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Extended to November 16, 2020

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

Form **330** (Rev. January 2020) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

AF	or th	e 2019 calendar year, or tax year beginning and	ending	_	
B c a	heck if pplicab	e: C Name of organization		D Employer identific	ation number
X	Addre				
	Name	Doing business as	47-138972	23	
	Initial returr	Number and street (of P.U. box II main is not delivered to street address)	Room/suite	E Telephone number	
	Final	712 H Street NE		(202) 28	5-2804
	termi ated TAmer			G Gross receipts \$	665,487.
	returr	Washington, DC 20002		H(a) Is this a group re	
	Appli tion pend			for subordinates	
	-	same as C above		H(b) Are all subordinates in	
		tempt status: $X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) () $	or 527		list. (see instructions)
		te: ► www.apopo.org f organization: X Corporation Trust Association Other ►	L Voor	H(c) Group exemption	I State of legal domicile: DC
	art I	Summary			State of legal domicile. DC
	1	Briefly describe the organization's mission or most significant activities: APOPC	O US P	lans to rais	se funds in
Activities & Governance	'	the United States to, among other things	, supp	ort the char	ritable
rnai	2	Check this box			
ovel	3			3	4
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4
ŝ	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	2		
viti	6	Total number of volunteers (estimate if necessary)		5	
Acti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
				Prior Year	Current Year
P	8	Contributions and grants (Part VIII, line 1h)		524,492.	665,487.
ent	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		524,492.	665,487.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		645,795.	494,330.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		121,517.	0. 190,294.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······		190,294.
oeu		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ĔĂ				49,043.	65,446.
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		816,355.	750,070.
	19	Revenue less expenses. Subtract line 18 from line 12		-291,863.	-84,583.
or es	19	1000100 1000 EXPENSES. OUDTROT INTE TO ITOTT INTE TZ		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		179,397.	95,727.
Ass J Ba		Total liabilities (Part X, line 26)		3,165.	4,078.
Punc Func		Net assets or fund balances. Subtract line 21 from line 20		176,232.	91,649.
		Signature Block			-

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

Sign Here	Signature of officer Charles Richter, CEO Type or print name and title	Charles Richter	Date 7/21/2020							
			Date Check PTIN							
	Print/Type preparer's name	Preparer's signature								
Paid	Hemali Kane, EA	TIKne	06/10/20 if P01337292							
Preparer	Firm's name 🕨 Rogers & Company	7 PLLC	Firm's EIN 58-2676261							
Use Only	Firm's address 💊 8300 Boone Boule	evard, Suite 600								
	Vienna, VA 22182		Phone no. (703) 893-0300							
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)									
932001 01-2	20-20 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.	Form 990 (2019)							

See Schedule O for Organization Mission Statement Continuation

	990 (2019) APOPO US, Inc.	47-1389723	Page 2
Par	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: APOPO US Plans to raise funds in the United States to, a	mong other	
	things, support the charitable and humanitarian purposes		ZW.
	APOPO VZW is a Belgium-based social enterprise whose mis	sion is to	
	develop and implement detect ion rats technology to prov	ide solutior	າຣ
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	XNo
•	If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$589,440. including grants of \$494,330.) (Revenue	e\$)
	APOPO US works to support the tuberculosis (TB) program,	mine actior	1
	program and research department of APOPO's global operat		
	headquartered in Tanzania. APOPO US is also working to i		
	knowledge of the landmine and TB issue among the US publ	ic, and in 2	2018
	began preparing paperwork to send demonstration rats to	US zoos.	
	APOPO's TB detection programs work with over 100 partner	clinics in	
	Tanzania, Mozambique and Ethiopia and supports them to f		at
	more TB patients. For this, human sputum samples are col		
	partner clinics that have already tested them for TB, mo		
	sputum smear microscopy. At APOPO's labs the samples are	made safe a	and
	rapidly rechecked by trained TB detection rats followed		
4b			<u>, pc</u>
40	(Code:) (Expenses \$ including grants of \$) (Revenue	÷⊅)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	•\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses > 589,440.	/	
		Form 9 9	0 (2019)
932002	2 01-20-20 See Schedule O for Continuation(s		()

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 Form 990 (2019)
 APOPO US, Inc.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	5			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	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		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
U	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	4.4%	x	
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b	22	
15	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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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			<u>-</u> -
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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 APOPO US, Inc.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a	24a		_ A
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С		040		
h	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
5	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			v
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30 31		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	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?	1		
	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2	2	Yes	No
la b		5		
с С				
Ū	(gambling) winnings to prize winners?	1c	x	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 2						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
b	b If "Yes," enter the name of the foreign country ►						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	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 services provided to the payor?	7a		X			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		x			
	to file Form 8282?						
	d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8							
•	sponsoring organization have excess business holdings at any time during the year?						
9							
	Did the sponsoring organization make any taxable distributions under section 4966?						
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders 11a						
	Gross income from other sources (Do not net amounts due or paid to other sources against						
~	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
с	Enter the amount of reserves on hand 13c						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
excess parachute payment(s) during the year?							
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						
		-	000	(00.40)			

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	Check if Schedule O contains a response or note to any line in this Part VI			X
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 1a			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	id fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Charles Richter - 202-286-2804			
	712 H Street NE, Washington, DC 20002			
			222	

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

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compens	ated
	mployees, 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.

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

(A) (B)		(B) (C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box, unless pe		box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of		
	week					1/		from	from related	other
	(list any hours for	directo				-		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or (stee			n sate((W-2/1099-MISC)	(112/1000/11100)	organization
	organizations	trust	al tru		yee	ompe		· · · · · · · · · · · · · · · · · · ·		and related
	below	Individual trustee or director	Institutional trustee	Ser	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	High emp	Forr			
(1) Kristen Davis	1.00									•
Chairwoman	1 00	Х		X				0.	0.	0.
(2) Beverly Schwartz	1.00								0	0
Secretary		X		X				0.	0.	0.
(3) Bart Weetjens	1.00								0	0
Board Member	1 00	X						0.	0.	0.
(4) Piet Van Hove	1.00	.,						0	0	0
Board Member	40.00	X						0.	0.	0.
(5) Charles Richter	40.00	-		37				75 004	0	0
CEO				X				75,894.	0.	0.
		-								
		1								
										- 000 (0010)

Form 990 (2019)

	1 990 (2019) APOPO US ,									47-138	9723	<u>3 F</u>	Page 8
Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees			ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title	Average Pc (do not chec box, unless			Pos heck ss pe	eck more man one			(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimat amount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or a	mpens from th ganiza nd rela ganizat	ne tion ted
											_		
											+		
1h	Subtotal							_	75,894.	0			0.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.75,894.	0	•		0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	SOVe	e) wh	io r	eceived more than \$100	0,000 of reportable			0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si			-	•	-			ghest compensated emp	2	3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	atior	n and	l ot	her compensation from		4		x
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> tion B. Independent Contractors	-				-			-		5		x
1	Complete this table for your five highest con the organization. Report compensation for t	-	-								nsatior	ı from	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices		(C) ensatio	on
2	Total number of independent contractors (ii	ncludina but n	ot lii	nite	d to	tho	se lis	ster	d above) who received n	nore than			
-	\$100,000 of compensation from the organiz	•					0	-00	,				

	n 990 (i		PO US, I	nc.			47-1389	723 Page 9
Pa	rt VII	I Statement of Re	venue					
		Check if Schedule O o	contains a respo	nse or note to any lin			(A)	
					(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
<u>s</u> so	4 -		4.					Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns Membership dues						
Ω ^Ĕ Ĕ		—						
ifts ar A		Related organizations						
ain G	e u	Government grants (contr						
ŝ		All other contributions, gifts,						
but	-	similar amounts not included		665,487.				
ų di Di Di Di Di Di Di Di Di Di Di Di Di Di	g	Noncash contributions included in		-				
a S	h	Total. Add lines 1a-1f			665,487.			
				Business Code				
e	2 a							
ervi Je	b							
n S en r	С							
Program Service Revenue	d							
roo_	е							
	f	All other program service						
	g	Total. Add lines 2a-2f						
	3	Investment income (incluc						
	4	other similar amounts) Income from investment o						
	5	Royalties	-					
	Ŭ		(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	с	Rental income or (loss)	6c					
	d	Net rental income or (loss))					
	7 a	Gross amount from sales of	(i) Securiti	es (ii) Other				
		assets other than inventory	7a					
0	b	Less: cost or other basis						
evenue		and sales expenses	7b					
eve		Gain or (loss)	7c					
er B		Net gain or (loss)		▶				
Other	8 a	Gross income from fundraisir including \$						
U		contributions reported on						
		Part IV, line 18	,	8a				
	b	Less: direct expenses		8b				
		Net income or (loss) from		ts 🕨				
	9 a	Gross income from gamin	g activities. See					
		Part IV, line 19		9a				
		Less: direct expenses		9b				
		Net income or (loss) from		>				
	10 a	Gross sales of inventory, I						
	_	and allowances		10a				
		Less: cost of goods sold		10b				
	c	Net income or (loss) from	sales of inventor	y▶ Business Code				
snc	11 a							
Miscellaneous Revenue	n a b							
ella evei	c							
lisc R	-	All other revenue						
2		Total. Add lines 11a-11d						
	12	Total revenue. See instructio			665,487.	0.	0.	0.

932009 01-20-20

APOPO US, Inc. Form 990 (2019) APOPO US , Inc Part IX Statement of Functional Expenses

Contina EO	1/a/2) and EQ1/a/(4) arganizations must complete all calumna	All athar are

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 include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
	rants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	rants and other assistance to domestic				
	dividuals. See Part IV, line 22	1,330.	1,330.		
	rants and other assistance to foreign	1,550.	1,550.		
	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16	493,000.	493,000.		
	enefits paid to or for members				
	ompensation of current officers, directors,				
	ustees, and key employees	75,894.	30,867.	2,684.	42,343
	ompensation not included above to disqualified				•
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	ther salaries and wages	100,000.	39,472.	6,381.	54,147
	ension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)				
	ther employee benefits	14,400.	5,746.	904.	7,750
	ayroll taxes				
	ees for services (nonemployees):				
аM	anagement				
	egal	61.		61.	
c Ad	ccounting	8,726.		8,726.	
d Lo	obbying				
e Pr	rofessional fundraising services. See Part IV, line 17				
	vestment management fees				
g Of	ther. (If line 11g amount exceeds 10% of line 25,				
CO	olumn (A) amount, list line 11g expenses on Sch 0.)	14,197.		14,197. 2,607.	
	dvertising and promotion	16,106.		2,607.	13,499
	ffice expenses	2,221.		2,221.	
	formation technology				
15 Ro	oyalties				
		01 010	10 005	1 772	400
	avel	21,218.	19,025.	1,773.	420
	ayments of travel or entertainment expenses				
	r any federal, state, or local public officials	2,315.		2,075.	240
	onferences, conventions, and meetings	∠,315.		4,0/5.	240
	terest				
	ayments to affiliates	374.		374.	
	epreciation, depletion, and amortization	5/4.		5/4.	
ab lin	ther expenses. Itemize expenses not covered bove (List miscellaneous expenses on line 24e. If the 24e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
	axes	228.		228.	
a <u>+</u> b					
с – С	-				
d _					
	ll other expenses				
	tal functional expenses. Add lines 1 through 24e	750,070.	589,440.	42,231.	118,399
	Dint costs. Complete this line only if the organization				,
	ported in column (B) joint costs from a combined				
	lucational campaign and fundraising solicitation.				
	neck here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019) APOPO US , Inc APOPO US, Inc. oto to

CA) Beginning of year End of year 1 Cash - non-interest-bearing 123,474.1 48,719.2 2 Savings and temporary cash investments 2 2 3 Pedges and grants receivable, net 4 48,719.2 4 Accounts receivable, net 4 4 5 Lans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (ac defined under section 49580(f(1)), and persons described in section 49580(f(2)) 6 6 10 Lans and other receivable, net 7 8 9 10a Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D 10a 1,870. 11 Investments - other societies. See Part IV, line 11 11 12 13 11 Investments - other societies. See Part IV, line 11 12 13 12 Investments - other societies. See Part IV, line 11 14 14 13 Interactive payable 16 179, 397.16 95, 727.7 14 Other assets. Add lines 1 through 15 (must equal			Check if Schedule O contains a response or not	te to an	y line in this Part X			
2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 54,178.3 45,637. 4 Accounts receivables, net 4 54,178.3 45,637. 5 Leans and other receivables from any current or former officer, director, trustee, key employae, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 5 6 Leans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(5)(5) 6 6 10 Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a 1, 870. 11 11 Investments - publicity traded securities 11 11 11 13 11 Investments - publicity traded securities 11 13 14 14 12 Investments - publicity traded securities 11 13 14 14 13 Investments - publicity traded securities 11 13 14 14 15 14 Intragible assets See Part IV, line 11 13 14 16			· · ·		,	(A)		(B)
2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 54,178.3 45,637. 4 Accounts receivables, net 4 54,178.3 45,637. 5 Leans and other receivables from any current or former officer, director, trustee, key employae, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 5 6 Leans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(5)(5) 6 6 10 Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a 1, 870. 11 11 Investments - publicity traded securities 11 11 11 13 11 Investments - publicity traded securities 11 13 14 14 12 Investments - publicity traded securities 11 13 14 14 13 Investments - publicity traded securities 11 13 14 14 15 14 Intragible assets See Part IV, line 11 13 14 16		1	Cash - non-interest-bearing			123,474.	1	48,719.
3 Piedge and grants receivable, net 54,178.3 45,637. 4 Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 38% controlled entity or family member of any of these persons. 5 5 6 Leans and other receivables from other disqualified persons (as defined under section 4958()(1)), and persons described in section 4958()(2)(5) 6 6 7 Notes and loans receivable, net 7 7 6 9 10a Land, buildings, and equipment cost or other ing and equipment cost or other ing and the receivables in section 4958()(1) 6 1, 371. 11 Investments - other securities. See Part IV, line 11 112 113 114 12 Investments - other securities. See Part IV, line 11 114 113 13 Investments - other securities. See Part IV, line 11 114 114 14 Intrangible assets 3,105.17 4,078. 16 Total assets. Add lines 1 through 15 (must equal line 63) 179,397.16 95,727. 17 Accounts payable and accrued expenses 3,105.17 4,078. 18 Grants payable (and curved expenses) 22 22 21 <		2	Savings and temporary cash investments		2			
4 Accounts receivable, net 4 5 Loars and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loars and other receivables from other disqualified persons (as defined under section 4958(n(11)), and persons described in section 4958(n(2)(3)(B) 6 7 Notes and loans receivable, net 8 9 Prepaid expenses and deferred charges 9 10a 1,870. 8 11 Investments - other equipment, cost or other basis. Complete Part V i of Schedule D 10 11 11 Investments - other securities. See Part IV, line 11 11 12 13 Investments - other securities. See Part IV, line 11 13 14 16 Total assets. See Part IV, line 11 13 14 17 Accounts payable and accound expenses 3, 165. 17 4, 078. 18 Grants payable 14 10 10 20 20 20 18 Other payable and accound expenses 3, 165. 17 4, 078. 3 16 5 20 21 22 20		3			54,178.	3	45,637.	
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator of nounder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use. 8 9 Prepaid expenses and deferred charges 9 10a 1,870. 8 11 Investments - publicly traded securities 11 12 Investments - publicly traded securities 11 13 Investments - publicly traded securities 11 14 Intragible assets 14 15 Other assets. See Part IV, line 11 13 14 Intragible assets 16 15 Total assets. Add lines 1 through 15 (must equal line 33) 179, 397. 16 95, 727. 16 Total assets. Add lines 1 through 15 (must equal line 33) 179, 397. 16 95, 727. 17 Accounts payable and accrued expenses 3, 1655. 17 4, 078. 19 Deferend revenue 19 <td< td=""><td></td><td>4</td><td></td><td></td><td></td><td></td><td>4</td><td></td></td<>		4					4	
geoge trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(r)(1)), and persons described in section 4958(r)(3)(8) 5 6 Loss and other receivables from other disqualified persons (as defined under section 4958(r)(1), and persons described in section 4958(r)(3)(8) 6 7 Notes and loars receivables from other disqualified persons (as defined under section 4958(r)(3)(8) 7 9 Prepaid expenses and deferred charges 9 10 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 1,870. 11 Investments - publicly raded securities 11 12 11 Investments - publicly raded securities 11 13 11 Investments - publicly raded securities 14 15 12 Investments - publicly raded securities 14 16 14 Intangible assets 16 19 95, 727. 16 Total assets. Add lines 1 through 15 (must equal line 33) 179, 397. 16 95, 727. 17 Accounts payable and accruef expenses 3, 165. 17 4, 078. 1		5						
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8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 10a 1,870. b Less: accumulated depreciation 10b 499. 1,745. 10c 1,371. 11 Investments - publicly traded securities 11	ŝ	7					7	
9 Prepade expenses and otherred charges 9 10a Land, buildings, and equipment: cost or other 10a 1,870. b Less: accumulated depreciation 10a 1,870. 11 Investments - buildity and escurities. 111 112 12 Investments - buildity and escurities. 111 112 13 Investments - buildity and escurities. 114 14 Intagible assets. 114 15 Other assets. See Part IV, line 11 13 16 Total assets. Add lines 1 through 15 (must equal line 33) 179, 397. 16 95, 727. 17 Accounts payable and accrued expenses 3, 165. 17 4, 078. 19 Deferred revenue 19 20 21 21 Less and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 22 Leans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secure mortgages and notes payable to unrelated third parties	set	8					8	
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11 Investments - publicly traded securities 11 12 Investments - other securities, See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intragible assets 14 15 Other assets, See Part IV, line 11 13 16 Total assets, Add lines 1 through 15 (must equal line 33) 179,397. 16 95,727. 17 Accounts payable and accrued expenses 3,165. 17 4,078. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 24 Organizations that follow FASB ASC 958, check here 3,165. 26 4,078. 27 Net assets without d				10a	1,870.			
11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 179, 397. 16 95, 727. 18 Grants payable and accrued expenses 3, 165. 17 4, 078. 19 Deferred revenue 19 20 20 Tax exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mottages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 23 24 24 Organizations that follow FASB ASC 958, check here 176, 232. 27 91, 649. 27		b	Less: accumulated depreciation	10b	499.	1,745.	10c	1,371.
12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intragible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 179, 397. 16 95, 727. 17 Accounts payable and accrued expenses 3, 165. 17 4, 078. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 24 Unsecured notes and loans payable to unrelated third parties 23 24 24 Organizations that follow FASE ASC 958, check here 3, 165. 26 4, 078. 27 Net assets with donor restrictions 28 28 29			Investments - publicly traded securities			11		
13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. Add lines 1 through 15 (must equal line 33) 179,397. 16 95,727. 17 Accounts payable and accrued expenses 3,165. 17 4,078. 18 Grants payable 18 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% concolled entity or family member of any of these persons 22 23 Secured morts and loans payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Add lines 17 through 25 3,165. 26 4,078. 27 Net assets without donor restrictions 28 28 29 29 26 Apartial subilities. Add lines 17 through 25 27 91,649. 28 27 Net assets with donor restrictions 28 29 29 29 29								
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17 Accounts payable and accrued expenses 3,165.17 4,078. 18 Grants payable 18 19 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 20 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 24 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17.24). Complete Part X of Schedule D 25 3,165.26 4,078. 26 Total liabilities. Add lines 17 through 25 3,165.26 4,078. 25 27 Net assets with donor restrictions 176,232.27 91,649. 28 Organizations that follow FASB ASC 958, check here 28 29 29 29 Capital stock or trust principal, or current funds 29 29 29 30 Paid-in or capital surplus, or land, building,						179,397.		95,727.
18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Leans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities not included on lines 17.24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 3, 165. 26 4, 078. 27 Net assets with donor restrictions 28 28 Organizations that follow FASB ASC 958, check here ▶ X 28 28 0 Organizations that do not follow FASB ASC 958, check here ▶ 28 28 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total ne assets or fund balances 176, 232. 32		17				3,165.	17	4,078.
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25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 3,165. 26 4,078. Organizations that follow FASB ASC 958, check here ▶ X 3,165. 26 4,078. Organizations that follow FASB ASC 958, check here ▶ X 176,232. 27 91,649. 28 0rganizations that do not follow FASB ASC 958, check here ▶ □ 28 0rganizations that do not follow FASB ASC 958, check here ▶ □ 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 176,232. 32 91,649.		24	Unsecured notes and loans payable to unrelate	d third	parties		24	
of Schedule D 25 26 Total liabilities. Add lines 17 through 25 3,165.26 4,078. Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33. 176,232.27 91,649. 27 Net assets with donor restrictions 28 28 28 Organizations that do not follow FASB ASC 958, check here ▶ 28 28 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 31 32 Total net assets or fund balances 176,232.32 32 91,649.		25	Other liabilities (including federal income tax, pa	yables	to related third			
26 Total liabilities. Add lines 17 through 25 3,165.26 4,078. Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33. 176,232.27 91,649. 27 Net assets with donor restrictions 28 28 28 Organizations that do not follow FASB ASC 958, check here ▶ 28 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 31 32 Total net assets or fund balances 176,232.32 32 91,649.			parties, and other liabilities not included on lines	s 17-24)	. Complete Part X			
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and complete lines 27, 28, 32, and 33. 176, 232. 27 91, 649. 27 Net assets without donor restrictions 28 28 28 28 Organizations that do not follow FASB ASC 958, check here ▶ 28 and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 176, 232. 32 91, 649.		26				3,165.	26	4,078.
			Organizations that follow FASB ASC 958, che	eck her	e ▶ X			
	čě		and complete lines 27, 28, 32, and 33.					
	llan	27	Net assets without donor restrictions			176,232.	27	91,649.
	l Be	28					28	
	nnc		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🗌			
	Ē		and complete lines 29 through 33.					
	15 0	29	Capital stock or trust principal, or current funds				29	
	set	30					30	
	t As	31	Retained earnings, endowment, accumulated in	icome,	or other funds		31	
	Ne	32	Total net assets or fund balances				32	
33 Total liabilities and net assets/fund balances		33				179,397.	33	95,727.

Form	APOPO US, Inc.	47-138	9723	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
					<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			87.
2	Total expenses (must equal Part IX, column (A), line 25)	2			70.
3	Revenue less expenses. Subtract line 2 from line 1	3			83.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	176	5,2	32.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	91	L,6	49.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	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	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

SCHEDULE A	
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Department of the Treasury

(Form	990	or	990-EZ
(FUIII	990	UI.	330-LZ

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.

OMB No. 1545-0047
2019
Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.										
Nan	ne of t	the organizati	ion							identification number
			APOP	O US, Inc.					4	7-1389723
Pa	rt I	Reason	for Public	Charity Status (All organizations must c	omplete th	iis part.) Se	ee instruction	s.	
The	organ	nization is not a	a private found	dation because it is:	(For lines 1 through 12, o	check only	one box.)			
1		A church, co	nvention of ch	urches, or association	on of churches describe	d in sectic	on 170(b)(⁻	1)(A)(i).		
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3		A hospital or	a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat	:e:							
5		An organizat	ion operated fo	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental (unit descrik	ped in
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X				intial part of its support	from a gov	rernmental	l unit or from t	he general	public described in
		section 170	(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	v trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		•		5	in section 170(b)(1)(A)				•	•
		or university	or a non-land-ç	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state o	f the colleg	le or
		university:								
10					e than 33 1/3% of its sup					
					ct to certain exceptions					
					(less section 511 tax) fr	om busine	esses acqu	uired by the o	ganization	after June 30, 1975.
				mplete Part III.)						
11	\square	-	-	-	ively to test for public sa	•				
12		-	-	-	ively for the benefit of, t				-	
					ed in section 509(a)(1) o					Sheck the box in
_		7	-		of supporting organization		-		-	·
а				-	supervised, or controlled	•	-			
			-		gularly appoint or elect	a majonty	or the dire			supporting
b		7 7		complete Part IV, Se	d or controlled in connect	tion with i	te cunnort	od organizatio	n(c) by ba	wing
U	L			-	anization vested in the s			•		-
			-	at complete Part IV,		ame perso			ige the sup	poned
с		7 7			g organization operated	in connec	tion with	and functiona	llv integrat	ed with
Ŭ			-		s). You must complete				iny integration	
d			•		porting organization oper				rted organi	ization(s)
			-		zation generally must sa				-	
			-		nplete Part IV, Section	•		-		
е		- ·			written determination fro				II. Type III	
			•		nally integrated support			, , , , , , , , , , , , , , , , , , ,	<i>,</i> ,	
f	Ente	er the number	of supported of	organizations	, , , , , , , , , , , , , , , , , , , ,	0 0				
g				n about the supporte						· •
	((i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount of	-	(vi) Amount of other
		organizatior	٦		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tota	al									

Schedule A (Form 990 or 990-EZ) 2019 APOPO US, Inc.

47-1389723 Page 2

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	274,728.	1,080,076.	540,384.	524,492.	665,487.	3,085,167.
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	274,728.	1,080,076.	540,384.	524,492.	665,487.	3,085,167.
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)						
6	Public support. Subtract line 5 from line 4.						3,085,167.
	tion B. Total Support						, , , .
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	274,728.	1,080,076.	540,384.	524,492.	665,487.	3,085,167.
8	Gross income from interest,			,			, , , , .
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
٥	Net income from unrelated business						
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						3,085,167.
	Total support. Add lines 7 through 10	ata (asa instanti				10	5,005,107.
	Gross receipts from related activities,	,	,	-1 f f f f f f f f f f f		12	
13	First five years. If the Form 990 is for		s inst, second, trin	u, iourtri, or intri ta	ax year as a sectio	11 50 1(0)(3)	►X
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Per	rcentage				
	-			(f))		44	0/
	Public support percentage for 2019 (•			14	%
	Public support percentage from 2018					15	%
108	33 1/3% support test - 2019. If the c	-					
	stop here. The organization qualifies						
D	33 1/3% support test - 2018. If the c						
47	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	-	-	• • • •	-		
b	10% -facts-and-circumstances tes						0% or
	more, and if the organization meets the						. —
	organization meets the "facts-and-cire						>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17k	o, check this box a	nd see instructions	; ▶∟_

Schedule A (Form 990 or 990-EZ) 2019

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
Ŭ	are not an unrelated trade or bus-						
	incompany another 510						
1	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						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organ	ization,
	check this box and stop here	-					
Sec	tion C. Computation of Public	i <mark>c Support P</mark> e					·
15	Public support percentage for 2019 (li	ine 8, column (f), (divided by line 13,	column (f))		15	%
16	Public support percentage from 2018	Schedule A, Part	t III, line 15			16	%
	ction D. Computation of Invest						
17	Investment income percentage for 20	19 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2018. If the						, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 09-25-19			, e e.b., encorre			0 or 990-EZ) 2019

Yes

No

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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			
			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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (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 yeatsee instructions			
'a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction	2)	
2	Activities Test. Answer (a) and (b) below.	actions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	110
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organization(s) to which the organization was responsive in ros, when in rate in dentity the organization such as the supported organization such as the support of the organization such as the organization was responsive in ros, when in rate of the organization such as the organizatio			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
D				
	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	<u></u>		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		-		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 APOPO US, Inc
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 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	et short-term capital gain	1		
2 Re	ecoveries of prior-year distributions	2		
3 O	ther gross income (see instructions)	3		
4 Ad	dd lines 1 through 3.	4		
5 De	epreciation and depletion	5		
6 Po	ortion of operating expenses paid or incurred for production or			
CC	ollection of gross income or for management, conservation, or			
m	aintenance of property held for production of income (see instructions)	6		
7 O	ther expenses (see instructions)	7		
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1 Ag	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d To	otal (add lines 1a, 1b, and 1c)	1d		
e D	iscount claimed for blockage or other			
fa	ctors (explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 Si	ubtract line 2 from line 1d.	3		
4 C	ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	ee instructions).	4		
5 N	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	ultiply line 5 by .035.	6		
7 Re	ecoveries of prior-year distributions	7		
8 M	inimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
1 Ad	djusted net income for prior year (from Section A, line 8, Column A)	1		
2 Er	nter 85% of line 1.	2		
3 M	inimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Er	nter greater of line 2 or line 3.	4		
5 In	come tax imposed in prior year	5		
6 D	istributable Amount. Subtract line 5 from line 4, unless subject to			
er	nergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Section D - Distributions Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity Image: Compliant Complism Compliant Compliant Compliant Complism Complian	Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
2 Amounts paid to perform activity furthers exempt purposes of supported organizations. 4 Administrative expenses paid to accomplish exempt purposes of supported organizations. 4 Administrative expenses paid to accomplish exempt purposes of supported organizations. 5 Qualified estaside amount (price) [As apprval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 frough 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide detais in Part VI). See instructions. 9 Distribution addistributions (see instructions) Image: Complex instructions (in the complex instructions) 9 Distributable amount for 2019 from Section C, line 6 Image: Complex instructions (in the complex instructions) 1 Distributable amount for 2019 from Section C, line 6 Image: Complex instructions (in the complex instructions) 3 Excess distributions carpover, if any, to 2019 Image: Complex instructions (in the complex instructions) 4 From 2016 Image: Complex instructions (in the complex instructions) Image: Complex instructions) 4 From 2016 Image: Complex instructions (in the complex instructions) Image: Complex instructions) 5 From 2016 <t< th=""><td>Sect</td><td></td><td></td><td>(</td><td>Current Year</td></t<>	Sect			(Current Year
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f Total of lines 3a through e g g Applied to underdistributions of prior years h h Applied to 2019 distributable amount i i Carryover from 2014 not applied (see instructions) i j Remainder. Subtract lines 3g, 3h, and 3i from 3f. i 4 Distributions for 2019 from Section D, iine 7: iine 7: \$ a Applied to underdistributions of prior years iine 7: b Applied to 2019 distributable amount iine 7: c Remainder. Subtract lines 4a and 4b from 4. iine 7: c Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. iine 3h 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. iine 3j and 4c. 8 Breakdown of line 7: iine 3i iine 3i a Atc. iine 7: iine 7: a Excess from 2015 iine 5i iine 5i	d	From 2017			
g Applied to underdistributions of prior years	е	From 2018			
h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years b Applied to underdistributions of prior years c Remainder. Subtract lines 4a and 4b from 4. c Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016	f	Total of lines 3a through e			
i Carryover from 2014 not applied (see instructions) i j Remainder. Subtract lines 3g, 3h, and 3i from 3f. i 4 Distributions for 2019 from Section D, line 7: \$ a Applied to underdistributions of prior years i b Applied to 2019 distributable amount i c Remainder. Subtract lines 4a and 4b from 4. i 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. i 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. i 7 Excess distributions carryover to 2020. Add lines 3j and 4c. and 4c. 8 Breakdown of line 7: i a Excess from 2015 i b Excess from 2016 i	g	Applied to underdistributions of prior years			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016	h	Applied to 2019 distributable amount			
4 Distributions for 2019 from Section D, line 7: \$ a Applied to underdistributions of prior years • b Applied to 2019 distributable amount • c Remainder. Subtract lines 4a and 4b from 4. • 5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. • 7 Excess distributions carryover to 2020. Add lines 3j and 4c. • 8 Breakdown of line 7: • a Excess from 2015 • b Excess from 2016 •	i	Carryover from 2014 not applied (see instructions)			
line 7:\$a Applied to underdistributions of prior yearsb Applied to 2019 distributable amountc Remainder. Subtract lines 4a and 4b from 4.5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.7 Excess distributions carryover to 2020. Add lines 3j and 4c.8 Breakdown of line 7:a Excess from 2015b Excess from 2016	j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
a Applied to underdistributions of prior years and 4b b Applied to 2019 distributable amount c c Remainder. Subtract lines 4a and 4b from 4. c 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. c 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. c 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a a Excess from 2015 b b Breaks from 2016 c	4	Distributions for 2019 from Section D,			
b Applied to 2019 distributable amount		line 7: \$			
c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016	a	Applied to underdistributions of prior years			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016	b	Applied to 2019 distributable amount			
any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016	c	Remainder. Subtract lines 4a and 4b from 4.			
than zero, explain in Part VI. See instructions. Image: Construction of the structure 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Image: Construction of the structure 7 Excess distributions carryover to 2020. Add lines 3j and 4c. Image: Constructure 8 Breakdown of line 7: Image: Constructure a Excess from 2015 Image: Constructure b Excess from 2016 Image: Constructure	5	Remaining underdistributions for years prior to 2019, if			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Image: Comparison of the structure 7 Excess distributions carryover to 2020. Add lines 3j and 4c. Image: Comparison of the structure 8 Breakdown of line 7: Image: Comparison of the structure a Excess from 2015 Image: Comparison of the structure b Excess from 2016 Image: Comparison of the structure		any. Subtract lines 3g and 4a from line 2. For result greater			
and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016		than zero, explain in Part VI. See instructions.			
Part VI. See instructions. Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016	6	Remaining underdistributions for 2019. Subtract lines 3h			
7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016		and 4b from line 1. For result greater than zero, explain in			
and 4c. Image: Constraint of the second se		Part VI. See instructions.			
8 Breakdown of line 7: a Excess from 2015 b Excess from 2016	7	Excess distributions carryover to 2020. Add lines 3j			
a Excess from 2015 a a b Excess from 2016 a a		and 4c.			
b Excess from 2016	8	Breakdown of line 7:			
	а	Excess from 2015			
	b	Excess from 2016			
c Excess from 2017	с	Excess from 2017			
d Excess from 2018	d	Excess from 2018			
e Excess from 2019	е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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
	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 B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

APOPO	US,	Inc.
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

X 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.

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (20)19)
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Name of organization

Employer identification number

APOPO US, Inc.

47-1389723

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	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
		\$	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 Occupied Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	
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Name of organization

Employer identification number

APOPO US, Inc.

47-1389723

Part II	Noncash Property (see instructions). Use duplicate copies of Part	t 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
		\$	
(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
		\$	
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

lame of or	ganization		Employer identification number
APOPO	US, Inc.		47-1389723
Part III) through (e) and the following line e charitable, etc., contributions of \$1,000 o	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the yearty. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi nd ZIP + 4	ift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

Department of the Treasury

(Form 9	90)
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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. o to www.irs.gov/Form990 for instructions and the latest informat

and the latest information Co to wayny iro gov/Eor



Internal	Revenue Service	Go to www.irs.gov/Form99	0 for instructions and the latest information	າ	Inspect	ion
-	e of the organizati			Employer identification number 47-1389723		
Par	t I Organiza		d Funds or Other Similar Funds or	Accounts.	Complete if t	he
		on answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds	(b) Funds ar	d other accou	unts
1	Total number at e	nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5		-	vriting that the assets held in donor advised fu	inds		
-	-		exclusive legal control?		Yes	🗌 No
6			dvisors in writing that grant funds can be used			
-			r donor advisor, or for any other purpose conf			
	impermissible priv		·	•	Yes	🗌 No
Par			anization answered "Yes" on Form 990, Part I			110
1		servation easements held by the organization		.,		
•		n of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	torically impo	rtant land are	a
		of natural habitat	Preservation of a cel	• •		
		n of open space			otraotaro	
2			ied conservation contribution in the form of a	conservation	essement on	the last
-	day of the tax yea				at the End of t	
а				2a		
	-		ucture included in (a)			
			after 7/25/06, and not on a historic structure	20		
u				2d		
3			eased, extinguished, or terminated by the orga	L I	ng the tax	
Ū	year ►		cased, extinguished, or terminated by the org		ing the tax	
4		where property subject to conservation eas	sement is located			
5		ation have a written policy regarding the per				
•			holds?		Yes	
6			handling of violations, and enforcing conserva			
•					tto dannig the	you
7	Amount of expense	 ses incurred in monitoring inspecting hand	ling of violations, and enforcing conservation	easements di	iring the year	
•	► \$				ang the year	
8		vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)	(B)(i)		
•					Yes	
9	In Part XIII descri	be how the organization reports conservation	on easements in its revenue and expense stat	ement and		
•		•	note to the organization's financial statements		s the	
	-	counting for conservation easements.			0 110	
Par			f Art, Historical Treasures, or Other	^r Similar A	ssets.	
		f the organization answered "Yes" on Form				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and b	alance sheet	works	
	of art, historical tre	easures, or other similar assets held for pub	olic exhibition, education, or research in further	ance of publi	с	
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.			
b	· •		8, to report in its revenue statement and balar	ice sheet wor	ks of	
			exhibition, education, or research in furtheran			
		ing amounts relating to these items:			,	
	•	c		▶ \$		
n			asures, or other similar assets for financial gair			

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part	Х
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

▶ \$ \$

►

Sche	dule D (Form 990) 2019 APOPO U	S, Inc.						47-13	8972	3 Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, c	or Othe	r Simila	ar Asse	ts (contir	nued)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	t make się	gnificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	c			hange progra					
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's c							ose in Par	t XIII.	
5	During the year, did the organization solicit of		,						7.2	
Da	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran		¥						Yes	No No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete ir the	e organizatio	n answered	Yes" on F	-orm 990	, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod		diary for	contribution	s or other as	sets not i	ncluded			
ia	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII							······		
~			lietting						Amoun	
с	Beginning balance						1c		,	-
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on F								Yes	No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	xplanati	on has been	provided on	Part XIII				
Par	t V Endowment Funds. Complete i	if the organization ar	nswered	"Yes" on Fo	orm 990, Part	IV, line 10	D.			
		(a) Current year	(b) F	Prior year	(c) Two year	s back (d	d) Three y	ears back	(e) Four	years back
	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
-	End of year balance									
2	Provide the estimated percentage of the cur	-		g, column (a	a)) neid as:					
	Board designated or quasi-endowment Permanent endowment		_%							
		%								
C	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	•	ation the	at are held a	ind administe	red for th	e organiz	vation		
ou	by:						e ergarnz	ation	Ī	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?						
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11a. S	See Form 990), Part X, li	ine 10.			
	Description of property	(a) Cost or c basis (investr			or other (other)	• •	cumulate reciation	d	(d) Boo	k value
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment									= .
	Other				1,870.		4	99.		<u>1,371.</u>
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line 1	10c.)					1,371.

Schedule D (Form 990) 2019

Complete if the organization answered "Yes"	on Form 990, Part IV, line	e TID. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the executive ensured "Vee"	on Form 000 Dort IV line	11d Cas Form 000 Dart V line 15	
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
(a)	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(a)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lind	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		
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(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2019

Pa	rt XI Reconciliation of Revenue per Audited Financia	Statements with Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	: IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemen	ts		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lir	ne 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financia	al Statements With Exper		
Pa	rt XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part	al Statements With Exper	ises per Return.	
Ра 1	Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements	al Statements With Exper	ises per Return.	
	rt XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	al Statements With Exper	ises per Return.	
1	rt XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	al Statements With Exper	ises per Return.	
1 2	rt XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2a 2b 2b	ises per Return.	
1 2 a	rt XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2a 2b 2c	ises per Return.	
1 2 a b	rt XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2b 2c 2d 2d	1	
1 2 b c	rt XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	1 1	
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1 1	
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	al Statements With Exper	1 1	
1 2 b c 4 3	rt XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	al Statements With Exper IV, line 12a. 2a 2b 2c 2d 2d	1 1	
1 2 b c d 3 4	rt XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	al Statements With Exper IV, line 12a. 2a 2b 2c 2d 2d	1 1	
1 2 3 4 3	rt XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	1 2e 3 4c	
1 2 b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	1 2e 3 4c	

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

APOPO US, Inc.					47-138972	3
	rmation on A	Activities Ou	tside the United States. Compl	ete if the organ		
Form 990, Part I				Ū		
1 For grantmakers. Does	s the organizatio	n maintain recor	ds to substantiate the amount of its gr	ants and other		
the grantees' eligibility t	for the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?	Yes X No
2 For grantmakers. Desc	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance outs	side the
United States.						
3 Activities per Region. (1	he following Par		an be duplicated if additional space is			
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service,	expenditures for and
	in the region	independent contractors	recipients located in the region)		e specific type (s) in the region	investments
		in the region				in the region
Europe (Including Iceland & Greenland)	C	0	Drogram Corviged	Dotosting I	and Minor	493 000
		0	Program Services	Detecting I	and mines	493,000.
3 a Subtotal	0	0				493,000.
b Total from continuation						
sheets to Part I	0	0				٥.
c Totals (add lines 3a						
and 3h)		0				493 000

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

Schedule F (Form 990) 2019

S	tate	em	nent	of	A	ctivities	Ou	tsi	de	the	U	ni	te	d	S	tat	es
•	-								_		_						-

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

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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE F (Form 990)

932072 10-12-19

Schedule F (Form 990) 2019

Part II

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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)
		Europe (Including Iceland & Greenland)	Program Support	493,000.	EFT	0.		

Schedule F (Form 990) 2019

1

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

47-1389723

APOPO US, Inc.

Page 2

(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)

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.

Schedule F (Form 990) 2019

APOPO US, Inc.

47-1389723

Page 3

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Schedule F (Form 990) 2019

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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)</i>	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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	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; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

Part V Supplemental Information

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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



 $\begin{array}{c} \text{Employer identification number} \\ 47-1389723 \end{array}$

APOPO US, Inc.

Form 990 Part I Mission Statement					
and humanitarian purposes of APOPO VZW. APOPO VZW is a Belgium-based					
social enterprise whose mission is to develop and implement detection					
rats technology to provide solutions to pressing humanitarian problems.					
APOPO VZW currently uses detection rats to detect mines and					
tuberculosis and continue to research other possible rat scent					
detection applications that would make the human race safer and					
healthier including the detection of illegal wildlife products and					
contaminants within soil. APOPO's VZW's vision is to solve pressing					
humanitarian challenges with detection rats technology.					
APOPO US will work to forward APOPO VZW's charitable objectives by					
building financial, media and operational support among the US public					
for APOPO VZW's field activities across the globe so that it ultimately					
can save and improve more lives.					
APOPO US will also engage the US audience through educational and					
informational programs designed to raise awareness in the US about					
APOPO VZW's mission and vision. APOPO US will also work to educate the					
US public on the issues confronted by APOPO VZW's field programs,					
mainly TB diagnosis and treatment and mine detection and land					
clearance.					

Form 990	0, Pai	ct III,	Line 4	a, P	rogram	Serv	ice	Accompl	ishm	ents:		
confirma	ation	tests.	Confir	med	results	are	ins	stantly	sent	back	to th	ıe
clinics	that	oversee	patie	nt c	ounsell	ing	and	treatme	ent.	APOPO	raise	es
partner	clini	lc TB de	tectio	n ra	tes by	40%.						

Schedule O (Form 990 or 990-EZ) (2019)	Page 2				
Name of the organization APOPO US, Inc.	Employer identification number 47-1389723				
APOPO's tuberculosis detection programs continued to have	a significant				
impact in 2019. APOPO's detected over 2,000 additional TB	patients in				
Tanzania, Ethiopia, and Mozambique. This means that more TB-positive					
people who have been missed by public clinics are not put	on				
life-saving treatment before they can infect other people and prolong					
the vicious cycle of TB.					

APOPO's landmine detection rats, nicknamed HeroRATS, ignore scrap metal and only detect the scent of explosives, making them much faster at finding landmines than humans with metal detectors. HeroRATs are too light to set off landmines, making them a perfect tool to speed up detection. When integrated into conventional mine clearance methods, such vegetation-cutting machines, and manual deminers with metal detectors, the rats are proven to significantly accerlerate operations, helping return safe land to vulnerable communities as quickly and cost-effectively as possible. This prevents accidents and quickly returns land to communities for development and sustenance, at a fraction of the cost, leaving funds to address yet more areas.

In 2019 APOPO continued to conduct mine and explosive ordinance clearance in Cambodia and Angola. The organization cleared over 2 mission total M2 of land given back to local communities, helping thousands of people return to their lands and lives free from the threat of mines. In Cambodia, APOPO's HeroRATs proved their incredible speed and cost effectiveness. HeroRAT's integration with manual demining teams were able to clear land at four times the pace, and less than half the cost of manual demining teams only. APOPO also launched a new initiative technical survey dogs, which when teamed up with ^{932212 09-06-19}

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
APOPO US, Inc.	47-1389723
HeroRATs, will improve cost efficiency of mine action in (Cambodia and

At APOPO, we train rats to save lives and our team of innovators make all of this happen at our training and research headquarters in Morogoro, Tanzania. Rising to this challenge, our team employs a multi-pronged approach to address the primary objectives of optimizing performance of our existing scent detection applications and exploring innovative new applications for them, while continually evaluating and assessing animal health and welfare and building local and global scientific capacity.

In 2019, APOPO's training teams began research on two new applications while preparing new rats for landmine and TB detection and monitoring the work of existing rats in the field. Initial research on the rats ability to detection both illegal wildlife products when masked with other odors proved very promising. APOPO also began researching if rats can detect petrolium contamination in soil, a project which will yield preliminiary results in early 2020.

Form 990, Part III Mission Statement

elsewhere even more in 2019 and beyond.

to pressing humanitarian problems. APOPO VZW currently uses detection rats to detect mines and tuberculosis and continue to research other possible rat scent detection applications that would make the human race safer and healthier including the detection of illegal wildlife products and contaminants within soil. APOPO's VZW's vision is to solve pressing humanitarian challenges with detection rats technology.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization APOPO US, Inc.	Employer identification number $47 - 1389723$
APOPO US will work to forward APOPO VZW's charitable obje	ctives by
building financial, media and operational support among t	he US public
for APOPO VZW's field activities across the globe so that	it ultimately
can save and improve more lives.	
APOPO US will also engage the US audience through education	onal and
informational programs designed to raise awareness in the	US about
APOPO VZW's mission and vision. APOPO US will also work	to educate the
US public on the issues confronted by APOPO VZW's field p	rograms,
mainly TB diagnosis and treatment and mine detection and	land
clearance.	
Form 990, Part VI, Section B, line 11b:	
No review was or will be conducted.	
Form 990, Part VI, Section C, Line 19:	
No documents, with the exception of the Form 990, are made	e available to the
public.	

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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/e-file-providers/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.

Type or	pe or Name of exempt organization or other filer, see instructions.					ion number (TIN)			
print									
File by the	APOPO US, Inc.				47-13	389723			
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 712 H Street NE								
instructions	nstructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Washington, DC 20002								
Enter the	Return Code for the return that this application is for (fill	e a separa	te application for each return)						
Applicat	ion	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			08			
Form 472	20 (individual)	03	Form 4720 (other than individual)		09				
Form 990)-PF	04	Form 5227			10			
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990)-T (trust other than above) Charles Richter	06	Form 8870			12			
 If the If this box 1 1 ree the the 	none No. ► 202-286-2804 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► equest an automatic 6-month extension of time until e organization named above. The extension is for the org. X calendar year 2019 tax year beginning he tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta Nover anization's	emption Number (GEN) I ich a list with the names and TINs or mber 16, 2020 , to file s return for: d ending	f this is fo f all memb	r the whole ers the extension of the ext	group, check this ension is for.			
any	his application is for Forms 990-BL, 990-PF, 990-T, 4720, y nonrefundable credits. See instructions.			3a	\$	0.			
b 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 \$ c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by					0.				
using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$					0.				
	If you are going to make an electronic funds withdrawal				nd Form 88	• •			

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

Form 8868 (Rev. 1-2020)