and records:						
_0	Jason Merryman - 912-265-6010						
	4700 Glynco Parkway, Brunswick, GA 31525						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	Ĭ		((C)	•		(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	⊢	cer ar	ia a a	irecto	or/trus	itee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or c	stee			Highest compensated employee		(W-2/1099-MISC)	(***2/1099-141130)	organization
	organizations	trust	al tru		yee	educ		,		and related
	below	/id ual	Institutional trustee	ie.	Key employee	lest co	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) Steven G. Stirling	55.00									
President & CEO		Х		Х				201,611.	0.	25,875.
(2) Philip J. Mazzilli, Jr.	10.00									
Chairman		Х		Х				0.	0.	0.
(3) Mary Jane Lindholm	5.00									
Vice Chairman		Х		Х				0.	0.	0.
(4) Daniel D. Phelan	5.00									
Vice Chairman		Х		Х				0.	0.	0.
(5) James D. Barfoot	5.00									
Treasurer		Х		Х				0.	0.	0.
(6) Kenneth Gustavsen	5.00									
Secretary		Х		Х				0.	0.	0.
(7) Laurence Phelan	2.00									
Director		Х						0.	0.	0.
(8) Mark Bell	2.00									
Director		Х						0.	0.	0.
(9) Philip H. Street	2.00									
Director		Х						0.	0.	0.
(10) Susan Roeder	2.00									
Director		Х						0.	0.	0.
(11) Dr. James Sirleaf	2.00	-								
Director		Х						0.	0.	0.
(12) Allen Craig	2.00									
Director		Х				_		0.	0.	0.
(13) Peter Limeri	2.00									
Director		Х				_		0.	0.	0.
(14) Robert Rowan	2.00	-						_	_	_
Director		Х						0.	0.	0.
(15) Linda Freeman	2.00	-						_	_	_
Director		Х	_	_			_	0.	0.	0.
(16) Marc Hungerford	2.00							_	_	_
Director		Х	<u> </u>	_	_	_	<u> </u>	0.	0.	0.
(17) Cynthia L. Blandford	2.00	l								_
Director		Х						0.	0.	0. Earm 990 (2016)

Form **990** (2016)

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Part VII Section A. Officers, Directors, 1	Trustees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) Jon Glenn	2.00									
Director		Х						0.	0.	0.
(19) Richard Reynolds Director	2.00	x						0.	0.	0.
(20) Dale Herzog (part year)	2.00								•	
Director		x						0.	0.	0.
(21) Daniel C. Reed	55.00									
Asst. Treasurer & CFO				Х				97,742.	0.	13,247.
(22) Jason Elliott	40.00									
Asst. Secretary				Х				44,485.	0.	26,554.
(23) Jodi A. Ryan	55.00									
VP Global Giving		_				Х		101,549.	0.	5,395.
1b Sub-total		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	445,387.	0.	71,071.
c Total from continuation sheets to Pa	rt VII, Section A						ightharpoons	0.	0.	0.
d Total (add lines 1b and 1c)		<u>.</u>						445,387.	0.	71,071.
2 Total number of individuals (including b		ıose	liste	ed a	bove	e) wh	no re	eceived more than \$100	0,000 of reportable	

compensation from the organization

Yes No 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 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

Section B. Independent Contractors

\$100,000 of compensation from the organization

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
Douglas Shaw & Associates, Inc., 1717 Park		
Street, Suite 300, Naperville, IL 60563	Fundraising Consultant	244,218.
Sea to Sea Printing & Publishing		
PO Box 2117, Darien, GA 31305	Printing & Mailing Appeals	133,252.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	

Form 990 (2016) MAP Interna
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					3.2 3.1
iran		Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events		219,038.				
		Related organizations						
		Government grants (contributi						
ö		All other contributions, gifts, grant						
but the	-	similar amounts not included abov		595,407,496.				
اقظ	а	Noncash contributions included in lines	· · · · · · · · · · · · · · · · · · ·	585,404,936.				
a Co		Total. Add lines 1a-1f		>	595,626,534.			
				Business Code				
g	2 a	Handling & service fee		900099	2,580,290.	2,580,290.		
Program Service Revenue	b							
Se	С							
am	d							
Pg R	е							
<u>r</u>	f	All other program service reve	nue					
	g				2,580,290.			
	3	Investment income (including						
		other similar amounts)		> [83,040.			83,040.
	4	Income from investment of tax						
	5	Royalties		▶				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,797,094	. 24,027.				
	b	Less: cost or other basis						
		and sales expenses	1,809,383					
	С	Gain or (loss)	<12,289	.> <354.				
		Net gain or (loss)			<12,643.	>		<12,643.
une	8 a	Gross income from fundraising including \$ 219	•					
Other Rever		contributions reported on line						
ᇤ		Part IV, line 18	a	33,900.				
Ĕ	b	Less: direct expenses	b	123,716.				
١	С	Net income or (loss) from fund	Iraising events		<89,816.	>		<89,816.:
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities .					
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
	b	Less: cost of goods sold	b					
ļ	С	Net income or (loss) from sale:	s of inventory .					
ļ		Miscellaneous Revenu	е	Business Code				
	11 a							
	b							
	С							
		All other revenue			90,570.			90,570.
		Total. Add lines 11a-11d			90,570.			_,
	12	Total revenue. See instructions.			598,277,975.	2,580,290.	0.	71,151.

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 respons			, , ,	
	not include amounts reported on lines 6b, 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				
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	576,398,289.	576,398,289.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	500,628.	374,176.	20,193.	106,259.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	41,735.	0.425.400	110.071	41,735.
7	Other salaries and wages	2,854,876.	2,136,100.	118,871.	599,905.
8	Pension plan accruals and contributions (include	7/ 207	60 256	2 706	11 205
_	section 401(k) and 403(b) employer contributions)	74,287. 1,031,092.	60,256. 822,854.	2,706. 36,951.	11,325. 171,287.
9 10	Other employee benefits	1,031,092.	145,419.	6,530.	31,398.
11	Payroll taxes	103,347.	143,417.	0,330.	31,330.
	Management				
	Legal	46,632.	39,359.	4,971.	2,302.
	Accounting	91,076.	76,872.	9,709.	4,495.
	Lobbying	,	,	,	,
	Professional fundraising services. See Part IV, line 17	72,000.			72,000.
f	Investment management fees	22,368.		22,368.	
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	599,543.	508,937.	56,639.	33,967.
12	Advertising and promotion	329,802.	62,040.	6,303.	261,459.
13	Office expenses	590,926.	497,890.	20,784.	72,252.
14	Information technology	203,057.	171,866.	21,282.	9,909.
15	Royalties	225 505	202 274	20.070	44.455
16	Occupancy	337,507.	293,074.	30,278.	14,155.
17	Travel	471,966.	383,851.	16,646.	71,469.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,566.	18,533.	1,397.	4,636.
20	Interest	21,667.	5,440.	15,450.	777.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	607,924.	431,382.	84,319.	92,223.
23	Insurance	92,295.	70,416.	14,586.	7,293.
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 0.)				
а	Disposals/Return to Com	52,588,881.	52,588,881.	0.	0.
b	Supplies	1,135,231.	1,135,231.	0.	0.
С	Freight	321,747.	320,951.	0.	796.
d					
е	All other expenses	200,822.	183,466.	8,308.	9,048.
25	Total functional expenses. Add lines 1 through 24e	638,842,264.	636,725,283.	498,291.	1,618,690.
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)				- 000

Form 990 (2016) Part X Balance Sheet

Fai		Dalatice Stieet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,017,470.	1	2,183,153.
	2	Savings and temporary cash investments	22,173.	2	447.		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			365,173.	4	319,219.
	5	Loans and other receivables from current and for	ormer o	fficers, directors,			
		trustees, key employees, and highest compensation	ated en	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 501	(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use			219,984,438.	8	177,794,861.
	9	Prepaid expenses and deferred charges			241,276.	9	386,883.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,803,019.			
	b	Less: accumulated depreciation	10b	4,045,434.	6,225,349.	10c	5,757,585.
	11	Investments - publicly traded securities			1,689,424.	11	1,874,308.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			229,545,303.	16	188,316,456.
	17	Accounts payable and accrued expenses	1,069,813.	17	1,103,910.		
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to current and former	rofficer	s, directors, trustees,			
Ě		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela			516,160.	23	0.
	24	Unsecured notes and loans payable to unrelate	d third	oarties	200,000.	24	0.
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	3 17-24)	. Complete Part X of			
		Schedule D			257,467.	25	299,943.
	26	Total liabilities. Add lines 17 through 25			2,043,440.	26	1,403,853.
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here ▶ X and			
es		complete lines 27 through 29, and lines 33 and	ıd 34.				
anc	27	Unrestricted net assets			125,541,289.	27	87,905,779.
Fund Balances	28	Temporarily restricted net assets			98,185,404.	28	95,231,654.
l pu	29	Permanently restricted net assets		<u></u> <u>L</u>	3,775,170.	29	3,775,170.
		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 📖			
		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipmer	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			227,501,863.	33	186,912,603.
	34	Total liabilities and net assets/fund balances			229,545,303.	34	188,316,456.

Form **990** (2016)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		598	,277	<u>,975.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		638	,842	,264.
3	Revenue less expenses. Subtract line 2 from line 1	3		<40	,564	,289.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		227	,501	,863.
5	Net unrealized gains (losses) on investments	5			8	,126.
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			<33	,097.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		186	,912	,603.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Х
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	.,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule (D.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	ıdit			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

3b Form 990 (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

36-2586390 MAP International Inc Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	346,391,502.	317,650,284.	544,923,911.	603,800,491.	595,626,534.	2408392722.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	346,391,502.	317,650,284.	544,923,911.	603,800,491.	595,626,534.	2408392722.
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)						1256591943.
	Public support. Subtract line 5 from line 4.						1151800779.
	etion B. Total Support	() 22/2	"	() 00//	(, , , , , , ,		
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	346,391,502.	317,650,284.	544,923,911.	603,800,491.	595,626,534.	2408392722.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	E7 201	14 710	40 704	E0 01E	93 040	262 860
_	and income from similar sources	57,391.	14,710.	49,704.	59,015.	83,040.	263,860.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	26,498.	18,839.	38,045.	265,564.	124,470.	473,416.
11		20,150.	10,000.	30,013.	203,301.	121,170.	2409129998.
12	Gross receipts from related activities,	etc (see instructi	ons)			12	11,978,056.
13	First five years. If the Form 990 is for			d fourth or fifth ta			
.0	organization, check this box and stor	-	o mot, occoria, a m	a, roartri, or mar te	ax your as a scorio	11 00 1(0)(0)	
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2016 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	47.81 %
15	Public support percentage from 2015					15	48.50 %
16a	33 1/3% support test - 2016. If the o						
	stop here. The organization qualifies						▶ X
b	33 1/3% support test - 2015. If the o						is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			>
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instructions	<u>s</u> ▶□

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

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

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6					, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax vear as a section	on 501(c)(3) organi:	zation.
		-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2016 (column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves					1	,,
	Investment income percentage for 20					17	%
	Investment income percentage from					18	//
	a 33 1/3% support tests - 2016. If the						
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2015. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Page 4

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

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

		Yes	No
	1		
	2		
	За		
L	3b		
	3с		
	10		
	4a		
	4b		
	4c		
	5a		
	Ju		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	-		
	9с		
	10a		
	401		
	10b		

	Addition (1 cm) coc circoc LL) 2010	700370	Г	age 3
Pa	rt IV Supporting Organizations (continued)		1,,	
11	Has the examination accounted a gift or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	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.	11c		
	tion B. Type I Supporting Organizations			<u> </u>
	<u> </u>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1,,	
_	Did the constitution was ide to each of its comparted approximations by the last day of the fifth wearth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions	s)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а		0-		
L	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instr						
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	ganization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2016

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
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	ne organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
_	and 4c			
8	Breakdown of line 7:			
<u>a</u>	5 (2010			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A, Part II, Line 10, Explanation for Other Income:
Other Income
2012 Amount: \$ 26,498.
2013 Amount: \$ 18,839.
2014 Amount: \$ 38,045.
2015 Amount · \$ 265 564
2016 Amount: \$ 90,570.
Fundraising event fees
2016 Amount: \$ 33,900.
2010 Imoune: \$\tau\$ 00,500.

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

Department of the Treasury Internal Revenue Service

MAP International, Inc.

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

36-2586390

Name of the organization

Employer identification number

Organization type (check one): Filers of: Section: 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______
\$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

	,	, (/	3
Name of organization				Employer identification number
MAP International.	Inc.			36-2586390

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional additional contributors.	tional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$106,975,717.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$68,755,718. 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$52,586,791.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$21,458,101.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MAP International, Inc.

36-2586390

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al spa	ace is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
7		\$.	21,035,930.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
8	Name, audress, and ZIF + 4	\$.	14,264,979.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
9		\$_	14,141,268.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No. 10	Name, address, and ZIP + 4	\$_	Total contributions 13,092,613.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	\$	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)

MAP International, Inc.

36-2586390

Part II	Noncash Property (See instructions). Use duplicate copies of Pa	art 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
	Medicines & Medical Supplies		
1			
		\$ 126,996,508.	09/30/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	Medicines & Medical Supplies		
2			
		\$ 106,975,717.	09/30/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	Medicines & Medical Supplies		
3			
		\$ 68,755,718.	09/30/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	Medicines & Medical Supplies		
4			
		\$ 52,586,791.	09/30/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	Medicines & Medical Supplies		
5		—	
		\$ 42,678,468.	09/30/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	Medicines & Medical Supplies		
6			
	[\ \$ 21,458,101.	09/30/17
623453 10-1	0 16		990. 990-EZ. or 990-PF) (2016)

MAP International, Inc.

36-2586390

Part II	Noncash Property (See instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	Medicines & Medical Supplies		
7		_	
		\$\$	09/30/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
8	Medicines & Medical Supplies	_	
		\$\$	09/30/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	Medicines & Medical Supplies		
9			
		\$\$	09/30/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	Medicines & Medical Supplies		
10			
		\$\$	09/30/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
600450 10 1	0.40		200 200-F7 or 200-PF) (2016)

Name of orga	anization		Employer identification number
MAD Inton	matical Tax		26 2506200
Part III	national, Inc. Exclusively religious, charitable, etc., contr	ibutions to organizations describe	36–2586390 red in section 501(c)(7), (8), or (10) that total more than \$1,000 f
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	olumns (a) through (e) and the foll	Illowing line entry. For organizations
	Use duplicate copies of Part III if additiona		7 Of less for the year. (Enterthis into, once.)
(a) No. from			(05 (1
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.			
-			
-		(e) Transfer of g	
		(e) Transier or g	girt
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
			·
-			
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1 4111			
]			
.			
		(e) Transfer of g	gift
	Transferee's name, address, an	nd 7IP + 4	Relationship of transferor to transferee
	Transition of Transition		Troising or delivered to a director
.			
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
raiti			
-			
		(e) Transfer of g	gift
	Transferee's name, address, an	nd 7ID ± 4	Relationship of transferor to transferee
	Transfer & Traine, address, an	IN ZII I I	Trotationomp of transfer of to transfer of
(a) No	Т		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
raiti			
-			
.			
_			
		(e) Transfer of g	gift
	Transferee's name, address, an	nd 7IP ± 4	Relationship of transferor to transferee
<u> </u>	n ansieree's name, address, ar	IU 4IF T T	กะเลนงแอแม่ งา แสแจเยเงา เง แสแจเยเยย
-			

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MAP International, Inc.

Employer identification number 36-2586390

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		IS Or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	•	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year ►		
4	Number of states where property subject to conservation eas	-	•
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing co	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserv	ation easements during the year
_	\$		70 (L) (A) (D) (D)
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	,
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describe	s the organization's accounting for
Da	conservation easements. rt III Organizations Maintaining Collections of	Art Historical Treasures or	Other Similar Assets
· u	Complete if the organization answered "Yes" on Form		other ommar Addets.
12	If the organization elected, as permitted under SFAS 116 (ASC		oment and halance sheet works of art
ıa	historical treasures, or other similar assets held for public exh	•	
	the text of the footnote to its financial statements that describ		ance of public service, provide, in Fart Alli,
h	If the organization elected, as permitted under SFAS 116 (ASC		nt and halance shoot works of art, historical
D	, .		•
	treasures, or other similar assets held for public exhibition, ed	ideation, or research in furtherance of p	nubile service, provide the following amounts
	relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
0		peuroe, or other similar assets for finance	·
2	If the organization received or held works of art, historical trea		nai gain, provide
•	the following amounts required to be reported under SFAS 11 Revenue included on Form 990, Part VIII, line 1		• •
a h	Assets included in Form 990, Part X		
IJ	Assets included in Form 330, fall A		Ψ Ψ

Par	rt III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Oth	er Similar As	sets(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant use of	its collection	items
	(check all that apply):						
а	Public exhibition	d	Loan or excl	nange programs			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explair	n how they further th	ne organization's ex	empt purpose in	Part XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	sures, or other simila	ar assets		
	to be sold to raise funds rather than to be ma					Yes	No_
Par	rt IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "Yes" o	n Form 990, Part	IV, line 9 , or	
	reported an amount on Form 990, Pa	rt X, line 21.					
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribution	s or other assets no	ot included		
	on Form 990, Part X?					Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				
						Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	istodial account liab	oility?	Yes	└─ No
	If "Yes," explain the arrangement in Part XIII.						
Par	rt V Endowment Funds. Complete i	· · · · · · · · · · · · · · · · · · ·					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba		years back
1a	0 0 ,	3,775,170.	3,775,170.	3,775,170.	3,775,1	70. 3,	775,170.
b	Contributions						12,578.
С	Net investment earnings, gains, and losses	56,885.	82,269.	12,611.	15,08	89.	<12,578.
d	1						
е	Other expenditures for facilities	56 005	00.060	10 (11	15.00		
	and programs	56,885.	82,269.	12,611.	15,08	89.	
Ť	Administrative expenses	2 775 170	2 775 170	2 775 170	2 775 17	70 2	775 170
g	End of year balance	3,775,170.	3,775,170.	3,775,170.	3,775,1	70. 3,	775,170.
2	Provide the estimated percentage of the curr			ij) neid as:			
a	Board designated or quasi-endowment Permanent endowment 100.00	.00	_%				
b		% .00 %					
C	The percentages on lines 2s, 2h, and 2s she						
32	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		ation that are hold a	nd administered for	the organization		
Ja	by:	sssion of the organiza	ation that are neid a	na administered for	the organization	Г	Yes No
	(i) unrelated organizations					3a(i)	X
	an in the state of						X
h	If "Yes" on line 3a(ii), are the related organiza						
4	Describe in Part XIII the intended uses of the	· · · · · · · · · · · · · · · · · · ·					
Par	rt VI Land, Buildings, and Equipm		William Tarras.				
	Complete if the organization answere		, Part IV, line 11a. S	See Form 990, Part >	(, line 10.		
	Description of property	(a) Cost or of			Accumulated	(d) Book	value
	,	basis (investr		1	epreciation	()	
1a	Land			305,081.			305,081.
	Buildings		5	,735,428.	1,445,588.	4,	289,840.
	Leasehold improvements					·	
	Equipment		3	,719,368.	2,599,846.	1,	119,522.
	Other			43,142.		<u> </u>	43,142.
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)		5,	757,585.
	• , , ,	•	` //			hula D /Farra	

Schedule D) (Form 990) 2016 MAP International	l, Inc.		36-2586390	Page 3
Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line			
(a) Descrip	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market	et value
(1) Financi	ial derivatives				
(2) Closely	-held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	(b) must squal Form 000 Part V sol (D) line 10)				
	(b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.				
I alt VIII	_	on Form 000 Port IV line	11a Cao Farm 000 Dort V lin	no 10	
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		Cost or end-of-year marke	et value
(1)	(a) Decemple of any occurrent	(D) Book value	(e) mornou or valuation.		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX					
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, lir	ne 15.	
	(a)	Description		(b) Book	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal Form 990, Part X, col. (B) line	e 15.)		>	
Part X	Other Liabilities.	5 000 D 1 N 1	11 11(0 5 000 5	1.37 11 05	
	Complete if the organization answered "Yes"		(b) Book value	irt X, line 25.	
1.	(a) Description of liability		(b) Book value		
	deral income taxes		200 042		
	nuity Reserve Payable		299,943.		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	umn (b) must equal Form 990, Part X, col. (B) line	0.25)	299,943.		
i Ulai. (UU/l	annı (b) must eyuan Onn 330, Fan A, COl. (B) IIII	<i>- ∠∪.)</i>	477,743.		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) _____ ▶ 299, 943.

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 Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir		Revenue per R	leturn.	
1 Tota	al revenue, gains, and other support per audited financial statements			1	598,362,997.
	ounts included on line 1 but not on Form 990, Part VIII, line 12:				
	unrealized gains (losses) on investments	2a	8,126.		
	nated services and use of facilities				
	overies of prior year grants				
	er (Describe in Part XIII.)		123,716.		
	I lines 2a through 2d			2e	131,842.
	stract line 2e from line 1			3	598,231,155.
	ounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Inve	estment expenses not included on Form 990, Part VIII, line 7b	4a	13,723.		
b Othe	er (Describe in Part XIII.)	4b	33,097.		
	l lines 4a and 4b			4c	46,820.
	al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			5	598,277,975.
Part XI	Reconciliation of Expenses per Audited Financial St		Expenses per	Return	l .
	Complete if the organization answered "Yes" on Form 990, Part IV, lir				
	al expenses and losses per audited financial statements			1	638,952,257.
	ounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
	nated services and use of facilities				
	r year adjustments				
	er losses				
	er (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·	123,716.		
	I lines 2a through 2d			2e	123,716.
	stract line 2e from line 1			3	638,828,541.
	ounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	12 502		
	estment expenses not included on Form 990, Part VIII, line 7b		13,723.		
	er (Describe in Part XIII.)				12 722
	I lines 4a and 4b			4c	13,723.
	al expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 1. III Supplemental Information.	o.)		5	030,042,204.
	ne descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			4; Part X,	line 2; Part XI,
Part V,	line 4:	tivitios			
MAP S EI	ndowment rund is used to support our grobal program ac	civicies.			
Part XI	, Line 2d - Other Adjustments:				
Fundrais	sing Expenses	123,716.			
Part XI	, Line 4b - Other Adjustments:				
Change i	in value of annuities	33,097.			
Part XII	I, Line 2d - Other Adjustments:				
Fundrais	sing Expenses	123,716.			

Schedule D	(Form 990) 2016	MAP Internation	nal, Inc.	36-2586390	Page 5
Part XIII	Supplemental Inf	MAP Internation formation (continued)			

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.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Name of the organization

Employer identification number

MAP International, Inc. 36-2586390 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I 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? ____X 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 (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees, agents, and independent expenditures is a program service, offices (by type) (such as, fundraising, profor and in the region gram services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in the region in the region in the region Health Promo & South America Program Services Development 799,577. Grants to recipients 1,845,799. South America 0 located in region Health Promo & Program Services Sub-Saharan Africa 81 Development 3,243,405. Grants to recipients 0 located in region 134,629,608. Sub-Saharan Africa East Asia and the Grants to recipients Pacific 3,894,094. 0 located in region Grants to recipients Central America and Caribbean 0 located in region 403,175,886. Grants to recipients located in region 13,465,769. Europe Middle East and Grants to recipients North Africa 0 located in region 7,476,068. 3 a Sub-total 111 568,530,206. **b** Total from continuation 0 sheets to Part I 11,911,065. c Totals (add lines 3a 580,441,271. and 3b)

	n of Activitie		n.(Schedule F (Form 990), Part I, line 3)	30-23863	Page 1
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
				., .	
North America	0		Grants to recipients located in region		2,902,782.
Russia and Neighboring States	0		Grants to recipients located in region		850,639.
South Asia	0		Grants to recipients Located in region		8,157,644.
Totals					11,911,065.

MAP International, Inc.

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)
		Sub-Saharan						
			Community Development	3,609.	Check	7,785.	Solar Equipment	Cost
		Sub-Saharan Africa	Buruli Ulcer	13,807.	Chook	2 655	Medical Equipment	Cost
		AIIICa	Buluii oicei	13,007.	check	2,033.	Medical Equipment	COSC
		Sub-Saharan						
		Africa	Community Development	11,349.	Check	0.		
		Sub-Saharan						
		Africa	Medicines	624,047.	Check	0.		
		Sub-Saharan Africa	Medical Research	12,219.	Check	0.		
			Construction Dormitory Girls					
		Africa	Education	32,116.	Check	0.		
		Sub-Saharan	Community Development				Vehicle, Medicine	
		Africa	& Leprosy	0.		45,569.	& Supplies	Cost
							Vehicle & Office	
		South America	Community Development	10,899.	Check	6,958.	Equipment	Net Book 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	>
3	Enter total number of other organizations or entities	>

Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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.			Building & Med Equipment	Net Book Value
		East Asia and the Pacific	Community Development	18,360.	Wire	0.		
		Sub-Saharan Africa	Buruli Ulcer	44,536.	Wire/Check	0.		
				,				
		Sub-Saharan Africa	Community Development	8 285	Wire/Check	0.		
				1,211	, , , , , , , , , , , , , , , , , , , ,			
		South America	Community Development	23,994.	Check	33,709.	Office Furniture & Equipment	Net Book Value
							M- 31 -1 /M- 31 1	Dada Manhat
		Central America and the Caribbean	Community Development	0.		68,873.	Medicines/Medical Supplies	Value
		Central America					Medicines/Medical	Enin Markat
			Community Development	0.			Supplies	Value
							M- 41 -1 /M- 41 1	Dada Manhah
		Central America and the Caribbean	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		Central America and the Caribbean	Community Development	0.		9,168.	Medicines/Medical Supplies	Fair Market Value

Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		5,626.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		50,301.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		14,564.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		11,599.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		10,313.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		37,810.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		20,098.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		32,057.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		7,535.	Supplies	Value

11,079.Supplies

Value

and the Caribbean Community Development

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		6,448.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		225,497.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		22,569.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		11,553.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		10,934.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		6,492.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		30,483.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		23,651.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		5,499.	Supplies	Value

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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, FM appraisal, other)
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		34,380.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		17,772.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		13,094.	Supplies	Value
		Central America					Medicines/Medical	
		and the Caribbean	Community Development	0.		32,923.	Supplies	Value
		Central America	Community Dove lonnont				Medicines/Medical	Fair Market Value
		and the Caribbean	Community Development	0.		40,495.	Supplies	value
		Central America and the Caribbean	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		Central America					Medicines/Medical	Pair Markot
			Community Development	0.		88,660.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		6,086.	Supplies	Value

Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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					Medicines/Medical	Fair Market
			Community Development	0.		24,284.	Supplies	Value
		G						Today Woodback
		Central America and the Caribbean	Community Development	0.			Medicines/Medical Supplies	rair market Value
			Community Dove Topmone			22,020.	- applies	
		Central America		_			Medicines/Medical	
		and the Caribbean	Community Development	0.		8,808.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		52,338.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
								L
		Central America and the Caribbean	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		and the Calibbean	Community Development	0.		23,203.	Buppiles	value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		32,053.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Fair Markot
			Community Development	0.			Medicines/Medical Supplies	Value
				<u> </u>	l .	,,		

28,609.Supplies

Value

and the Caribbean Community Development

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		7,504.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		5,311.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Fair Markot
			Community Development	0.			Supplies	Value
						,		
		Central America					Medicines/Medical	Roin Manhat
			Community Development	0.			Medicines/Medical Supplies	Value
						,		
		Central America and the Caribbean	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
				•		.,,		
								L
		Central America and the Caribbean	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		and the Caribbean	Community Development			11,/12.	habbites	Value
		Central America					Medicines/Medical	
		and the Caribbean	Community Development	0.		37,840.	Supplies	Value

Medicines/Medical Fair Market

Value

88,182.Supplies

Central America

and the Caribbean Community Development

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		51,582.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		128,717.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Esin Manket
			Community Development	0.			Supplies	Value
			_	-		,		
		Control Amenica					Medicines/Medical	Roin Manhat
		Central America and the Caribbean	Community Development	0.			Medicines/Medical Supplies	Fair Market Value

Medicines/Medical Fair Market

Value

38,486.Supplies

Central America

and the Caribbean Community Development

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		18,596.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		29,457.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		9,789.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		9,189.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		38,478.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		14,288.	Supplies	Value
		Central America					Medicines/Medical	
		and the Caribbean	Community Development	0.		15,372.	Supplies	Value
		Central America					Medicines/Medical	
		and the Caribbean	Community Development	0.		21,330.	Supplies	Value
		Central America		_			Medicines/Medical	
		and the Caribbean	Community Development	0.		9,101.	Supplies	Value

Medicines/Medical Fair Market

Value

36,890.Supplies

Central America

and the Caribbean Community Development

Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)	J
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					Medicines/Medical	Fair Market
			Community Development	0.		10,190.	Supplies	Value
		G						Today Wasshad
		Central America and the Caribbean	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
			community povolopment			20,702.	- applies	
		Central America		_			Medicines/Medical	
		and the Caribbean	Community Development	0.		6,288.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		5,776.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America and the Caribbean	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
			community bevelopment	•		,,,,,,,,,	Supplies	Value
		Central America		_			Medicines/Medical	
		and the Caribbean	Community Development	0.		10,151.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		47,760.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value

Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		24,585.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		130,061.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		17,405.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		14,598.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		18,160.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		6,872.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		22,173.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		94,028.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		21,944.	Supplies	Value

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), 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					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		15,180.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		47,760.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		11,749.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		5,757.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		24,003.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		13,220.	Supplies	Value
		Central America					Medicines/Medical	
		and the Caribbean	Community Development	0.		26,012.	Supplies	Value
		Central America		_			Medicines/Medical	
		and the Caribbean	Community Development	0.		25,120.	Supplies	Value
		Central America		_		40.450	Medicines/Medical	
		and the Caribbean	Community Development	0.		40,150.	Supplies	Value

Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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					Medicines/Medical	Fair Market
			Community Development	0.		6,384.	Supplies	Value
		Central America					Medicines/Medical	Fair Markot
			Community Development	0.		11.552.	Supplies	Value
		Central America	Community Davidonnont	0.		22 000	Medicines/Medical	
		and the Caribbean	Community Development	0.		23,880.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		32,149.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.		13,612.	Supplies	Value
		Central America					Medicines/Medical	Esia Markat
			Community Development	0.		7 782.	Medicines/Medical Supplies	Value
						.,		
		Central America					Medicines/Medical	
		and the Caribbean	Community Development	0.		76,927.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		11,915.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.		356,842.	Supplies	Value

Part II Continuation	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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					Medicines/Medical	Fair Market
			Community Development	0.		18,657,880.		Value
		G						Today Wasshad
		Central America and the Caribbean	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
			community povolopment			,,,,,,	- applies	
		Central America		_			Medicines/Medical	
		and the Caribbean	Community Development	0.		22,157.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		13,738.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America and the Caribbean	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		and the carroscan	community bevelopment	· ·		11,101.	Supplies	Value
		Central America		_			Medicines/Medical	
		and the Caribbean	Community Development	0.		14,369.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		18,574.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		23,880.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		6,287.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.		27,348.	Supplies	Value
		Central America					Medicines/Medical	Fair Markot
			Community Development	0.			Supplies	Value

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		10,119.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		20,180.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		18,621.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.		7,991.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.		9,201.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.		10,776.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value

5,141. Supplies

Value

and the Caribbean Community Development

Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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.			Medicines/Medical Supplies	Fair Market Value
		Central America and the Caribbean	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		Central America and the Caribbean	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		Central America and the Caribbean	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		Central America and the Caribbean	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		Central America and the Caribbean	Community Development	0.		26,721,228.	Medicines/Medical Supplies	Fair Market Value
		Central America and the Caribbean	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		Central America and the Caribbean	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		Central America and the Caribbean	Community Development	0.			Medicines/Medical Supplies	Fair Market Value

Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		56,808.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
						,		
								L
		Central America and the Caribbean	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		and the Calibbean	Community Development	0.		30,320.	Buppiles	value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		11,622.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		20,121.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Esin Manket
			Community Development	0.			Medicines/Medical Supplies	Value
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Central America					Medicines/Medical	
		and the Caribbean	Community Development	0.		11,964.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		25,947.	Supplies	Value

Part II Continuation	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)	<u> </u>
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America					Madiainas/Madia	Bodo Monlect
			Community Development	0.			Medicines/Medical Supplies	rair market Value
			Development			200,020.	5497102	
		Central America				00 15	Medicines/Medical	
		and the Caribbean	Community Development	0.		22,157.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		20,876.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		8,606.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Wair Markot
		and the Caribbean	Community Development	0.			Medicines/Medical Supplies	rair market Value
						-,		
		Central America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		and the Caribbean	Community Development	L 0.		0,088.	bubbites	varue

96,809.Supplies

Value

and the Caribbean Community Development

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), 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					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		8,996.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		14,120.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		24,212.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		7,507.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		23,880.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		11,868.	Supplies	Value
		Central America					Medicines/Medical	
		and the Caribbean	Community Development	0.		16,442.	Supplies	Value
		Central America					Medicines/Medical	
		and the Caribbean	Community Development	0.		17,100.	Supplies	Value
		Central America		_		F. 05.	Medicines/Medical	
		and the Caribbean	Community Development	0.		56,956.	Supplies	Value

Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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					Medicines/Medical	Fair Market
			Community Development	0.		10,630.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.		34,959.	Supplies	Value
		Central America					Medicines/Medical	Fair Markot
			Community Development	0.		37,863,478 .		Value
						, ,		
								L
		Central America and the Caribbean	Community Development	0.		15 297	Medicines/Medical Supplies	Fair Market Value
		Central America	Community Development	0.		0 560	Medicines/Medical Supplies	Fair Market Value
		and the Calibbean	Community Development	0.		0,300.	Suppires	value
		Central America				F0 000	Medicines/Medical	
		and the Caribbean	Community Development	0.		52,228.	Supplies	Value
		Central America					Medicines/Medical	
		and the Caribbean	Community Development	0.	1	44,373.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		5,626.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		52,748.	Supplies	Value

Part II Continuation	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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					Medicines/Medical	Fair Market
			Community Development	0.		11,514.	Supplies	Value
		Gt						Taka Manbak
		Central America and the Caribbean	Community Development	0.			Medicines/Medical Supplies	rair market Value
		0110 0111 0111	community povolopment			00,272	- applies	
		Central America					Medicines/Medical	
		and the Caribbean	Community Development	0.		11,079.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		12,313.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America and the Caribbean	Community Development	0.			Medicines/Medical Supplies	rair market Value
		and the carragean	community bevelopment	•		15,700.	Supplies	Value
		Central America		_			Medicines/Medical	
		and the Caribbean	Community Development	0.		41,554.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		11,079.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value

Medicines/Medical Fair Market

Value

10,251.Supplies

Central America

and the Caribbean Community Development

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		8,009.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		6,288.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		31,289.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value

23,027. Supplies

Value

and the Caribbean Community Development

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		11,079.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.		23,880.	Supplies	Value
						•		
		Central America					Madiainaa/Madi1	Bain Manhat
			Community Development	0.		14 570	Medicines/Medical Supplies	Fair Market Value
		Central America	G			12 221	Medicines/Medical	
		and the Caribbean	Community Development	0.		13,231.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		6,743.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		9,422.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America					Medicines/Medical	Fair Markot
			Community Development	0.		10 011.	Medicines/Medical Supplies	Value
								1
		Central America	Community Dayslan	_		42 250	Medicines/Medical	
		and the Caribbean	Community Development	0.		42,359.	Supplies	Value

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		13,063.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		26,607.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		12,468.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		6,361.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		40,577.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		351,762.	Supplies	Value
		Central America					Medicines/Medical	
		and the Caribbean	Community Development	0.		19,109.	Supplies	Value
		Central America					Medicines/Medical	
		and the Caribbean	Community Development	0.		7,252.	Supplies	Value
		Central America					Medicines/Medical	
		and the Caribbean	Community Development	0.		5,217,124.	Supplies	Value

Part II Continuation	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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					Medicines/Medical	Fair Market
			Community Development	0.		79,217.	Supplies	Value
		G						Doda Manhat
		Central America and the Caribbean	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
			community povolopment			20,200.	- applies	
		Central America	_	_			Medicines/Medical	
		and the Caribbean	Community Development	0.		23,034.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		23,880.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value
		Central America and the Caribbean	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
			community peveropment	•		10,11,	Supplies	Value
		Central America	_	_			Medicines/Medical	
		and the Caribbean	Community Development	0.		73,088.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		12,926.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
			Community Development	0.			Supplies	Value

71,912.Supplies

Value

and the Caribbean Community Development

Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		7,594.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		5,776.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		13,976.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		12,377.	Supplies	Value
		Central America					Medicines/Medical	Fair Market
		and the Caribbean	Community Development	0.		8,631.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		9,142.	Supplies	Value
		East Asia and the					Medicines/Medical	
		Pacific	Community Development	0.		54,862.	Supplies	Value
		East Asia and the	_	_			Medicines/Medical	
		Pacific	Community Development	0.		16,296.	Supplies	Value
		East Asia and the		_			Medicines/Medical	
		Pacific	Community Development	0.		9,401.	Supplies	Value

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		21,126.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.			Supplies	Value
						·		
		East Asia and the					Medicines/Medical	Eain Market
		Pacific	Community Development	0.			Medicines/Medical Supplies	Value
				-		, -		
		East Asia and the Pacific	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		rucific	Community Development	٠.		25,502.	Duppiles	Value
		East Asia and the					Medicines/Medical	
		Pacific	Community Development	0.		5,030.	Supplies	Value
		East Asia and the					Medicines/Medical	
		Pacific	Community Development	0.		13,153.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		15,701.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		11,079.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		6,711.	Supplies	Value

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		5,249.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.			Supplies	Value
		East Asia and the					Medicines/Medical	Eain Market
		Pacific	Community Development	0.			Medicines/Medical Supplies	Value
				-		, -		
		East Asia and the Pacific	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		rucific	Community Development	••		11,517.	Duppiles	Value
		East Asia and the					Medicines/Medical	
		Pacific	Community Development	0.		5,249.	Supplies	Value
		East Asia and the					Medicines/Medical	
		Pacific	Community Development	0.		17,066.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		6,571.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		11,703.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		52,471.	Supplies	Value

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		9,236.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		11,229.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		10,716.	Supplies	Value
		East Asia and the					Medicines/Medical	Esin Markot
		Pacific	Community Development	0.		110,801.	Supplies	Value
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		East Asia and the Pacific	Community Development	0.		7 133	Medicines/Medical Supplies	Fair Market Value
		- 401110	Community, Soverspinens	•		,,200.		
		East Asia and the Pacific	Community Development	0.		7 023	Medicines/Medical Supplies	Fair Market Value
		racific	Community Development	0.		7,025.	puppiles	value
		East Asia and the Pacific	Community Dove lonnont	0.			Medicines/Medical	
		FACILIC	Community Development	0.		10,037.	Supplies	Value
		East Asia and the		_			Medicines/Medical	
		Pacific	Community Development	0.		5,291.	Supplies	Value
		East Asia and the					Medicines/Medical	
		Pacific	Community Development	0.		9,048.	Supplies	Value

Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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					Medicines/Medical	Fair Market
		Pacific	Community Development	0.			Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.			Supplies	Value
						·		
		East Asia and the					Medicines/Medical	Fair Markot
		Pacific	Community Development	0.			Medicines/Medical Supplies	Value
						,		
								L
		East Asia and the Pacific	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		1401110	Community Development	· ·		12,021.	Supplies	Value
		East Asia and the					Medicines/Medical	
		Pacific	Community Development	0.		11,805.	Supplies	Value
		East Asia and the					Medicines/Medical	
		Pacific	Community Development	0.		24,645.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		71,282.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		80,587.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		5,985.	Supplies	Value

Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		10,228.	Supplies	Value
		East Asia and the Pacific	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		1401110	Community Development	•		10,505.	Supplies	Value
		East Asia and the					Medicines/Medical	
		Pacific	Community Development	0.		64,303.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		91,527.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		5,249.	Supplies	Value
		East Asia and the Pacific	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		East Asia and the	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
			Development	0.				
		East Asia and the Pacific	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		East Asia and the Pacific	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
				<u> </u>	<u> </u>	,,		

Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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					Medicines/Medical	Fair Market
		Pacific	Community Development	0.			Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.			Supplies	Value
		East Asia and the					Medicines/Medical	Pair Markot
		Pacific	Community Development	0.			Medicines/Medical Supplies	Value
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		East Asia and the Pacific	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		- 401110				25,725.	5 4 5 7 1 1 5 1	
		East Asia and the Pacific	Community Development	0.			Medicines/Medical	Fair Market Value
		Pacific	Community Development	0.		31,020.	Supplies	value
		East Asia and the					Medicines/Medical	
		Pacific	Community Development	0.		13,750.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		9,329.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		6,215.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		7,121.	Supplies	Value

Part II Continuati	ion of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organizat	(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					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		7,411.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		23,880.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		22,348.	Supplies	Value
						,		
		L						L
		East Asia and the Pacific	Community Development	0.		9 851	Medicines/Medical Supplies	Fair Market Value
			community bevelopment	· · ·		3,031.	Pappiles	Value
		East Asia and the					Medicines/Medical	
		Pacific	Community Development	0.		406,348.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		11,230.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		7,268.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		22,361.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		8,309.	Supplies	Value

Part II Continuation of	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					Medicines/Medical	Fair Market			
		Pacific	Community Development	0.		7,849.	Supplies	Value			
		East Asia and the					Medicines/Medical	Fair Market			
		Pacific	Community Development	0.			Supplies	Value			
		East Asia and the					Medicines/Medical	Fair Market			
		Pacific	Community Development	0.			Supplies	Value			
		East Asia and the					Medicines/Medical	Fair Market			
		Pacific	Community Development	0.			Supplies	Value			
						,					
		Bost Asia and the					Madiainaa/Madiaal	Dain Manhat			
		East Asia and the Pacific	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
						, -					
		L						L			
		East Asia and the Pacific	Community Development	0.		1,172,541.	Medicines/Medical	Fair Market Value			
						2,272,012.	5 4 5 7 1 1 5 1				
		East Asia and the Pacific	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		racific	Community Development	0.		30,000.	buppires	value			
		East Asia and the	Gammunitus Davidarius				Medicines/Medical				
		Pacific	Community Development	0.		19,763.	Supplies	Value			
		East Asia and the					Medicines/Medical				
		Pacific	Community Development	0.		8,008.	Supplies	Value			

Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		23,880.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		243,667.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		12,351.	Supplies	Value
		East Asia and the					Medicines/Medical	Fair Market
		Pacific	Community Development	0.		6,482.	Supplies	Value
							Medicines/Medical	Fair Market
		Europe	Community Development	0.		13,311,847.	Supplies	Value
							Medicines/Medical	Fair Market
		Europe	Community Development	0.		38,909.	Supplies	Value
							Medicines/Medical	
		Europe	Community Development	0.		104,249.	Supplies	Value
							Medicines/Medical	
		Europe	Community Development	0.		6,339.	Supplies	Value
		Middle East and					Medicines/Medical	
		North Africa	Community Development	0.		7,103.	Supplies	Value

Part II Continuation o	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)			
							Medicines/Medical	Fair Market			
		North America	Community Development	0.		7,984.	Supplies	Value			
							Medicines/Medical	Fair Market			
		North America	Community Development	0.		8,017.	Supplies	Value			
							Medicines/Medical				
		North America	Community Development	0.		18,074.	Supplies	Value			
		_					Medicines/Medical				
		North America	Community Development	0.		106,365.	Supplies	Value			
							Medicines/Medical				
		North America	Community Development	0.		9,636.	Supplies	Value			
		North America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		North America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		North America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		North America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			

Part II Continuation o	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)			
							Medicines/Medical	Fair Market			
		North America	Community Development	0.			Supplies	Value			
		North America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		North America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		Horom inneriou	community bevelopment			3,001.	Supplies	, varue			
							Medicines/Medical				
		North America	Community Development	0.		17,385.	Supplies	Value			
							Medicines/Medical	Fair Market			
		North America	Community Development	0.		14,971.	Supplies	Value			
							Medicines/Medical	Fair Market			
		North America	Community Development	0.		9,296.	Supplies	Value			
							Medicines/Medical	Fair Market			
		North America	Community Development	0.			Supplies	Value			
		North America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		rioz cii imici ica	powerfull peveropment	0.		35,010.	54551100				
							Medicines/Medical	Fair Market			
		North America	Community Development	0.		7,861.	Supplies	Value			

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)	r age <u>a</u>
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
							Medicines/Medical	Fair Market
		North America	Community Development	0.		17,836.	Supplies	Value
							Medicines/Medical	Fair Market
		North America	Community Development	0.		5,757.	Supplies	Value
							Medicines/Medical	Fair Market
		North America	Community Development	0.		10,512.	Supplies	Value
							Medicines/Medical	
		North America	Community Development	0.		22,157.	Supplies	Value
			_	_			Medicines/Medical	
		North America	Community Development	0.		5,592.	Supplies	Value
		North America	Community Development	0.			Medicines/Medical	Fair Market Value
		North America	community Development	0.		136,325.	Supplies	value
		North America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
				· · ·		25,000.		
								mada, Manil
		North America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
							Medicines/Medical	Eain Manist
		North America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value

Part II Continuation o	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.			Medicines/Medical Supplies	Fair Market Value			
		North America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
						,					
		North America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		HOTOH IMMOTTON	Sommarie, Severephene			0,310.	Supplies	, warde			
							Medicines/Medical				
		North America	Community Development	0.		7,741.	Supplies	Value			
							Medicines/Medical				
		North America	Community Development	0.		13,037.	Supplies	Value			
		North America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		Russia and Neighboring	Communitar Dovolonnost	0.			Medicines/Medical				
		States	Community Development	0.		4/8,243.	Supplies	Value			
		Russia and Neighboring					Medicines/Medical				
		States	Community Development	0.		22,087.	Supplies	Value			
		Russia and Neighboring					Medicines/Medical	Fair Market			
		States	Community Development	0.		144,787.	Supplies	Value			

7,645.Supplies

Value

Community Development

South America

Part II Continuation o	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.			Medicines/Medical Supplies	Fair Market Value			
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
						,					
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		bouth America	Community Development	0.		24,002.	puppiles	varue			
							Medicines/Medical				
		South America	Community Development	0.		11,079.	Supplies	Value			
							Medicines/Medical	Fair Market			
		South America	Community Development	0.		7,474.	Supplies	Value			
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
				_			Medicines/Medical				
		South America	Community Development	0.		9,706.	Supplies	Value			
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
						,					
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			

Part II Continuation	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)			
							Medicines/Medical	Fair Market			
		South America	Community Development	0.		20,614.	Supplies	Value			
								Dada Manlask			
		South America	Community Development	0.			Medicines/Medical Supplies	rair market Value			
							Medicines/Medical				
		South America	Community Development	0.		5,514.	Supplies	Value			
							Medicines/Medical	Fair Market			
		South America	Community Development	0.		27,559.	Supplies	Value			
							Medicines/Medical	Fair Market			
		South America	Community Development	0.			Supplies	Value			
							Medicines/Medical	Fair Market			
		South America	Community Development	0.		57,639.	Supplies	Value			
							Medicines/Medical	Fair Market			
		South America	Community Development	0.		15,947.	Supplies	Value			
							Modining (Modical	Enin Manhat			
		South America	Community Development	0.			Medicines/Medical Supplies	rair market Value			
						,					
		Couth Amorites					Medicines/Medical				
		South America	Community Development	0.	•	22,122.	Supplies	Value			

Part II Continuation o	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.			Medicines/Medical Supplies	Fair Market Value			
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
						-					
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
						, , , , , , ,					
		South America	Communitation Description	0.			Medicines/Medical Supplies				
		South America	Community Development	0.		12,517.	Supplies	Value			
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
							Medicines/Medical	Fair Market			
		South America	Community Development	0.			Supplies	Value			
							Medicines/Medical	Fair Market			
		South America	Community Development	0.		5,776.	Supplies	Value			
							Medicines/Medical	Fair Market			
		South America	Community Development	0.		26,904.	Supplies	Value			

Part II Continuation	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)			
							Medicines/Medical				
		South America	Community Development	0.		20,458.	Supplies	Value			
							Medicines/Medical				
		South America	Community Development	0.		20,447.	Supplies	Value			
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
							Medicines/Medical				
		South America	Community Development	0.		10,313.	Supplies	Value			
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		South America	Community Development	0.			Medicines/Medical				

Part II Continuation o	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)			
								Rada Washat			
		South America	Community Development	0.			Medicines/Medical Supplies	Value			
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		200011 111101 100	John Development	•		25,000.	- app1100				
							Medicines/Medical				
		South America	Community Development	0.		10,293.	Supplies	Value			
				_			Medicines/Medical				
		South America	Community Development	0.		15,432.	Supplies	Value			
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		South America	Community Development	0.		14,030.	supplies	value			
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			

Part II Continuation o	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)			
							Medicines/Medical	Fair Market			
		South America	Community Development	0.			Supplies	Value			
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
						,					
		Cauth Amania	g				Medicines/Medical				
		South America	Community Development	0.		6,946.	Supplies	Value			
							Medicines/Medical				
		South America	Community Development	0.		7,239.	Supplies	Value			
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
							Medicines/Medical	Fair Market			
		South America	Community Development	0.		6,718.	Supplies	Value			
							Medicines/Medical	Fair Market			
		South America	Community Development	0.		14,604.	Supplies	Value			
							Medicines/Medical	Fair Market			
		South America	Community Development	0.		9,883.	Supplies	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)
							Medicines/Medical	Enin Market
		South America	Community Development	0.			Supplies	Value
		G.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	G			10 701	Medicines/Medical	
		South America	Community Development	0.		10,721.	Supplies	Value
							Medicines/Medical	
		South America	Community Development	0.		14,210.	Supplies	Value
							Medicines/Medical	Fair Market
		South America	Community Development	0.		9,088.	Supplies	Value
							Medicines/Medical	Fair Market
		South America	Community Development	0.		11,850.	Supplies	Value
							Medicines/Medical	Fair Market
		South America	Community Development	0.		13,135.	Supplies	Value
		_					Medicines/Medical	
		South America	Community Development	0.		7,890.	Supplies	Value
				_			Medicines/Medical	
		South America	Community Development	0.		13,809.	Supplies	Value
							Medicines/Medical	Fair Market
		South America	Community Development	0.		25,119.	Supplies	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)
							Medicines/Medical	Fair Market
		South America	Community Development	0.			Supplies	Value
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
							Medicines/Medical	
		South America	Community Development	0.		54,489.	Supplies	Value
							Medicines/Medical	Fair Market
		South America	Community Development	0.		23,880.	Supplies	Value
		South America	Community Davidonment	0.			Medicines/Medical Supplies	Fair Market Value
		South America	Community Development	0.		243,667.	supplies	value
		South America	Community Development	0.		128,062.	Medicines/Medical	Fair Market Value
		Boutil America	Community Development	0.		120,002.	Supplies	varue
		South America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		Podeli America	- Development	0.		11,700.	Pahhttep	ly a Tue
				_			Medicines/Medical	
		South Asia	Community Development	0.		17,821.	Supplies	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.			Medicines/Medical Supplies	Fair Market Value
		South Asia	Community Development	0.		0 005	Medicines/Medical Supplies	Fair Market Value
		South Asia	Community Development	0.		9,965.	Supplies	value
							Medicines/Medical	Fair Market
		South Asia	Community Development	0.		9,100.	Supplies	Value
							Medicines/Medical	Fair Market
		South Asia	Community Development	0.		8,163.	Supplies	Value
							M-4:-:/M-4:1	Dala Manhat
		South Asia	Community Development	0.			Medicines/Medical Supplies	Value
		South Asia	Community Development	0.		51,916.	Medicines/Medical Supplies	Fair Market Value
		South Asia	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		South Asia	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		Podeli Veta	Communitely Development	0.		34,132.	habbites	Value
							Medicines/Medical	
		South Asia	Community Development	0.		11,429.	Supplies	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)
							Medicines/Medical	Fair Market
		South Asia	Community Development	0.		19,995.	Supplies	Value
							Medicines/Medical	Fair Market
		South Asia	Community Development	0.		104,721.		Value
						,		
							Medicines/Medical	
		South Asia	Community Development	0.		9,856.	Supplies	Value
							Medicines/Medical	Fair Market
		South Asia	Community Development	0.			Supplies	Value
							Medicines/Medical	Fair Market
		South Asia	Community Development	0.		8,950.	Supplies	Value
							Medicines/Medical	
		South Asia	Community Development	0.		86,677.	Supplies	Value
							Medicines/Medical	
		South Asia	Community Development	0.		22,157.	Supplies	Value
							Medicines/Medical	Fair Market
		South Asia	Community Development	0.			Supplies	Value
						•		
		South Asia	Community Development	0.			Medicines/Medical Supplies	Fair Market Value

Part II Continuation of	art 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.			Medicines/Medical Supplies	Fair Market Value			
		South Asia	Community Development	0.		36,412 .	Medicines/Medical Supplies	Fair Market Value			
						,					
		South Asia	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		South Asia	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		South Asia	Community Development	0.		0,900.	Supplies	value			
		South Asia	Community Development	0.		6,206,111.	Medicines/Medical	Fair Market Value			
						3,233,222.					
		South Asia	Community Development	0.		9,746.	Medicines/Medical Supplies	Fair Market Value			
		South Asia	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		South Asia	Community Development	0.		1,383,996.	Medicines/Medical Supplies	Fair Market Value			
		Sub-Saharan Africa	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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					Medicines/Medical	Fair Market
		Africa	Community Development	0.		8,844.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		28,816.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		14,249.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		12,370.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.			Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		18,191.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		17,617.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		7,011.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		5,001.	Supplies	Value

Schedule F (Form 990)	MAP Int	ernational, Inc.			36-25863	390		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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, FM\ appraisal, other)
		Sub-Saharan					Medicines/Medical	
		Africa	Community Development	0.		4,751,946.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		17,351.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		6,551.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.			Supplies	Value
		Sub-Saharan					Medicines/Medical	Bain Mankat
		Africa	Community Development	0.			Supplies	Value
				-		, -		
		Sub-Saharan Africa	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		ATTICA	Community Development	· ·		137,041.	Duppiles	value
		Sub-Saharan					Medicines/Medical	
		Africa	Community Development	0.		65,423.	Supplies	Value
		Sub-Saharan					Medicines/Medical	
		Africa	Community Development	0.		7,866.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		7,357.	Supplies	Value

Part II Continuation o	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					Medicines/Medical	Fair Market			
		Africa	Community Development	0.			Supplies	Value			
								L			
		Sub-Saharan Africa	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		AIIICa	Community Development	0.		31,714.	Buppiles	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		10,324.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		5,162.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Markot			
		Africa	Community Development	0.			Medicines/Medical Supplies	Value			
						, -					
		Sub-Saharan Africa	Community Davidonment	0.			Medicines/Medical	Fair Market Value			
		AIFICA	Community Development	0.		20,079.	Supplies	value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		23,027.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		5,016.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.			Supplies	Value			

Part II Continuation of	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					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		39,024.	Supplies	Value			
		ank askanan					w. 4: -: /w. 4: 1	Doda Manlask			
		Sub-Saharan Africa	Community Development	0.		26 104	Medicines/Medical Supplies	Fair Market Value			
			Community Development	· ·		20,101.	Supplies	Value			
		Sub-Saharan 		_			Medicines/Medical				
		Africa	Community Development	0.		2,789,645.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		22,524,392.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		14,971.	Supplies	Value			
						•					
		Sub-Saharan Africa	Community Development	0.		8 606	Medicines/Medical Supplies	Fair Market Value			
		nii i ca	community beveropment	· ·		0,000.	Pappiles	Value			
		Sub-Saharan					Medicines/Medical				
		Africa	Community Development	0.		9,461.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		7,268.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		32,120.	Supplies	Value			

Page 2

17,761.Supplies

Value

Community Development

Africa

Schedule F (Form 990)

Part II Continuation of	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					Medicines/Medical	Fair Market			
		Africa	Community Development	0.			Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Markot			
		Africa	Community Development	0.			Supplies	Value			
						,					
		Sub-Saharan Africa	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
			community, poverepment	•		,,,,,,,	- applies				
		Sub-Saharan	Community Dove lonnont	,			Medicines/Medical Supplies				
		Africa	Community Development	0.		10,813.	Supplies	Value			
		Sub-Saharan					Medicines/Medical				
		Africa	Community Development	0.		12,056.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		1,990,088.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		10,210.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.			Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.			Supplies	Value			

Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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					Medicines/Medical	Fair Market
		Africa	Community Development	0.		9,755.	Supplies	Value
		ank askanan					/26	Today Woodback
		Sub-Saharan Africa	Community Development	0.			Medicines/Medical Supplies	rair market Value
		Sub-Saharan					Medicines/Medical	
		Africa	Community Development	0.		74,159.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		32,265.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		21,606.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.			Supplies	Value
		ank askanan					/26	Doda Manhat
		Sub-Saharan Africa	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Sub-Saharan					Medicines/Medical	
		Africa	Community Development	0.		36,441.	Supplies	Value
		Sub-Saharan					Medicines/Medical	
		Africa	Community Development	0.		5,627.	Supplies	Value

Part II Continuation o	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					Medicines/Medical	Rain Markat			
		Africa	Community Development	0.		16,257.	Supplies	Value			
		Sub-Saharan	G	0			Medicines/Medical				
		Africa	Community Development	0.		11,531.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.			Supplies	Value			
		Sub-Saharan Africa	Community Development	0.		5,094.	Medicines/Medical Supplies	Fair Market Value			
		Sub-Saharan					Medicines/Medical				
		Africa	Community Development	0.		2,689,754.	Supplies	Value			
		Sub-Saharan					Medicines/Medical				
		Africa	Community Development	0.		5,776.	Supplies	Value			
		Sub-Saharan					Medicines/Medical				
		Africa	Community Development	0.		67,464.	Supplies	Value			
		Sub-Saharan					Medicines/Medical				
		Africa	Community Development	0.		2,413,547.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.			Supplies	Value			

Part II Continuation of	f Grants and Other	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					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		40,651.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		6,613.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.			Supplies	Value			
						, , , , , , , , , , , , , , , , , , ,					
								L			
		Sub-Saharan Africa	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		IIIICu	community bevelopment	•••		7,300.	Duppiles	Value			
		Sub-Saharan					Medicines/Medical				
		Africa	Community Development	0.		25,063.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		39,827.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		66,472.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
			Community Development	0.			Supplies	Value			
						,					
		Sub-Saharan Africa	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		11111Ca	Community Development	U .	I.	13,330.	Papping	Large			

Part II Continuation	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	Z	0			Medicines/Medical			
		Africa	Community Development	0.		7,661,391.	Supplies	Value		
		Sub-Saharan					Medicines/Medical	Fair Market		
		Africa	Community Development	0.		12,755.	Supplies	Value		
		Sub-Saharan					Medicines/Medical	Fair Market		
		Africa	Community Development	0.			Supplies	Value		
						•				
		Sub-Saharan Africa	Community Development	0.			Medicines/Medical Supplies	Fair Market Value		
		AIIICa	Community Development	0.		13,041.	Suppires	value		
		Sub-Saharan					Medicines/Medical	Fair Market		
		Africa	Community Development	0.		15,250.	Supplies	Value		
		Sub-Saharan					Medicines/Medical	Fair Market		
		Africa	Community Development	0.		23,880.	Supplies	Value		
		Sub-Saharan					Medicines/Medical	Fair Markat		
		Africa	Community Development	0.		11 907.	Medicines/Medical Supplies	rair market Value		
		Sub-Saharan					Medicines/Medical			
		Africa	Community Development	0.		12,270.	Supplies	Value		
		Sub-Saharan					Medicines/Medical	Fair Market		
		Africa	Community Development	0.		5,524.	Supplies	Value		

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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					Medicines/Medical	Fair Market
		Africa	Community Development	0.			Supplies	Value
		Gub Gabanan						Doda Manhat
		Sub-Saharan Africa	Community Development	0.			Medicines/Medical Supplies	Value
				- •		,		
		Sub-Saharan					Medicines/Medical	
		Africa	Community Development	0.		11,046.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		27,337.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.			Supplies	Value
		Sub-Saharan					Medicines/Medical	Esin Mankat
		Sub-Sanaran Africa	Community Development	0.			Medicines/Medical Supplies	Value
						,		
		Sub-Saharan Africa	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		AIIICa	Community Development	0,		7,132.	Suppires	value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		7,625.	Supplies	Value
		Sub-Saharan					Medicines/Medical	 Fair Market
		Africa	Community Development	0.			Supplies	Value

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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					Medicines/Medical	Fair Market
		Africa	Community Development	0.			Supplies	Value
		Gub Gabanan						Doda Manhat
		Sub-Saharan Africa	Community Development	0.			Medicines/Medical Supplies	Value
		Sub-Saharan					Medicines/Medical	
		Africa	Community Development	0.		6,851.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		18,864,655.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.			Supplies	Value
		Sub-Saharan					Medicines/Medical	Esin Mankat
		Sub-Sanaran Africa	Community Development	0.			Medicines/Medical Supplies	Value
						,		
		Sub-Saharan Africa	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		AIIICa	community Development	· ·		10,107.	Suppires	value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		5,620.	Supplies	Value
		Sub-Saharan					Medicines/Medical	 Fair Market
		Africa	Community Development	0.		15,086.	Supplies	Value

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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					Medicines/Medical	Fair Market
		Africa	Community Development	0.		7,268.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		15,369.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		31,053.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		14,536.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		5,971.	Supplies	Value
		Sub-Saharan					Medicines/Medical	
		Africa	Community Development	0.		98,956.	Supplies	Value
		Sub-Saharan					Medicines/Medical	
		Africa	Community Development	0.		42,330.	Supplies	Value
		Sub-Saharan	g				Medicines/Medical	
		Africa	Community Development	0.		/,421.	Supplies	Value
		Sub-Saharan	Community Dayslar	_			Medicines/Medical	
		Africa	Community Development	0.		0,910.	Supplies	Value

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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					Medicines/Medical	Fair Market
		Africa	Community Development	0.			Supplies	Value
		Sub-Saharan						Doda Manhat
		Sub-Sanaran Africa	Community Development	0.			Medicines/Medical Supplies	Value
		Sub-Saharan					Medicines/Medical	
		Africa	Community Development	0.		20,271.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		13,297.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		8,932.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Markot
		Africa	Community Development	0.			Supplies	Value
						,		
		Sub-Saharan Africa	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		AIIICa	Community Development	0.		10,337.	Buppiles	value
		Sub-Saharan					Medicines/Medical	
		Africa	Community Development	0.		23,705.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		7,507.	Supplies	Value

Part II Continuation o	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					Medicines/Medical	Fair Market			
		Africa	Community Development	0.			Supplies	Value			
		Sub Sabanan						Today Wasshad			
		Sub-Saharan Africa	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
		Sub-Saharan Africa		0.			Medicines/Medical				
		AIFICA	Community Development	0.		20,004.	Supplies	Value			
		Sub-Saharan					Medicines/Medical				
		Africa	Community Development	0.		5,343.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		24,284.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		256,921.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.			Supplies	Value			
		Gub Gabarra					Madiainas/Madi1	Roin Manhat			
		Sub-Saharan Africa	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
				•							
		Sub-Saharan		_			Medicines/Medical				
		Africa	Community Development	0.		288,502.	Supplies	Value			

Part II Continuation o	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					Medicines/Medical	Fair Market			
		Africa	Community Development	0.			Supplies	Value			
		Sub-Saharan Africa	Community Development	0.			Medicines/Medical Supplies	Fair Market Value			
			Community, Development			207,202.	- applies				
		Sub-Saharan					Medicines/Medical				
		Africa	Community Development	0.		23,880.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		16,549.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		48,239.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.			Supplies	Value			
		Sub Sabanan						Doda Manhat			
		Sub-Saharan Africa	Community Development	0.		172,817.	Medicines/Medical	Fair Market Value			
			community povolopment			272,027.	- applies				
		Sub-Saharan					Medicines/Medical				
		Africa	Community Development	0.		11,079.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		150,945.	Supplies	Value			

Part II Continuation o	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					Medicines/Medical	Fair Market			
		Africa	Community Development	0.			Supplies	Value			
		ank askanan						Dada Manhat			
		Sub-Saharan Africa	Community Development	0.		6,254,519.	Medicines/Medical	Fair Market Value			
			Community Development			0,201,025.	- applies				
		Sub-Saharan					Medicines/Medical				
		Africa	Community Development	0.		10,046.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		3,817,959.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		7,056.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.			Supplies	Value			
		Sub-Saharan					Medicines/Medical	Dain Manhat			
		Sub-Sanaran Africa	Community Development	0.			Medicines/Medical Supplies	Value			
						- , ,					
		Sub-Saharan					Medicines/Medical				
		Africa	Community Development	0.		56,352.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		7,993.	Supplies	Value			

Part II Continuation of	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					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		30,483.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Markot			
		Africa	Community Development	0.		12.069.	Supplies	Value			
								L			
		Sub-Saharan Africa	Community Development	0.		20 420	Medicines/Medical Supplies	Fair Market Value			
		AIIICa	community bevelopment	0.		20,430.	Suppiles	value			
		Sub-Saharan					Medicines/Medical				
		Africa	Community Development	0.		13,666.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		10,799.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.		18,130.	Supplies	Value			
		Sub-Saharan					Medicines/Medical	Fair Market			
		Africa	Community Development	0.			Supplies	Value			
						•					
		Sub-Saharan Africa	Community Development	0.		16 007	Medicines/Medical Supplies	Fair Market Value			
			Development	· ·		10,007.	P-4551100	, 4140			
		Sub-Saharan	_				Medicines/Medical				
		Africa	Community Development	0.		151,309.	Supplies	Value			

Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	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					Medicines/Medical	Fair Market
		Africa	Community Development	0.		8,043.	Supplies	Value
		Sub-Saharan						Doda Manhat
		Sub-Sanaran Africa	Community Development	0.			Medicines/Medical Supplies	Value
		Sub-Saharan					Medicines/Medical	
		Africa	Community Development	0.		23,880.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		15,753.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		6,520.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.			Supplies	Value
		_ , _ ,						L
		Sub-Saharan Africa	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		nii i ca	community bevelopment	••		20,327.	Duppiles	Value
		Sub-Saharan					Medicines/Medical	
		Africa	Community Development	0.		57,835.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		10,485.	Supplies	Value

Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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					Medicines/Medical	Fair Market
		Africa	Community Development	0.		6,977.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		8,457.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		5,776.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		8,199.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		7,856.	Supplies	Value
		Sub-Saharan					Medicines/Medical	
		Africa	Community Development	0.		94,280.	Supplies	Value
		Sub-Saharan		_			Medicines/Medical	
		Africa	Community Development	0.		9,928.	Supplies	Value
		Sub-Saharan		_		F 050	Medicines/Medical	
		Africa	Community Development	0.		5,852.	Supplies	Value
		Sub-Saharan		_		02 52	Medicines/Medical	
		Africa	Community Development	0.		23,507.	Supplies	Value

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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					Medicines/Medical	Fair Market
		Africa	Community Development	0.		29,700.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		901,685.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		8,019.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		10,075.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		6,826.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		13,104.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		10,851.	Supplies	Value
		Sub-Saharan					Medicines/Medical	
		Africa	Community Development	0.		14,333.	Supplies	Value
		Sub-Saharan					Medicines/Medical	
		Africa	Community Development	0.		46,449,407.	Supplies	Value

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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					Medicines/Medical	Fair Market
		Africa	Community Development	0.			Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.			Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.			Supplies	Value
		Gub Gabanan					/ 1	Today Mandage
		Sub-Saharan Africa	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
						, , , , , , , , ,		
		Sub-Saharan Africa	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		nii i cu	Community Development	•••		13,733.	Duppiles	varae
		Sub-Saharan Africa	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
		AIIICa	Community Development			41,020.	Buppiles	value
		Sub-Saharan	Z	0			Medicines/Medical	
		Africa	Community Development	0.		21,573.	Supplies	Value
		Sub-Saharan					Medicines/Medical	
		Africa	Community Development	0.		15,555.	Supplies	Value
		Sub-Saharan					Medicines/Medical	
		Africa	Community Development	0.		7,115.	Supplies	Value

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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					Medicines/Medical	Fair Market
		Africa	Community Development	0.		11,864.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		29,942.	Supplies	Value
						, , , , , , , , , , , , , , , , , , ,		
		Gub Gabanan					/ 	Dada Manlask
		Sub-Saharan Africa	Community Development	0.			Medicines/Medical Supplies	Fair Market Value
			Community Development	· ·		0,013.	Supplies	Value
		Sub-Saharan	G				Medicines/Medical	
		Africa	Community Development	0.		20,871.	Supplies	Value
		Sub-Saharan					Medicines/Medical	
		Africa	Community Development	0.		17,743.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		5,773.	Supplies	Value
		Sub-Saharan					Medicines/Medical	Fair Market
		Africa	Community Development	0.		5,776.	Supplies	Value
							Medicines/Medical	Fair Market
		North America	Community Development	0.		1,704,958.	•	Value
							Medicines/Medical	Fair Markot
		North America	Community Development	0.		15,595.	Supplies	Value
						, , , , , , , , , , , , ,	<u> </u>	<u> </u>

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.			Medicines/Medical Supplies	Fair Market Value	
		NOTEN AMERICA	community Development	0.		10,636.	supplies	value	
		North America	Community Development	0.			Medicines/Medical Supplies	Fair Market Value	

	Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

Schedule F (Form 990) 2016 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	X 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; do not file with Form 990)	Yes	X 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	X 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	X 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	X 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; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 MAP International, Inc.	36-2586390	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (acco	ounting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting m		
(estimated number of recipients), as applicable. Also complete this part to provide any additional in		,
(estimated number of recipients), as applicable. Also complete this part to provide any additional in	normation. Occ instructions.	
Part I, Line 2:		
·		
Periodic review of financial reports from the recipient organization on		
the was of the grapt. Coah grapts even CEO 000 require site wisits to		
the use of the grant. Cash grants over \$50,000 require site visits to		
review program activity and financial controls. Cash grants over		

\$100,000 require, in addition to above, site audits by a local external		
auditor. Submission of due diligence review sheets quarterly to		
International office in USA.		
Part I, line 3:		
The organization tracked expenditures in accordance with accrual basis of		
accounting.		
Schedule F, Part I, Line 2		
Please note grants listed do not match total grants on Form 990, Page		
10, Line 3 as grants less than \$5,000 are not reported on Schedule F.		

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 36-2586390 MAP International, Inc. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations g X Special fundraising events **d** X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Bourke Consulting, LLC - 36 Yes No Quincy Street, Chevy Chase 1,088,518 72,000 Fundraising Consultant Х 1,016,518. Total 1,088,518. 72,000. 1,016,518. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IA, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI, WV, WY, DC

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 None (add col. (a) through Bill Foege Dinner col. (c)) (event type) (total number) (event type) Revenue 1 Gross receipts 252,938 252,938. 2 Less: Contributions 219,038 219,038. **3** Gross income (line 1 minus line 2) 33,900 33,900. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 52,993. 52,993. 7 Food and beverages 1,000. 1,000. 8 Entertainment 69,723. 69,723. 9 Other direct expenses 123,716. 10 Direct expense summary. Add lines 4 through 9 in column (d) <89,816.> 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor 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? 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: ___

Sch	nedule G (Form 990 or 990-EZ) 2016 MAP International, Inc. 36	-25863	90	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Ye	s No
	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?	Г	Ye	s No
40		느		3110
	Indicate the percentage of gaming activity conducted in:	١.	_	
	a The organization's facility		3a	%
	b An outside facility		3b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address ▶			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ye	s No
ı	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:			
	the rest, enter hame and address of the tillid party.			
	Name ►			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	□ Director/officer □ Employee □ Independent contractor			
	Mandatory distributions:			
(a Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	_	
	retain the state gaming license?	L	Ye	s L No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	те		
	organization's own exempt activities during the tax year ▶ \$			
Pá	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	III. lines	s 9. 9h	. 10b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	,	, ,, ,,	,,,
	100, 10, and 115, as applicable. Also provide any additional information. Occ instructions			
cal	hadula C. Part I. Jina 2h. Jigt of Man Wighout Paid Fundraigorg.			
301	hedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:			
(i)) Name of Fundraiser: Bourke Consulting, LLC			
(i)) Address of Fundraiser: 36 Quincy Street, Chevy Chase, MD 20815			

Schedule 6	G (Form 990 or 990-EZ)	MAP International	., Inc.		36-2586390	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	ormation (continued)				

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

MAP International, Inc.

Employer identification number 36-2586390

Part I **Questions Regarding Compensation** Yes No 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. First-class or charter travel Housing allowance or residence for personal use X Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain _____ X 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, X trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 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: Х a Receive a severance payment or change-of-control payment? Х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х 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. 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? Х 5a Х **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? Х 6a Х **b** Any related organization? 6b 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 Х 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 Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2016

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

MAP International, Inc.

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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) Steven G. Stirling	(i)	199,943.	0.	1,668.	7,169.	22,076.	230,856.	0.
President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							_
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	[(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 it to be a bona fide business
purpose.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization Employer identification number MAP International, Inc. 36-2586390 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (c) Purpose (d) Loan to or (i) Written (a) Name of (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Total **>** \$ Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount of (a) Name of interested person (d) Type of (e) Purpose of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2016

(a) Name of interested person	on (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Connie Reed	Family member of Da	41,735	.Salary & Be		Х
Part V Supplemental Information	<u> </u>				
	• responses to questions on Schedule L (see i	nstructions).			
Sch L, Part IV, Business Transaction	ns involving interested Persons:				
(a) Name of Person: Connie Reed					
(b) Relationship Between Interested	Person and Organization.				
(b) Relationship between interested	rerson and Organization:				
Family member of Daniel C. Reed, As	st. Treasurer & CFO				
(d) Description of Transaction: Sala	ary & Renefits				
(a, bescription of fransaction, bar	dry a benefiteb				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

36-2586390 MAP International, Inc. Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1a Art - Works of art 1 Art - Historical treasures Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 6 Cars and other vehicles Boats and planes 7 Intellectual property 8 117,058.Hi-Low Average Securities - Publicly traded 2.3 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies X 363 585,287,878. GAAP valuation method 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other 26 Other 27 Other ▶ 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 150 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a **b** If "Yes," describe in Part II. 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.

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

Schedule M (Form 990) (2016)

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

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.

MAP International, Inc.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 36-2586390

Form 990, Part III, Line 4a, Program Service Accomplishments:
MAP International served 14.3 million people in 2017. More than 10.8
million people were provided life-changing medicines and health
supplies and approximately 3.5 million benefitted from community health
and development services through MAP's field offices in Africa
and Latin America.
- Working with 40 major partners, MAP provided medicines and health
supplies in over 93 countries.
- MAP supported more than 2,280 mission teams to help people in
impoverished communities.
MAP International provided more than \$81 million in medicines and
health supplies to those affected by disasters in 2017.
- MAP provided urgently needed medical relief for more than 400,000
people in the U.S. and the Caribbean following hurricanes Harvey, Irma
and Maria. MAP provided more than \$26 million in medicines and health
supplies to those affected.
- MAP International also provided relief for people fleeing violence in
Syria, those trapped by the famine in East Africa, and victims of
earthquakes and flooding in Guatemala, Mexico, and Sierra Leone.
In 2017, MAP International began the process of establishing its field

Name of the organization MAP International, Inc.	Employer identification number 36-2586390
offices in Ghana, Cote d'Ivoire, Liberia, Kenya, and Bolivia as highly	
committed, independent and sustainable partner organizations. In line	
with sustainable development practices, MAP is establishing these	
offices as community-led local NGOs to ensure health development	
programs remain contextually relevant to the unique challenges each	
country faces. Through strong leadership, sustained and viable funding,	
and highly developed local and international partnerships, these	
offices have become beacons of hope.	
MAP International has long held to the truth that sustainable	
development is most effective when it comes from within the community.	
This truth has been demonstrated through the transition of MAP	
Indonesia into a local foundation. Established in 2004 because of the	
tremendous response from MAP donors following the devastating	
earthquake and tsunami, Menara Agung Pengharapan Internasional no	
longer needs to operate under the MAP umbrella. Today, it is a	
thriving, confident partner that is promoting community health services	
throughout the region. MAP International is proud to partner with each	
of these offices as we work together to build an ever increasing	
network of organizations focused on the improvement of the health and	
well-being of people.	
MAP International's sound fiscal management practices and commitment to	
accountability and transparency have earned it numerous awards and	
recognitions in 2017. For the fifth consecutive year, MAP earned a	
perfect '100' score in Financial Health, Accountability and	
Transparency from Charity Navigator. Forbes magazine ranked MAP as one	
of "America's Best Charities for 2017". MAP is committed to bringing	Schadula O (Form 990 or 990-F7) (2016

MAP International, Inc.	36-2586390
health and hope to children and families in need in more than 90	
countries around the world.	
Form 990, Part V, Line 2a:	
MAP uses a professional employment organization (PEO) who remits	
compensation to the employees and payroll taxes to the IRS. The PEO	
files form W-3 with the IRS. The amount reported here are the number	
of individuals who worked for the organization during the 2016 calendar	
year.	
Form 990, Part V, Line 4b, List of Foreign Countries:	
Bolivia, Ecuador, Ghana, Kenya,	
Cote D Ivoire, Uganda, Liberia	
Form 990, Part VI, Section A, line 1:	
The Executive Committee 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. The Executive Committee	
consists of the Board Chairman, Board Vice Chairs, Secretary, Treasurer,	
and President.	
Form 990, Part VI, Section B, line 11b:	
Form 990 is prepared by an independent CPA firm and reviewed in detail by	
the organization's top management. The reviewed Form 990 is then provided	
to the board of directors prior to filing with the IRS.	

Name of the organization MAP International, Inc.	Employer identification number 36-2586390
Form 990, Part VI, Section B, Line 12c:	
In its routine internal audit/internal control procedures, each MAP office	
and the internal audit team from MAP's International Office will:	
a. Review reports regarding the Conflict of Interest Questionnaires	
b. Receive disclosures of potentially conflicting transactions.	
c. Review proposed transactions to determine whether they meet the above	
described standards.	
d. Perform an annual review of potential and known transactions through	
annual Conflict of Interest Questionnaires completed by each relevant staff	
member.	
e. Keep written records of its review of potential or known conflicting	
transactions.	
f. Review its local office Conflict of Interest Policy and involve the	
appropriate group in making changes as needed.	
The Board's Audit Committee will perform an annual review of any issues	
brought forward of potential and known transactions through the annual	
conflict of interest questionnaires completed by each board member and each	
relevant staff member.	
Should any potential conflicts of interest be disclosed, the board member	
or officer would be asked to refrain from participation in any deliberation	
or decision with regard to matters affected by the relationship.	
Form 990, Part VI, Section B, Line 15:	
Each year the independent board of directors conducts a performance review	
of the CEO and the CEO submit's a self-appraisal. The process consists of a	

Name of the organization MAP International, Inc.	Employer identification number 36-2586390
survey of the board followed by a review of the compiled results by the	
executive committee and a report to the full board. In Executive session	
the Board decides on any compensation changes based on availability of	
funds, merit, and salary survey's. Salary data from over 140 non-profit	
organizations is also analyzed every two years as a participating member of	
InsideNGO's salary and benefits survey.	
Annually the Asst Treasurer and Asst Secretary submit a self-appraisal and	
a performance review is then conducted by the independent CEO.	
Comparability data is obtained every two years and is used to determine	
compensation, this process is documented. Any compensation is based on	
availability of funds and merit.	
Form 990, Part VI, Line 17, List of States receiving copy of Form 990:	
AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM	
NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VA,WA,WV,WI	
Form 990, Part VI, Section C, Line 19:	
Financial and governing documents are made available on our web site to the	
public. Conflict of Interest policy is available on our internal intranet	
site for employees, and is made available the public at their request.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Change in Value of Annuities -33,097.	
Form 990, Part XII, Line 2c:	
The organization's Board assumes responsibility for oversight of the	
audit of its financial statements and selection of its independent	Schadula 0 (Form 990 or 990-F7) (2016

Schedule O (Form 990 or 990-EZ) (2016) Page		
Name of the org	panization MAP International, Inc.	Employer identification number 36-2586390
accountant.	This process has not changed since the prior year.	

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print MAP International, Inc. 36-2586390 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 4700 Glynco Parkway return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. Brunswick, GA 31525 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 l 1 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Jason Merryman The books are in the care of ► 4700 Glynco Parkway - Brunswick, GA 31525 Telephone No. ▶ 912-265-6010 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this $oxedsymbol{oxed}$. If it is for part of the group, check this box lacksquare $oxedsymbol{oxed}$ and attach a list with the names and EINs of all members the extension is for. August 15, 2018 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ☐ calendar year ► X tax year beginning OCT 1, 2016 SEP 30, 2017 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: J Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За \$ If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2017)

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