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Form	J	J	U

# \*\* PUBLIC DISCLOSURE COPY \*\*

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

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

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



Department of the Treasury
Internal Revenue Service

A	For th	e 2021 calendar year, or tax year beginning and endi	ing		
Β	Check if applicab	e: C Name of organization		D Employer identifi	cation number
	Addre	APOPO US, Inc.			
	Name chang			47-13897	23
	Initial return	Number and street (or P.0. box if mail is not delivered to street address) Roor	m/suite	E Telephone numbe	
	Final return			(202) 28	
	termir ated	City or town, state or province, country, and $\angle IP$ or foreign postal code		<b>G</b> Gross receipts \$	1,138,232.
	Amen	Washingcon, DC 20002		H(a) Is this a group re	
	Applie tion pendi			for subordinates	? Yes X No
		same as C above		H(b) Are all subordinates in	ncluded? Yes No
-		empt status: 🗴 501(c)(3) 🔄 501(c) ( )◀ (insert no.) 🤄 4947(a)(1) or 🗌	527		list. See instructions
		te: • www.apopo.org		H(c) Group exemptio	
			L Year	of formation: 2014	State of legal domicile: DC
Pa		Summary			
e	1	Briefly describe the organization's mission or most significant activities: APOPO U	JS r	alses funds	in the
Governance		United States to support the charitable pur			
'ern		Check this box 🕨 🛄 if the organization discontinued its operations or disposed of			
200		Number of voting members of the governing body (Part VI, line 1a)			4
<u>مە</u>		Number of independent voting members of the governing body (Part VI, line 1b)			4
ties		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
Activities &		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>		
	8	Contributions and grants (Part VIII, line 1h)		Prior Year 1,126,273.	Current Year 1,138,232.
anr	9			0.	0.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,126,273.	-
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		827,833.	720,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		230,547.	180,328.
nse		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)  117,968.	•		
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		46,601.	69,380.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	🗌	1,104,981.	969,708.
	19	Revenue less expenses. Subtract line 18 from line 12		21,292.	168,524.
Fund Balances			Be	ginning of Current Year	End of Year
ssets	20	Total assets (Part X, line 16)	🖵	114,367.	288,418.
at As	21	Total liabilities (Part X, line 26)	🖵	1,426.	6,953.
N <sup>n</sup>	22	Net assets or fund balances. Subtract line 21 from line 20		112,941.	281,465.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and			y knowledge and belief, it is
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer		
<u> </u>		Signature of officer		3/31/2 Date	.022
Sig				Date	
He	re	Charles Richter, CEO Type or print name and title			
		Print/Type preparer's name		Date Check	PTIN
Pai	d	Hemali Kane, EA	0	3/31/22	
	- parer	Firm's name Rogers & Company PLLC		Firm's EIN	58-2676261
	Only	Firm's address 8300 Boone Boulevard, Suite 600			

Vienna, VA 22182

Phone no. (703) 893-0300

Form	APOPO US, Inc.	47-1389723	Page <b>2</b>
Pa	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 raises funds in the United States to, among		
	support the charitable and humanitarian purposes of		
	VZW is a Belgium-based social enterprise whose missi		p
	and implement detect ion rats technology to provide	solutions.	
2	Did the organization undertake any significant program services during the year which were not listed or		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program serv		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others, the total expenses,	and
	revenue, if any, for each program service reported.		
4a		) (Revenue \$	)
	APOPO US works to support the tuberculosis (TB) proc		on
	program and research department of APOPO's global or		
	headquartered in Tanzania. APOPO US is also working	to increase	
	knowledge of the landmine and TB issue among the US		6
	demonstration detection rat partnerships with the Sa		
	Indianapolis and Point Defiance Zoo in Tacoma, Washi		
4b	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
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 ► 793,956.		
		Form	<b>990</b> (2021)

Form	990	(2021)

Form 990 (2021) 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	~		
Ŭ	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	- U		
-	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			<u> </u>
Ŭ	similar amounts as defined in Rev. Proc. 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			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? 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? If "Yes," complete			v
	Schedule D, Part III	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?			v
	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			v
	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,			v
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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	44.1		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23	<u> </u>
IZd	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	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. See instructions	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		X
	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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 Form 990 (2021)
 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	00		x	
24 0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23			-
<b>24</b> d	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	24a		x	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			-
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X	_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37	
	Schedule L, Part I	25b		X	_
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? <i>If "Yes," complete Schedule L, Part II</i>	26		x	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		21	-
21	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		x	
28	Was the organization a party to a business transaction with one of the following parties (see the 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	_
b	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 line 28a or 28b?/f				
	"Yes," complete Schedule L, Part IV	28c		X	_
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x	
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X	-
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	- 51			-
01	Schedule N, Part II	32		x	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X	
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		X	_
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X	-
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30			-
07	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 on Schedule O for Part VI, lines 11b and 19?				-
	Note: All Form 990 filers are required to complete Schedule O	38	Х		
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				1
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>			_
_			Yes	No	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a</b>				
b		-			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	x		

Form 990 (2021) APOPO US, Inc. 47-1389723 Page							
Pa							
				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 3					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	rns?	2b	Х			
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions						
3a			3a		Х		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a						
Ĩ	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		x		
h	If "Yes," enter the name of the foreign country		14				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAB)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50 50				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th		50		<u> </u>		
Ua			6a		x		
h	any contributions that were not tax deductible as charitable contributions?		Ua				
b		-	6b				
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		00				
7		vices provided to the power?	70		х		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a 7b		- 21		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		70		<u> </u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was the file forme 20002	as required	7.		x		
	to file Form 8282?		7c		<u>л</u>		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7.		х		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		X		
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		<u> </u>		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization and the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplanes, airplanes, airplanes, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airpla		7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		•				
•			8				
9	Sponsoring organizations maintaining donor advised funds.		0-				
	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u> </u>		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:	10-					
	Initiation fees and capital contributions included on Part VIII, line 12	10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	44-1					
	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	4.4%					
40	amounts due or received from them.)	11b	10				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		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.		10				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	<b>Note:</b> 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	13b					
	Enter the amount of reserves on hand	13c			v		
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				v		
	excess parachute payment(s) during the year?		15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.				v		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X		
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
	If "Yes." complete Form 6069.						

	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									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1								
	officer, director, trustee, or key employee?	2		X						
3										
	of officers, directors, trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		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						
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>								
	more members of the governing body?	7a		x						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x						
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		X						
	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		X						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i>	12.0								
Ŭ	on Schedule O how this was done	12c	x							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent	14								
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
2	The organization's CEO, Executive Director, or top management official	15a		X						
	Other officers or key employees of the organization	15a		X						
U	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130								
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
104	taxable entity during the year?	16a		X						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a								
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
		16b								
800	exempt status with respect to such arrangements?									
	▶ 集團									
17 19				able						
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 for public inspection. Indicate how you made these available. Check all that apply	is out	) availa	aule						
	for public inspection. Indicate how you made these available. Check all that apply.									
40	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 $\blacktriangleright$									
	Charles Richter - 202-286-2804									
	712 H Street NE, Washington, DC 20002		000	/000/						

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

APOPO US, Inc.

Form 990 (2021)

47-1389723

Page 6

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is bot officer and a director/trus		is bot	h an	compensation	compensation	amount of	
	week	<u> </u>	cer an	id a d	Irecto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	er di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	'ustee	trust		ee	npens		1099-NEC)	1099-NEC)	organization and related
	below	dual ti	tiona		nploy	stcor	5	1000 1120)		organizations
	line)	ndivid	Institutional trustee	Officer	(ey er	Highest compensated employee	Former			
(1) Charles Richter	40.00		_		-		<u> </u>			
CEO		1		x				85,894.	0.	0.
(2) Kristen Davis	1.00									
Chairwoman		x		x				0.	0.	0.
(3) Beverly Schwartz	1.00									
Secretary		X		X				0.	0.	0.
(4) Bart Weetjens	1.00									
Board Member		X						0.	0.	0.
(5) Piet Van Hove	1.00									
Board Member		X						0.	0.	0.
		<u> </u>	<u> </u>	<u> </u>		<u> </u>				
		1								
		1								
										- 000 (222 )

Form 990 (2021)

	1 990 (2021) APOPO US ,									47-138	972	23	Page <b>8</b>
Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pe	ition more rson i	than o is boti pr/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		(F) Estima amour othe	ated nt of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	(	ompens from t organiza and rela organiza	the ation ated
											_		
											+		
											_		
с	Subtotal Total from continuation sheets to Part VI	I, Section A							85,894. 0. 85,894.	0 0 0	•		0.0.0.
2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization								-	_	•		0
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for si	-		-	•	-			ghest compensated emp		3	Yes 3	s No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	le co " <i>co</i>	omp mple	ensa ete S	atior Sche	n and edule	l ot 9 J i	her compensation from	the organization	. 4	•	X
	rendered to the organization? If "Yes," comp stion B. Independent Contractors					-			-		. 5	5	X
1	Complete this table for your five highest con the organization. Report compensation for t								n the organization's tax		nsatio		
	(A) Name and business	address	N	ONE	3			_	(B) Description of s	ervices	Com	<b>(C)</b> Ipensat	ion
								_					
								_					
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	-	ot lii	nite	d to		se lis )	steo	d above) who received n	nore than			

				DPO US	5, I	nc	•			47-1389	723 Page 9
Pa	rt V	/111	Statement of Re	evenue							
			Check if Schedule O	contains a	a respor	nse c	or note to any lir			(0)	
								<b>(A)</b> Total revenue	(B) Related or exempt	<b>(C)</b> Unrelated	(D) Revenue excluded
								Total Toverlae	function revenue		from tax under sections 512 - 514
S G					1.1						Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns		1a						
D D			Membership dues		1b						
ifts, r A			Fundraising events		1c 1d						
nila nila			Related organizations		1a 1e						
Sir			All other contributions, gifts,								
her		'	similar amounts not included	-		1.1	138,232.				
<u>đ</u>		a	Noncash contributions included in		1g \$	- / -					
Cor		-	Total. Add lines 1a-1f					1,138,232.			
							Business Code	, , -			
ø	2	а				ł					
۵ Zi		b									
Se		с									
am		d									
Program Service Revenue		е				- [					
Ч		f	All other program service	revenue .		[					
		g	Total. Add lines 2a-2f								
	3		Investment income (inclue								
			other similar amounts)								
	4		Income from investment of								
	5		Royalties								
					(i) Real		(ii) Personal				
			Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss Gross amount from sales of		Securitie		(ii) Other				
	· '	а	assets other than inventory		Jecunit						
		h	Less: cost or other basis	7a		$\rightarrow$					
е		D	and sales expenses	7b							
venue		с	Gain or (loss)	7c							
Re			Net gain or (loss)								
Other			Gross income from fundraisi				F				
đ			including \$	-							
			contributions reported on								
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		с	Net income or (loss) from	fundraisir	ng even	ts .	🕨				
	9	а	Gross income from gamin								
			Part IV, line 19			9a					
			Less: direct expenses			9b					
			Net income or (loss) from		1	; 	🕨				
	10	а	Gross sales of inventory,								
			and allowances			10a					
			Less: cost of goods sold		-	10b					
		С	Net income or (loss) from	sales of Ir	iventor	<u>y</u> T	Business Code				
snc	11	2				┝	Business Coue				
Miscellaneous Revenue		a b									
ella »vei		с С									
Be			All other revenue								
Σ			Total. Add lines 11a-11d								
	12	-	Total revenue. See instruction	ons	<u></u>			1,138,232.	0.	0.	0.

APOPO US, Inc.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons				
	nclude amounts reported on lines 6b, bb, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
	nts and other assistance to domestic organizations domestic governments. See Part IV, line 21	2,000.	2,000.		
	ints and other assistance to domestic				
indi	ividuals. See Part IV, line 22				
3 Gra	ints and other assistance to foreign				
orga	anizations, foreign governments, and foreign				
indi	ividuals. See Part IV, lines 15 and 16	718,000.	718,000.		
4 Ben	nefits paid to or for members				
5 Cor	mpensation of current officers, directors,				
	stees, and key employees	85,894.	33,803.	5,128.	46,963.
	npensation not included above to disqualified				
	sons (as defined under section 4958(f)(1)) and				
	sons described in section 4958(c)(3)(B)	01 004	21 070	4 0 2 7	44 000
	er salaries and wages	81,004.	31,878.	4,837.	44,289.
	sion plan accruals and contributions (include				
	tion 401(k) and 403(b) employer contributions)				
	er employee benefits	13,430.		13,430.	
	/roll taxes	13,430.		13,430.	
	es for services (nonemployees):				
	nagement				
		10,738.		10,738.	
		10,750.		10,750.	
	bying				
	estment management fees				
	her. (If line 11g amount exceeds 10% of line 25,				
-	Imn (A), amount, list line 11g expenses on Sch O.)	25,101.		844.	24,257.
	vertising and promotion	408.		-	408.
	ice expenses	29,608.	6,907.	22,650.	51.
	prmation technology				
	/alties				
	cupancy				
	vel	1,368.	1,368.		
	ments of travel or entertainment expenses				
for a	any federal, state, or local public officials				
<b>19</b> Cor	nferences, conventions, and meetings				
	erest				
	ments to affiliates				
<b>22</b> Dep	preciation, depletion, and amortization	157.		157.	
	urance				
abov line	er expenses. Itemize expenses not covered ve. (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25, column (A), punt, list line 24e expenses on Schedule 0.)				
	cogram grants related	2,000.			2,000.
b	-				
c					
d					
e All d	other expenses				
25 Tota	al functional expenses. Add lines 1 through 24e	969,708.	793,956.	57,784.	117,968.
26 Join	nt costs. Complete this line only if the organization				
repo	orted in column (B) joint costs from a combined				
eduo	cational campaign and fundraising solicitation.				
Chec	ck here 🕨 📄 if following SOP 98-2 (ASC 958-720)				

APOPO US, Inc.

		Check if Schedule O contains a response or not	te to ai	ny line in this Part X				
						<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				69,821.	1	252,209.
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net				43,548.	3	36,209.
	4	Accounts receivable, net					4	
	5	Loans and other receivables from any current o						
		trustee, key employee, creator or founder, subs						
		controlled entity or family member of any of the		5				
	6	Loans and other receivables from other disquali						
		under section 4958(f)(1)), and persons describe	d in se	ction 4958(c)(3)(B)			6	
ts	7	Notes and loans receivable, net			[		7	
Assets	8	Inventories for sale or use					8	
Ä	9	Prepaid expenses and deferred charges					9	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a		0.			
	b	Less: accumulated depreciation	10b			998.	10c	
	11	Investments - publicly traded securities	L		11			
	12	Investments - other securities. See Part IV, line	L		12			
	13	Investments - program-related. See Part IV, line	L		13			
	14	Intangible assets	L		14			
	15	Other assets. See Part IV, line 11					15	
	16	Total assets. Add lines 1 through 15 (must equ	al line	33)		114,367.	16	288,418.
	17	Accounts payable and accrued expenses		1,426.	17	6,953.		
	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	L		21	
ies	22	Loans and other payables to any current or form	ner offi	cer, director,				
Liabilities		trustee, key employee, creator or founder, subs						
-iat		controlled entity or family member of any of the					22	
-	23	Secured mortgages and notes payable to unrela					23	
	24	Unsecured notes and loans payable to unrelate					24	
	25	Other liabilities (including federal income tax, pa	-					
		parties, and other liabilities not included on lines	s <b>1</b> 7-24	). Complete Part X				
		of Schedule D			····  -	1 100	25	6 052
	26					1,426.	26	6,953.
ŝ		Organizations that follow FASB ASC 958, che	eck he	re 🕨 🛕				
nce	07	and complete lines 27, 28, 32, and 33.				112,941.		281,465.
ala	27	Net assets without donor restrictions				112,941.	27	201,403.
Ыd	28	Net assets with donor restrictions			····  -		28	
Fun		Organizations that do not follow FASB ASC 9						
o		and complete lines 29 through 33.						
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds					29	
Ass	30	Paid-in or capital surplus, or land, building, or ed					30	
et /	31	Retained earnings, endowment, accumulated in				112,941.	31	281,465.
Z	32	Total net assets or fund balances				114,367.	32	288,418.
	33	Total liabilities and net assets/fund balances				TT4,30/•	33	200,410.

Form **990** (2021)

Form 990 (2021)
Part X Balance Sheet

Form	APOPO US, Inc.	47-13	89723	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
					~ ~
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,13		
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,7	
3	Revenue less expenses. Subtract line 2 from line 1	3			24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11	2,9	41.
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	28	1,4	65.
Ра	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 on Schedul				
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 reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
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				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<b>3b</b>		

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury

(Form 990)

Total

# 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
2021
Open to Public Inspection

Internal	For to www.irs.gov/Form990 for instructions and the latest information.									
Name	e of t	he organizati	on						Employer	identification number
				O US, Inc.						7-1389723
Par	tl	Reason	for Public	Charity Status.	(All organizations must c	complete t	his part.) S	See instruction	ıs.	
The o	rgan	ization is not a	a private found	lation because it is: (	(For lines 1 through 12, o	check only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches describe	d in <b>sectic</b>	on 170(b)(	1)(A)(i).		
2		A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in <b>s</b> e	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 <b>sectio</b>	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	on operated fo	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental	unit descrit	oed in
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, sta	ite, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	)(v).		
7	Х	An organizati	on that norma	Illy receives a substa	antial part of its support f	from a gov	vernmenta	l unit or from f	he general	public described in
		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8					(1)(A)(vi). (Complete Par	t II.)				
9 [		An agricultur	al research org	ganization described	l in section 170(b)(1)(A)(	(ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	culture (see instructions).	. Enter the	name, cit	y, and state o	f the colleg	je or
		university:								
10		An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from
		activities rela	ted to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more tha	n 33 1/3% of	its support	from gross investment
		income and ι	unrelated busi	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on
					of supporting organizatio					
а		<b>Type I.</b> A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving
					gularly appoint or elect a					
				complete Part IV, Se						
b		7 -		-	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	aving
				-	anization vested in the s			-		-
			÷	t complete Part IV,		·			0 1	
с		7 7			g organization operated	in connec	tion with,	and functiona	lly integrat	ed with,
			-		s). You must complete I				, ,	
d		7	-		porting organization oper				rted organi	ization(s)
			-		zation generally must sa				-	
			-		nplete Part IV, Sections	-		-		
е		- ·		,	written determination fro				II, Type III	
		functionally	/ integrated, or	r Type III non-functio	onally integrated support	ing organi	zation.	51 2 51	<i>,</i> <b>,</b>	
f	Ente		-	• •						
				n about the supporte						·
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ו		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)

APOPO US, Inc.

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.)

Calendar year (of fiscal year beginning in) ►       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         1 offics, grants, contributions, and ther paid to are expended on its behalf       540, 384.       524, 492.       665, 487.       1, 126, 273.       1, 138, 232.       3, 994, 868.         2 Tax revenues levide for the organization without charge       540, 384.       524, 492.       665, 487.       1, 126, 273.       1, 138, 232.       3, 994, 868.         3 The value of services or facilities       540, 384.       524, 492.       665, 487.       1, 126, 273.       1, 138, 232.       3, 994, 868.         5 The portion of total contributions by seath person (other than a governmental unit or publicly supports. Organization) included on line 11 that exceeds 280 the amount shown on line 11.       540, 384.       524, 492.       665, 487.       1, 126, 273.       1, 138, 232.       3, 994, 868.         6 Public support. Service lines from the 4       540, 384.       524, 492.       665, 487.       1, 126, 273.       1, 138, 232.       3, 994, 868.         6 Cost income from interest.       540, 384.       524, 492.       665, 487.       1, 126, 273.       1, 138, 232.       3, 994, 868.         7 Amounts from line 4       520, 384.       524, 492.       665, 487.       1, 126, 273.       1, 138, 232.       3, 994, 868.	Section	on A. Public Support						
membership fees received. (Do not include any 'unusual grants.')       540,384.524,492.665,487.1,126,273.1,138,232.3,994,868.         2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalt       540,384.524,492.665,487.1,126,273.1,138,232.3,994,868.         3 The value of services or facilities furnised by agovernmental unit to the organization without charge governmental unit or publicly supported organization, included on line 1 that exceeds 256 of the amount shown on line 11, column (f)       540,384.524,492.665,487.1,126,273.1,138,232.3,994,868.         5 Public support. Subsective 5 them line 4       3,221,253.         8 Costing B, Total Support.       (a) 2017         6 Gos income from interest, and income from interest, and income from interest, dividends, payments received on securities loans, ents, royable, and income from interest, dividends, payments received on securities loans, ents, royable, and income from interest, dividends, payments received on securities loans, ents, royable, and income from interest, dividends, payments received on securities loans, ents, royable, and income from interest, dividends, payments received on securities loans, ents, royable, and income from interest, divide wither or onthe business is regularly carried on 10 Other income. Do not include gain or isses (Explain in Part VI).       12         11 Total support percentage for copata asset (Explain in Part VI).       14       88.14.% 19.5.1.%         14 Other income the advitties, etc. (see instructions)       12         17 Total support percentage for 2021 (the 6, column (f), divided by line 11, column (f), disa 3 triX% promote, the tory and 200 Sheckuke A, Part	Calenda	r year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Include any 'unusual grants.'')       540,384.524,492.655,487.1,126,273.1,138,232.3,994,668.         2 Tax revenues levied for the organization without charge intervenues levied for the organization without charge includes an operand the organization included on its behalf       1,126,273.1,138,232.3,994,668.         4 Total. Add lines 1 through 3       540,384.524,492.665,487.1,126,273.1,138,232.3,994,868.       473,615.         5 The portion of total contributions by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 28 of the amount shown on line 11, column (f)       473,615.         6 Public support. Extractime 5 term line 4       540,384.524,492.665,487.1,126,273.1,138,232.3,994,868.         7 Amounts from line 4       540,384.524,492.665,487.1,126,273.1,138,232.3,994,868.         6 Oross income from line 4       540,384.524,492.665,487.1,126,273.1,138,232.3,994,868.         7 Amounts from line 4       540,384.524,492.665,487.1,126,273.1,138,232.3,994,868.         9 Akit income from initiar sources.       9 Akit income from initiar sources.         9 Not income from initiar sources.       12         11 Total support. Mol lines / through 10.       12         12 Gross receipts from related activities, etc. (see instructions)       12         13 First System: 11 the form 30 is of the organization's first, second, third, fourth, or fifth	1 Gif	ts, grants, contributions, and						
2 Tax revenues level of the organization's benefit and either paid to or expended on its behalf.	me	embership fees received. (Do not						
trains benefit and either paid to or expended on its behalf	inc	lude any "unusual grants.")	540,384.	524,492.	665,487.	1,126,273.	1,138,232.	3,994,868.
are expended on its behalf	<b>2</b> Ta	x revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge into the organization included for the argonization included for the argonization included for the argonization included on line 1 that exceeds 2% of the argonization included for an argonization included for an argonization included on line 1 that exceeds 2% of the argonization included for the argonization argonization included for the argonization argonization included for the argonization argonizatio	iza	tion's benefit and either paid to						
furnished by a governmental unit to the organization without charge y       5       7       104.3 401 lines 1 through 3 by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 29% of the amount shown on line 11, column (f)       5       5       7.1 1.126,273.1 1.138,232.3 ,994,868.         Section B. Total Support       473,615.       6       473,615.         Section B. Total Support       3,521,253.         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total 3,521,253.         Section B. Total Support       540,384.524,492.655,487.1 1,126,273       1,138,232.3 ,994,868.       3,521,253.         Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources activities, whether or not the business is regularly carried on in 0 Other income. Do not include day or loss from the sale of capital as set(Explain in Part V).       1       3,994,868.         12       Corse receipts from treated activities, etc. (see instructions)       12       3,994,868.         13       First Syears. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       1       3,994,868.         14       Public support percentage from 2020 Schedule A, Part II, line 14.       15       95.51 %       56         15	or	expended on its behalf						
4 Total. Add lines 1 through 3       540,384.524,492.665,487.1,126,273.1,138,232.3,994,868.         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, colurm (f).       473,615.         6 Public support. Several the 5 non line 4.       3,521,253.         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (c) 2020       (e) 2021       (f) Total         7 Amounts from line 4.       3,521,253.         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (c) 2020       (e) 2021       (f) Total         7 Amounts from line 4.       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         8 Gross income from interest, dividends, payments received on securities losans, ronts, royalies, and income from similar sources       (a) 2017       (b) 2018       (c) 2019       (c) 2020       (e) 2021       (f) Total         10 Other income. Do not include gain or loss from the sale of captal assets (Explain in Part VI).       (b) 2018       (c) 2019       (c) 2019       (c) 2019       (c) 2020       (c) 2021       (f) Total Support. Add lines 7 through 10         11 Total support. Add lines 7 through 10       (b) 2018       (c) 2019       (c) 2021       (c) 2021       (c) 2020       (c) 202	<b>3</b> Th	e value of services or facilities						
4       Total. Add lines 1 through 3       540,384.524,492.665,487.1,126,273.1,138,232.3,994,868.         5       The portion of total contributions by each person (dher than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, colurm (f)       473,615.         6       Public support. Subsect the 5 hon line 4.       3,521,253.         7       Amounts from line 4       3,521,253.         8       Gross income from interest, dividends, payments received on securities loans, rents, royatlies, and income from similar sources and income from interest, dividends, payments received on securities loans, rents, royatlies, and income from interest, and income from interest, dividends, payments received on securities loans, rents, royatlies, and income from interest, dividends, payments received on securities loans, rents, royatlies, and income from interest, dividends, payments received on securities loans, rents, royatlies, etc. (see instructions)       12         11       Total support. Add lines 7 through 10       3,994,868.         12       Gross receipts from related activities, etc. (see instructions)       12         13       First 5 yeaptor percentage form 2020 Schedule A, Part II, line 14       14       88.14       9         14       Dublic support percentage form 2020 Schedule A, Part II, line 14       15       95.51       9         14       Dublic support percentage form 2020 Schedule A, Part II, line 14       14       14       14       95.5.1<	fur	nished by a governmental unit to						
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, columm (f)       473,615.         6 Public support. Subtract time 5 from time 4.       3,521,253.         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total 3,521,253.         Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4.       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total 3,594,868.         8 Gross income from interest, dividends, payments received on securities loans, ronst, royatiles, and income from similar sources, activities, whether or not the business is regularly carried on in toss from the sale of capital assets (Explain in Part V).       13,994,868.       12         11 Total support. Add lines 7 through 10       13,994,868.       12       3,994,868.         12       Trist Syears. If the Form 990 is for the organization s first, second, third, fourth, or fifth tax year as a section SOI(c)(3) organization, check this box and stop here       >         Section C. Computation of Public Support Percentage for 0.200 support percentage from 2020 Schedule A, Part II, line 14.       14       88.14 % 15       9         16 a 31 /3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organizat	the	e organization without charge						
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) 473, 615. 6 Public support Subtract time 5 from time 4 3, 521, 253. Section B. Total Support Calendar year (or fisal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 3, 521, 253. Section B. Total Support (of fisal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 4, 473, 615. 6 Public support subtract time 5 from time 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the ada at this, etc. (see instructions) 12 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 900 is for the organization first, second, third, fourth, or fifth tax years as section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 883.14 96 15 Public support percentage for 2023. Schedule A, Part II, line 14 15 95.5.51 96 16 a33 1/3% support test - 2021. If the organization if not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization (b) 17 17 10% - facts-and-circumstances test 2020. If the organization id not check a box on line 13, explain In Part VI how the organization meets the facts-and-circumstances test 2020. If the organization qualifies as a publicly supported organization (b) 17 17 10% - facts-and-circumstances test 2020. If the organization id not check his box on line 13, 16a, or 16b, or 17a, and line 14 is 10% or more, and if t	4 To	tal. Add lines 1 through 3	540,384.	524,492.	665,487.	1,126,273.	1,138,232.	3,994,868.
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       473, 615.         6       Public support. Subtract line 5 from line 4.       3,521,253.         Section B. Total Support         Calendar year (or fisal year beginning in) ★         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (f) Total         7       Amounts from line 4.       524, 492.       665, 487.       1, 126, 273.       1, 138, 232.       3, 994, 868.         8       Gross income from Interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources.       9       Net income from on unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI)       3, 994, 866.         12       Gross receipts from related activities, etc. (see instructions)       12         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         24       Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).       14       88.14.9.4 (s)       9         14       05.3 1/3% or more, check this box and stop here. The organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check ta box on line 13	<b>5</b> Th	e portion of total contributions						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       473,615.         6 Public support.       3,521,253.         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4.       540,384.524,492.6655,487.1,126,273.1,138,232.3,994,868.       (d) does a securities loans, rents, royatties, and income from similar sources	by	each person (other than a						
on line 1 that exceeds 2% of the amount shown on line 11, column (f)	go	vernmental unit or publicly						
amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from sinterest, dividends, payments received on securities loans, rents, royalties, and income from sinterest, dividends, payments received on securities loans, rents, royalties, and income from sinterest, dividends, payments received on securities loans, rents, royalties, and income from sinterest, dividends, payments received on securities loans, rents, royalties, and income from sinterest, dividends, payments received on securities loans, rents, royalties, and income from sinter sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Interest Systems. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax years as section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 Clifle 6, column (f), divided by line 11, column (f)) 14 <u>14</u> 88.14 % 15 <u>95.51</u> % 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization did not check the box on line 13, end line 14 is 10% or more, and if the organization qualifies as a publicly supported organization and if the organization qualifies as a publicly supported organization and if the organization qualifies as a publicly supported organization and if the organization qualifies as a publicly supported organization meets the facts and cincurustances test. the	su	pported organization) included						
column (f)       473,615.         6 Public support.       3,521,253.         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4       540,384.524,492.6655,487.1,126,273.1,138,232.3,994,868.       540,384.524,492.6655,487.1,126,273.1,138,232.3,994,868.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.       9       1,126,273.1,138,232.3,994,868.         9 Net income from on the dusiness activities, whether or not the business is regularly carried on       10       Cher income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       12         11 Total support. Add lines 7 through 10       12       3,994,868.         12 Gross receipts from related activities, etc. (see instructions)       12         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14         14 Public support percentage from 2020 Schedule A, Part II, line 14       14       88.14 %         15 90515       9         16 a3 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       14         17 10%facts-and-circum	on	line 1 that exceeds 2% of the						
6       Public support. Subtract line 5 from line 4.       3,521,253.         Section B. Total Support         Calendar year (or fiscal year beginning in) ►         7       Amounts from line 4       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       9       Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       3,994,868.         11       Total support. Add lines 7 through 10       12       3,994,868.         Section C. Computation of Public Support Percentage         14       Public support test - 2021. If the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage         14       Public support test - 2021. If the organization id not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13, fla, or 16b, and line 14 is 10% or more, and if the organization did not check the box on line 13, fla, or 16b, and line 14 is 10% or more, and if the organization did not check a box on line 13, fla, or 16b, and line 14 is 510% or m	am	nount shown on line 11,						
Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4       540, 384.       524, 492.       665, 487.       1, 126, 273.       1, 138, 232.       3, 994, 868.         8 Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       1       3, 994, 868.         11 Total support. Add lines 7 through 10       12       3, 994, 868.       12         3 First 5 years. If the Form 990 is of the organization's first, second, third, fourth, or fifth tax year as a section 501(G)(3) organization, check this box and stop here       12         9 Ablic support test - 2021 (line 6, column (f), divided by line 11, column (f)).       14       88.14       %         14 Public support percentage for 2021 (line 6, column (f), divided by line 14, column (f)).       14       88.14       %         15 Public support test - 2021. If the organization did not check the box on line 13 and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       13       13         17a 10% -facts-and-circumstances test - 2020. If the organization did not check abox on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publi	со	lumn (f)						473,615.
Calendar year (or fiscal year beginning in)       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4       540, 384.       524, 492.       665, 487.       1, 126, 273.       1, 138, 232.       3, 994, 868.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       1       3, 994, 868.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       12       3, 994, 868.         12 Gross receipts from related activities, etc. (see instructions)       12       12         13 First 5 years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       Image: second file 14       88.14 %         14 Public support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: second file 14 is 10% or more, and stop here. The organization qualifies as a publicly supported organization       Image: second file 14 is 10% or more, and if the organization qualifies as a publicly supported organization       Image: second file 13 or 16a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16	6 Pu	blic support. Subtract line 5 from line 4.						3,521,253.
7 Amounts from line 4       540,384.524,492.665,487.1,126,273.1,138,232.3,994,868.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       655,487.1,126,273.1,138,232.3,994,868.         9 Net income from unrelated business activities, whether or not the business is regularly carried on       665,487.1,126,273.1,138,232.3,994,868.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       1         11 Total support. Add lines 7 through 10       12         3 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         94 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))       14       88.14.9%         15 Public support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization dualifies as a publicly supported organization.       X         17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization.       X         17a 10% -facts-and-circumstances test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization.       X         17a 10% -facts-and-circumstances test. The organization did not check a box on line 13,	Sectio	on B. Total Support						
8       Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources       9         9       Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       10         11       Total support. Add lines 7 through 10       3,994,868.         12       Gross receipts from related activities, etc. (see instructions)       12         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14         14       Dublic Support Percentage         15       Public support percentage from 2020 Schedule A, Part II, line 14       15       95 s 5 1       %         16       31/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a       10% -facts-and-circumstances test - 2021. If the organization qualifies as a publicly supported organization and if the organization meets the facts-and-circumstances test. check this box and stop here. The organization qualifies as a publicly supported organization and if the organization meets the facts-and-circumstances test. the organization qualifies as a publicly supported organization meets the facts-and-circumstances test - 2020. If the organization qualifies as a publicly supported organization meets the facts-and-circumstances te	Calenda	r year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
dividends, payments received on securities loans, rents, royalties, and income from similar sources       9         9       Net income from unrelated business activities, whether or not the business is regularly carried on       10         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       3,994,868.         11       Total support. Add lines 7 through 10       3,994,868.         12       Gross receipts from related activities, etc. (see instructions)       12         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       Image: Computation of Public Support Percentage         14       Public support percentage from 2020 Schedule A, Part II, line 14.       13       14       88.14.4 %         15       95.5.1 %       9       14       88.14.4 %       15       95.5.1 %         16a       31/3% support test - 2021. If the organization did not check the box on line 13 or 16a, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: Xi       Image: Xi <td><b>7</b> An</td> <td>nounts from line 4</td> <td>540,384.</td> <td>524,492.</td> <td>665,487.</td> <td>1,126,273.</td> <td>1,138,232.</td> <td>3,994,868.</td>	<b>7</b> An	nounts from line 4	540,384.	524,492.	665,487.	1,126,273.	1,138,232.	3,994,868.
securities loans, rents, royalties, and income from similar sources       9       Net income from unrelated business activities, whether or not the business is regularly carried on       10         10       Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       11         11       Total support. Add lines 7 through 10       3, 994, 868.         12       Gross receipts from related activities, etc. (see instructions)       12         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14         2       Betlic support percentage for 2021 (line 6, column (f), divided by line 11, column (f))       14       88 • 14 %         15       Public support test - 2021. If the organization id not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         16       33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a       10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as	<b>8</b> Gr	oss income from interest,						
and income from similar sources	div	idends, payments received on						
<ul> <li>9 Net income from unrelated business activities, whether or not the business is regularly carried on</li></ul>	se	curities loans, rents, royalties,						
activities, whether or not the business is regularly carried on          10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)          11       Total support. Add lines 7 through 10          12       Gross receipts from related activities, etc. (see instructions)          13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here          24       Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	an	d income from similar sources						
business is regularly carried on	<b>9</b> Ne	t income from unrelated business						
10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       3,994,868.         11       Total support. Add lines 7 through 10       3,994,868.         12       Gross receipts from related activities, etc. (see instructions)       12         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         organization, check this box and stop here       Section C. Computation of Public Support Percentage         14       Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))       14       88 * 14 %         15       Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))       14       88 * 14 %         16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a       10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization       13         17a       10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization       10         17a       10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization       10         17a       1	ac	tivities, whether or not the						
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12       Gross receipts from related activities, etc. (see instructions)       12         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         organization, check this box and stop here       ■         Section C. Computation of Public Support Percentage         14       Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))       14       88 • 14 %         15       Public support percentage from 2020 Schedule A, Part II, line 14       15       95 • 51 %         16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       ■         b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       ■         17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization       ■         b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or       ■	as	sets (Explain in Part VI.)						
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b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	an	d if the organization meets the fact	s-and-circumstanc	es test, check this	box and <b>stop he</b> r	<b>e.</b> Explain in Part	VI how the organiz	ation
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more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	b 10	% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	mo	ore, and if the organization meets th	ne facts-and-circun	nstances test, che	ck this box and <b>st</b>	<b>op here.</b> Explain ir	n Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	orę	ganization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	/ supported organ	ization	▶∐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18 Pri	ivate foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ►

Schedule A (Form 990) 2021

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 202 <sup>-</sup>	I (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-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	_						
18	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons 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						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 <sup>-</sup>	1 (f) Total
	Amounts from line 6	(-,	(-) == · · ·	(-/	(-/	(-/	(4)
	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 on 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						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		I		
14	First 5 years. If the Form 990 is for th	-			•		
0	check this box and stop here						
	ction C. Computation of Publ						
	Public support percentage for 2021 (I					15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Investion						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
<b>19</b> a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than :	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	▶□
b	33 1/3% support tests - 2020. If the						
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	

Yes

No

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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.)

2

1

2

3

Yes No

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the			

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supportin	g 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
 1
 1
 1

Sec	ction D. All Type III Supporting Organizations	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	

significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If* "Yes," *describe in* **Part VI** *the role the organization*'s *supported organizations played in this regard.* 

# Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a L The organization satisfied the Activities Test. Complete line 2 below.
- **b** \_\_\_\_\_ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

Schedule A	(Form 990)	2021	APOPO	US,	Inc.			
Part V	Type III	Non-Functio	nally Inte	egrated	d 509(a)(3)	Supporting	Organizations	Î

APOPO US, Inc.

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

7  $\perp$  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) 2021

Schedule A	(Form 990	) 2021

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	າຣ	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

APOPO US, Inc.

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

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

\*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

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

OMB No. 1545-0047

2021

Employer identification number

APOPO US, Inc	•
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Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

APOPO	US, Inc.		47-1389723
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
1		\$90,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
2		\$100,0	00.       Person       X         Payroll       Payroll       Payroll         Noncash       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
3		\$75,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
4		\$75,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
5		\$40,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
6	· · · · ·	\$50,0	Person X Payroll

123452 11-11-21

Name of organization

22

Page 2

Name of or	rganization	Employer identification number	
APOPO	US, Inc.		47-1389723
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is neede	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	

Schedule B (Form 990) (2021)

Page 3

Name of or	rganization			Employer identification number
APOPO	US, Inc.			47-1389723
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line charitable, etc., contributions of \$1,000	entry For organizations	0) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
		(e) Transfer of	 gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
	Transferee's name, address, a	(e) Transfer of		ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
		(e) Transfer of	 gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
		(e) Transfer of	 gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee

SCHEDULE [	
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(Form	990)
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132051 10-28-21

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Nam	APOPO US, Inc.			47-1389723
Pa		Funds or Other	Similar Funds or	
	organization answered "Yes" on Form 990, Part IV, line 6			
		(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year	(-)		(-)
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writ	ting that the assets h	eld in donor advised fu	inde
5	are the organization's property, subject to the organization's exc	-		
6	Did the organization inform all grantees, donors, and donor advi			
0	for charitable purposes and not for the benefit of the donor or d			
		-		
Pa		ization answered "Ye	s" on Form 990 Part I	V line 7
1	Purpose(s) of conservation easements held by the organization			v, me 7.
	Preservation of land for public use (for example, recreation			torically important land area
	Protection of natural habitat			tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	consonvation contril	oution in the form of a	conservation assement on the last
2	day of the tax year.			Held at the End of the Tax Year
2	Total number of conservation easements			
	Number of conservation easements on a certified historic struct			
	Number of conservation easements included in (c) acquired after			
u				2d
3	listed in the National Register Number of conservation easements modified, transferred, release			
3	year	seu, extil iguisileu, oi	terminated by the orga	
4	Number of states where property subject to conservation easen	ment is located		
5	Does the organization have a written policy regarding the period		tion bandling of	
5	violations, and enforcement of the conservation easements it ho		stion, nandling of	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha			
Ŭ				tion casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	a of violations, and e	oforcing conservation (	easements during the year
•		g of violations, and o		saoonionio danng the your
8	Does each conservation easement reported on line 2(d) above s	satisfy the requireme	nts of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnote			
	organization's accounting for conservation easements.	5		
Pa	t III Organizations Maintaining Collections of A	Art, Historical Tr	easures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, r	not to report in its re	venue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in further	rance of public
	service, provide in Part XIII the text of the footnote to its financia	al statements that de	scribes these items.	
b	If the organization elected, as permitted under FASB ASC 958, 1	to report in its revenu	ie statement and balar	ice sheet works of
	art, historical treasures, or other similar assets held for public ex	hibition, education, o	or research in furtheran	ice of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasu			
	the following amounts required to be reported under FASB ASC		-	
а	Revenue included on Form 990, Part VIII, line 1	-		🕨 \$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions for			Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 APOPO U					-1389723 Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, or Oth	er Similar A	ssets(continued)
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	e following that make	significant use	of its
	collection items (check all that apply):			change program		
a L		C C		change program		
b	Scholarly research Preservation for future generations	e				
с 4	Provide a description of the organization's c	olloctions and ovalai	in how thoy further	the organization's ex	ompt purposo ir	Dort VIII
5	During the year, did the organization solicit c	-	-	-		TT dit All.
Ŭ	to be sold to raise funds rather than to be m		,	,		Yes No
Par	t IV Escrow and Custodial Arran					
	reported an amount on Form 990, Pa					
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for contributio	ons or other assets no	t included	
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII					
						Amount
с	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance					
	Did the organization include an amount on F				• • • • • • • • • • • • • • • • • • • •	Yes
	If "Yes," explain the arrangement in Part XIII.					
Par	t V Endowment Funds. Complete i					back (e) Four years back
		(a) Current year	(b) Prior year	(C) TWO years back	(a) Thee years i	Dack (e) I OUI years Dack
	Beginning of year balance					
	Contributions					
	Net investment earnings, gains, and losses					
	Grants or scholarships Other expenditures for facilities					
e						
f	and programs Administrative expenses					
	End of year balance					
2	Provide the estimated percentage of the cur		ce (line 1a. column	(a)) held as:		
	Board designated or quasi-endowment	2	%			
	Permanent endowment	%				
с	Term endowment	%				
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.				
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administered for	the organizatior	ו <u> </u>
	by:					Yes No
	(i) Unrelated organizations					3a(i)
	(ii) Related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule R	?		3b
4	Describe in Part XIII the intended uses of the		owment funds.			
Par	t VI Land, Buildings, and Equipm					
	Complete if the organization answere		1			1
	Description of property	<b>(a)</b> Cost or o basis (investr			Accumulated epreciation	(d) Book value
1a	Land					
	Buildings					
	Leasehold improvements					
d	Equipment					
e	Other					
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	10c.)	🕨	0.

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" of			
(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)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(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)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX Other Assets.		•	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
171			
(6)			
(7)			
(7) (8)			
(7) (8) (9)	15)		
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		11e or 11f See Form 990, Part Y line 25	
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Precivity of Liability		11e or 11f. See Form 990, Part X, line 25.	
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.	<b>(b)</b> Book value
(7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)		11e or 11f. See Form 990, Part X, line 25.	<b>(b)</b> Book value
(7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)		11e or 11f. See Form 990, Part X, line 25.	<b>(b)</b> Book value
(7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value

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... X

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 APOPO US, Inc.	,
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Ра	rt XI Reconciliation of Revenue per Audited Financial S	Statements With Reven	ue per Return	l.
	Complete if the organization answered "Yes" on Form 990, Part IV	', line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,138,232.
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	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			1,138,232.
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 <b>4a</b> and <b>4b</b>			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			1,138,232.
Ра	rt XII Reconciliation of Expenses per Audited Financial	Statements With Exper	nses per Ketu	rn.
		•	•	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		
1	Total expenses and losses per audited financial statements	, line 12a.		969,708.
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	/, line 12a.		
-	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	', line 12a.		
2	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	/, line 12a.		
2 a	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	/, line 12a.		
2 a b	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.)	/, line 12a.	- <u>1</u>	969,708.
2 a b c	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 <b>2a</b> through <b>2d</b>	/, line 12a.	1	969,708.
2 a b c d	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	/, line 12a.	1	969,708.
2 a b c d e	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:	/, line 12a.	1	969,708.
2 a b c d e 3	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	/, line 12a.	1	969,708.
2 a b c d e 3 4	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.)	/, line 12a.	1	969,708. 0. 969,708.
2 a b c d e 3 4 a	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.)         Add lines 4a and 4b	y, line 12a.	1	969,708. 0. 969,708. 0.
2 a b c d e 3 4 a b c 5	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 <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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.)	y, line 12a.	1	969,708. 0. 969,708.

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

# Part X, Line 2:

Management	has	evaluated	APOPO's	tax	positions	and	concluded	that	the
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financial statements do not include any uncertain tax positions that

qualify for either recognition or disclosure in the financial statements.

APO	OPO US, Inc.				47-138972	23
Pa	rt I General Info	rmation on A	ctivities Out	tside the United States. Complete	ete if the organization answered "	Yes" on
	Form 990, Part IV	/, line 14b.			-	
1	For grantmakers. Does	the organizatior	n maintain recor	ds to substantiate the amount of its gr	ants and other assistance,	
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes X No
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance out	side the
	United States.					
3	Activities per Region. (Th	he following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
		offices	employees, agents, and independent	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to		investments
			in the region	recipients located in the region)	of service(s) in the region	in the region
					Landmine and TB	
					Detection and Research	
Sub-	Saharan Africa	0	0	Program Services	on new applications	718,000.
3 a	Subtotal	0	0			718,000.
	Total from continuation					
	sheets to Part I	0	o			0.
с	Totals (add lines 3a					
	and 3b)	0	C			718,000.

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

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**Open to Public** 

Inspection

Employer identification number

SCHEDULE F

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

Statement of Activities	Outside the	<b>United States</b>
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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.

Page 2	any	(i) Method of valuation (book, FMV, appraisal, other)					1 0 Schedule F (Form 990) 2021
	990, Part IV, line 15, for a	(h) Description of noncash assistance					Schedu
89723	I "Yes" on Form 9	(g) Amount of noncash assistance					
47-1389723	ganization answered	(f) Manner of cash disbursement	Б. Д				recognized as a tax uivalency letter
	omplete if the orç eded.	(e) Amount of cash grant	718,000				foreign country, tion 501(c)(3) equ
	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	<b>(d)</b> Purpose of grant	Program Support				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities
US, Inc.	<b>anizations or Entities O</b> 000. Part II can be duplic	(c) Region	Europe (Including Iceland & Greenland) - Albania, Andorra, P				is listed above that are re or for which the grantee o r entities
APOPO	<b>r Assistance to Org</b> eived more than \$5,(	(b) IRS code section and EIN (if applicable)					ecipient organizatior nization by the IRS, c other organizations o
Schedule F (Form 990) 2021	Part II Grants and Other recipient who rece	1 (a) Name of organization					<ul> <li>2 Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for whi</li> <li>3 Enter total number of other organizations or entities</li> </ul>

132072 12-20-21

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Page <b>3</b>		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2021
	v, line 16.	(g) Description of noncash assistance					Schedt
47-1389723	on Form 990, Part I'	(f) Amount of noncash assistance					
47	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.	(e) Manner of cash disbursement					
	<b>ites.</b> Complete if 1	<b>(d)</b> Amount of cash grant					
•	<b>le the United St</b> a d.	<b>c)</b> Number of recipients					
APOPO US, Inc.	e to Individuals Outsic dditional space is neede	(b) Region					
Schedule F (Form 990) 2021 <b>A</b> .	Part III Grants and Other Assistance to Individuals Outside Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

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132073 12-20-21

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

#### 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)

132211 11-11-21

Department of the Treasury Internal Revenue Service Name of the organization



APOPO US, Inc.

Form 990, Part III, Line 4a, Description of Program Service: APOPO's TB detection programs work with over 100 partner clinics in Tanzania, Mozambigue and Ethiopia and supports them to find and treat more TB patients. For this, human sputum samples are collected from partner clinics that have already tested them for TB, mostly using sputum smear microscopy. At APOPO's labs the samples are made safe and rapidly rechecked by trained TB detection rats followed by who-endorse confirmation tests. Confirmed results are instantly sent back to the clinics that oversee patient counselling and treatment. APOPO raises partner clinic TB detection rates by 40%. APOPO's tuberculosis detection programs continued to have a significant impact in 2021. APOPO's detected over 1,600 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 accelerate 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page <b>2</b>			
Name of the organization APOPO US, Inc.	Employer identification number 47-1389723			
fraction of the cost, leaving funds to address yet more areas. APOPO's				
Technical Survey Dogs or HeroDOGs complement the rats by more cost				
efficiently finding the boundaries of a minefield, without the need for				
vegetation cutting, accelerating APOPO's overall landmine detection				
progress.				
In 2021 APOPO continued to conduct mine and explosive ordinance				
clearance in Cambodia and Angola. The organization cleared over 7				
million 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 and HeroDOGs proved				
their incredible speed and cost effectiveness. Animal integration with				
manual demining teams were able to clear land at five times the pace,				
and less than half the cost of manual deminer only demining teams.				
At APOPO, we train rats to save lives and our team of innovators make				
all of this happen at our training and research headquart	ers in			
Morogoro, Tanzania. Rising to this challenge, our team em	ploys 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 an	ud global			
scientific capacity.				
In 2021, APOPO's training teams continued research on two	new			
applications while preparing new rats for landmine and TB detection and				
monitoring the work of existing rats in the field. Resear	ch on the rats			
ability to detection both illegal wildlife products when	masked with			
other odors was very promising and finaly operational refinement is				
happening before a pilot at the Port of Dar Es Salaam which will begin				
in late 2022/ early 2023. APOPO also proved its rats could detect				
132212 11-11-21 <b>35</b>	Schedule O (Form 990) 2021			

Name of the organization APOPO US, Inc.	Employer identification number 47-1389723
APOPO US, IIIC.	4/-1309/23
petroleum contamination in soil, a project which may ex	rpand to an
operational pilot at an oil refinery site outside of Ta	nzania over the
next year. Finally, in 2021, APOPO finished constructio	on on a rubble
pile demonstration site and began initial training proc	edures to use
rats as a novel Search and Rescue application. APOPO is	s currently
partnered up with a Turkish Search and Rescue Organizat	ion who hopes to
deploy the animals if proof of concept is successful.	
Form 990, Part VI, Section B, line 11b:	
No review was or will be conducted.	
Form 990, Part VI, Section B, Line 12c:	
At the first board meeting each year we review the poli	cy and everyone
states whether or not they have a conflict of interest	not previously
recognized.	
Form 990, Part VI, Section C, Line 19:	

No documents, with the exception of the Form 990, are made available to the public.