Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

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

Α	For the	e 2024 ca	lendar year	, or tax year beginnin	g		, and ei	nding				
В	Check if a	applicable:	C Name of o	organization APOPO	US INC			!	D Employe	er identifica	ation number	
	Address	change	Doing bus	siness as								
$\overline{\Box}$			Number a	and street (or P.O. box if mai	il is not delivered to	street address)	Room/suite	4	17-138972	23		
Ш	Name ch	ange	712 H STF	REET NE				Ī	E Telephor	ne number		
	Initial retu	ırn	City or to	wn		State	ZIP code	/	202) 206	2004		
<u> </u>			WASHING	STON		DC	20002	(202) 286-	2804		
Ш	Final return	/terminated	Foreign c	country name F	oreign province/stat	te/county	Foreign postal	code				
	Amended	d return							G Gross re	ceipts \$		1,721,061
<u> </u>			E Nome one	d address of wineingl office.								
Ш	Application	on pending		d address of principal officer					s a group return		=	es X No
			CHARLES	RICHTER 712 H ST	REET NE, WAS	SHINGTON, E	OC 20002	H(b) Are	all subordina	tes include	d? Y	'es No
1	Tax-exer	mpt status:	X 501(c	c)(3) 501(c) () (insert no.)	4947(a)(1)	or 527	If "N	lo," attach a l	list. See ins	tructions	
		·	TPS://APOF		, , ,		<u> </u>	14-> 0				
J	Website	: П		-0.0KG/					up exemption	number		
K	Form of	organization	n: X Corpo	oration Trust	Association C	Other	L Yea	ar of format	ion: 2014	M Sta	ate of legal domi	cile: DC
	Part I	Sui	mmary				•			•		
	1			e organization's mission	on or most signi	ficant activitie	e.					
		-		D FUNDS IN THE U	_	noant activitie	J.					
9								- -				
ă		SIAIES	5 TO SUPP	PORT THE CHARTIA	BLE PURPUSE	S OF APOPC) VZVV.	<i>-</i>				
Activities & Governance				<u></u>				<u> </u>				
Š	2	Check th	his box	if the organization	n discontinued	its operations	or disposed	of more	than 25%	of its ne	t assets.	
Ö	3	Number	of voting m	nembers of the govern	ning body (Part	VI, line 1a).				3		6
∞ ა	4			ndent voting members			VI. line 1b).			4		6
<u>ë</u>	5			dividuals employed in						5		2
₹				lunteers (estimate if n	-					6		6
퓽	6					(0) 15 - 40						
⋖	7a			siness revenue from F						7a		0
	b	Net unre	elated busir	ness taxable income f	rom Form 990-	I, Part I, line	11			7b		
						7			Prior Year		Current \	
<u>a</u>	8			grants (Part VIII, line ´					1,48	39,234		1,719,525
Revenue	9			evenue (Part VIII, line]			0		0
Š	10	Investm	ent income	(Part VIII, column (A), lines 3, 4, and	17d)				0		1,357
ď	11	Other re	evenue (Par	rt VIII, column (A), line	es 5, 6d, 8c, 9c,	, 10c, and 11e	:)			0		179
	12			lines 8 through 11 (mus					1.48	39,234		1,721,061
	13			amounts paid (Part I)						95,000		1,450,500
	14			for members (Part IX,				0 153,386				0
	15											166 742
es	15			pensation, employee be					15			166,742
Su	16a			aising fees (Part IX, co						0		0
Expenses	b			xpenses (Part IX, colu			93,047					
ш				art IX, column (A), lin						12,783		94,208
	18	Total ex	penses. Ad	dd lines 13–17 (must e	equal Part IX, co	olumn (A), line	25)		1,46	31,169		1,711,450
	19	Revenue	e less expe	enses. Subtract line 18	8 from line 12.				2	28,065		9,611
Net Assets or	3							Beginnii	ng of Currer	nt Year	End of Y	ear
ets	20	Total as	sets (Part)	X, line 16)			1		13	32,810		142,369
Ass	21			rt X, line 26)			1			3,973		3,921
Ę Ę	22			balances. Subtract lir	ne 21 from line 2	20			12	28,837		138,448
	art II		nature B		10 21 110111 11110 2			I		.0,001		100,110
				at I have examined this retur	n including accomp	anving ashadulas	and statements	and to the	hoot of my l	(nowlodgo		
				ete. Declaration of preparer						-		
ana	belief, it i		ot, and comple	yte. Decidration of preparer	(other than officer) i	3 Daged on all line	imation of willor	proparer		vicage.		
Sig	an											
He		Sign	ature of officer	•					Date			
110	.10	CH	ARLES RIC	CHTER			CEO)				
		Туре	or print name	and title								
			parer's name		Preparer's s	ignature		Date			PTIN	
Pa	id	-			' '	-				Check	if	
		Jeff	frey Griffith		Jeffrey Gr	riffith		6/9	/2025	self-employ	/ed P01081	433
	eparer		•	Alta CPA Group	, ,			1	1	82-165		
US	e Only	,	n's name		11 · · · · · · · · · · · · · · · ·	MD 04404			Firm's EIN			
		Firm	n's address	59 Franklin St 2nd F	ıoor, Annapolis	, МD 21401		I	Phone no.	(410) 3	349-5 <u>101</u>	
Ма	y the IF	RS discus	s this return	n with the preparer sh	nown above? Se	ee instructions	8				X Yes	No

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Part III	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1 Briefly d	escribe the organization's mission:		

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	APOPO US RAISES FUNDS IN THE UNITED STATES TO, AMONG OTHER THINGS, SUPPORT THE CHARITABLE
	AND HUMANITARIAN PURPOSES OF APOPO VZW. APOPO VZW IS A BELGIUM-BASED SOCIAL ENTERPRISE
	WHOSE MISSION IS TO DEVELOP 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 on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,547,715 including grants of \$ 1,450,000) (Revenue \$ 0)
	APOPO US WORKS TO SUPPORT THE TUBERCULOSIS (TB) PROGRAM, MINE ACTION PROGRAM AND RESEARCH
	DEPARTMENT OF APOPOS GLOBAL OPERATIONS. APOPO US IS ALSO WORKING TO INCREASE KNOWLEDGE OF THE
	LANDMINE AND TB ISSUE AMONG THE US PUBLIC, AND HAS DEMONSTRATION DETECTION RAT PARTNERSHIPS WITH THE MARYLAND, SAN DIEGO, INDIANAPOLIS AND POINT DEFIANCE ZOO IN TACOMA, WASHINGTON. APOPO 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 DETECTIONS. 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. (CONTINUED ON SCHEDULE
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·
4c	
	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	

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Part	IV Checklist of Required Schedules		1	1
4	In the organization described in section E01(a)(2) or 4047(a)(1) (other than a private foundation)? If "Veg."		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		X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		 ^	
Ū	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	· · •		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	· · · -		
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		_	Χ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	í <u>11e</u>	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<u>11f</u>	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	<u>12a</u>	Х	
D	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			
12				X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>			X
		14a		
	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		Ť	
-	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.

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.

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.

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.

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
 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.

17

18

19

16

18

19 20a

20b

Part	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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		$\stackrel{\sim}{}$
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	270		
C	to defease any tax-exempt bonds?	24c		
٨	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
		24 u		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		V
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See 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		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			Ť
• •	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			广
~	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	005		
•	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			-^
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
20		37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	20	_	
Des	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	Щ
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schodulo O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V			닏
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	

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	(ago e
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Χ
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Χ
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
- •	If "Yes," complete Form 4720, Schedule O.	1,0		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
. /	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
		17		
	If "Yes," complete Form 6069.			

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Part VI Governance,

Seci	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6		Χ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Χ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Χ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13	Χ	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	Χ	
b	Other officers or key employees of the organization	15b	Χ	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	, , , , , , , , , , , , , , , , , , , ,			
	with a taxable entity during the year?	16a		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy of the conflict of interest policy of the conflict of the conflict of interest policy of the conflict of the confli	су,		
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CHARLES RICHTER (202) 286-2804			
	ATA B STREET ME WASHING LON DC 20002			

Form 990 (2024)	APOPO US INC	47-1389723	Page 7
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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, box 6 of 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.

(B) Average hours per week (list any hours for related organizations	box,	unles er an	Pos neck ss pe d a d	more rson	is both	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
dotted line)	X	rustee		ő	pensated		96 250	0	0
1.00									<u> </u>
			Х				0	0	0
	1		_				_		0
	_		^				0	0	U
-	1						0	0	0
	_								<u> </u>
	• 1						0	0	0
1.00									
0.00	Χ						0	0	0
1.00	•								
0.00	Х						0	0	0
	Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 1.00 0.00 1.00 1.00 1.00	Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 1.00 0.00 X 1.00 0.00 X	Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 1.00 0.00 X 1.00 0.00 X	(B) Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 0.00 X 1.00 0.00 X	Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 X 1.00	Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 1.00 0.00 X 1.00 0.00 X	Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 1.00 0.00 X 1.00	(B) Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 1.00 0.00 X X 0.00 0.00 X 0.00	Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 1.00 0.00 X X X 0.00 X X 0.00 X X 0.00

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P	Section A. Officers, Directors, 110	istees, key Em	pioye	ees,	and	וח ג	gnes	U	ompensated Em	ipioyees (c	<i>:</i> Onuni	uea)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson	than or the street or the stre	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportal compensa from relat organizations 1099-MIS 1099-NE	ition ted s (W-2/ SC/	com fi orgar	(F) ated amount of other pensation om the nization and organizations
(15)										1			
(16)										,			
(17)													
(18)													
(19)													
) `					
(21)													
(22)					11								
(23)			V										
(24)													
(25)													
1b c d	Subtotal		1						96,250 0 96,250		0		0
2	Total number of individuals (including but not lin	mited to those lis						ved		,000 of			0
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>	ector, trustee, ke					•		ompensated			3	Yes No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such								X				
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye	•			-			_				5	X
	tion B. Independent Contractors		-l 4	4			414			1400 000 -			
1	Complete this table for your five highest compe compensation from the organization. Report co											ax yea	ar.
	(A) Name and business add	ress							(B) Description of serv	vices	С	(C) compens	
													0
													0
													0
													0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-	ted to	tho	se l	iste	d abo	ve)	who received				U
	and y . o o, o o o o o o o o o o o o o o o o	gaa.iOii											

Part VIII Statement of Revenue

		Check if Schedule O contains a response	e or no	ote to any line in	this Part VIII			📙
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
s .	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	· ·	1b	0				
Gra	C	·	1c	0				
ts, An	d		1d	0				
Gif	e		1e	0				
S, ini	_	All other contributions, gifts, grants, and	16					
tion	f All other contributions, gifts, grants, and similar amounts not included above 1f		1,719,525		A 4			
bu.		Noncash contributions included in		1,7 19,525				
nt.	g			,				
Co			1g (4 740 505			
	h	Total. Add lines 1a–1f			1,719,525			
Φ	2-		-	Business Code	0			
Program Service Revenue	2a		-		0			
er	b		-		0			
n S	C		-		0			
ıram Ser Revenue	d		├-		0			
go.	e	All -4L	-		0			
<u>د</u>	T	All other program service revenue			0			
	g	Total. Add lines 2a–2f			0			
	3	Investment income (including dividends, inter			4.057			4.057
		other similar amounts)			1,357			1,357
	4	Income from investment of tax-exempt bond		eeas	0			
	5	Royalties		(ii) Personal	0			
	6-	 ''	-	(ii) i ersonar				
	6a	Gross rents 6a	-					
	b	Less: rental expenses . 6b	_					
	_	c Rental income or (loss) 6c 0 d Net rental income or (loss)		0				
	d 7a	Gross amount from (i) Securitie	(ii) Other	0				
	<i>1</i> a	sales of assets	53	(ii) Outer				
		other than inventory 7a	0	0				
ø	b	Less: cost or other basis	0	U				
Revenue	D	and sales expenses 7b	0	0				
š	_	Gain or (loss) 7c	0	0				
	c d	Net gain or (loss)	U	0	0			
her	8a	Gross income from fundraising	Ť		J			
Othe	ou	events (not including \$						
		of contributions reported on line 1c).						
			8a	0				
	b		8b	0				
	C	Net income or (loss) from fundraising events	· .		0			
	9a	Gross income from gaming activities.						
			9a	0				
	b		9b	0				
	C	Net income or (loss) from gaming activities .			0			
	10a	Gross sales of inventory, less						
			10a	0				
	b		10b	0				
		Net income or (loss) from sales of inventory.			0			
s			T	Business Code	Ü			
Miscellaneous Revenue	11a	OTHER REVENUE	9	000099	179	179		
nu	b		-		0			
scellaneo Revenue	C		- -		0			
SC R	d	All other revenue	-		0			
Ξ	e	Total. Add lines 11a–11d			179			
	12	Total revenue See instructions			1 721 061	170	n	1 357

B Page **10**

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must compl

tion 501(c)(3) and 501(c)(4) organizations mus	t complete all columns. All othe	ier organizations must comp	olete column (A).	

	Check if Schedule O contains a response or note	to any line in this Pa	art IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,450,500	1,450,500		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	96,249	37,950	1,707	56,592
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	52,847	20,837	938	31,072
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	5,355		5,355	
10	Payroll taxes	12,291		12,291	
11	Fees for services (nonemployees):				
а	Management	0			
b	Legal	0			
С	Accounting	25,701		25,701	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column			_	
	(A), amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	4,627			4,627
13	Office expenses	7,395	5,073	2,158	164
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0	22.222		
17	Travel	24,376	23,369	415	592
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	0	4 000		
19	Conferences, conventions, and meetings	1,680	1,680		
20	Interest	0			
21		0	0	0	0
22 23	Depreciation, depletion, and amortization	0	U	U	0
23 24	Other expenses. Itemize expenses not covered	U			
44	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	BANK AND MERCHANT FEES	21,148	109	21,039	
b		9,281	8,197	1,084	
C		0,231	0,101	1,001	
d		0			
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	1,711,450	1,547,715	70,688	93,047
26	Joint costs. Complete this line only if the	.,, 700	.,,,,,,,,	1 1,100	,
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2024) APOPO US INC 47-1389723 Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	77,048	1	60,401
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	53,899	3	81,968
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		4	
		controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
ţ	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
Ğ	9	Prepaid expenses and deferred charges	1,863	9	0
	10a	Land, buildings, and equipment: cost or	1,000		,
	Iva	other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation	0	10c	0
			0	11	0
	11	Investments—publicly traded securities			
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	132,810	16	142,369
	17	Accounts payable and accrued expenses	3,973	17	3,921
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%			
ab		controlled entity or family member of any of these persons	0	22	0
⊐	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	3,973	26	3,921
Ø		Organizations that follow FASB ASC 958, check here X	·		,
Se		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	128,837	27	138,448
Ва	28	Net assets with donor restrictions	0	28	130,448
b	20		U	20	U
ᆵ		Organizations that do not follow FASB ASC 958, check here			
2	00	and complete lines 29 through 33.		00	•
ţ	29	Capital stock or trust principal, or current funds	0	29	0
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
As	31	Retained earnings, endowment, accumulated income, or other funds	0	31	0
<u>let</u>	32	Total net assets or fund balances	128,837	32	138,448
Z	33	Total liabilities and net assets/fund balances	132,810	33	142,369

47-1389723 Page **12** Form 990 (2024) APOPO US INC

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,72	1,061
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,71	1,450
3	Revenue less expenses. Subtract line 2 from line 1	3			9,611
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		12	8,837
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		13	8,448
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				Х
			_	Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2	b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3	а	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .		. 3	b	
			Fo	rm 990	(2024)
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.				

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990 or Form 990-EZ.

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

Employer identification number

APO	PO US INC					47-13	89723	
Par	t Reason for Public Char	rity Status. (All or	ganizations must co	mplete t	his part.)	See instructions.		
The	organization is not a private foundat	,	•	-		,		
1	A church, convention of church	nes, or association o	f churches described in	n section	170(b)(1)	(A)(i).		
2	A school described in section	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)		•		
3	A hospital or a cooperative hos	spital service organiz	zation described in sec	tion 170(I	b)(1)(A)(ii	i).		
4	A medical research organization hospital's name, city, and state	•	nction with a hospital d	lescribed i	in section	170(b)(1)(A)(iii). En	ter the	
5	An organization operated for the section 170(b)(1)(A)(iv). (Com	ne benefit of a colleg	e or university owned	or operate	ed by a go	vernmental unit desc	cribed in	
6	A federal, state, or local govern	nment or governmer	ntal unit described in se	ection 170)(b)(1)(A)(v).		
7	X An organization that normally r described in section 170(b)(1)			m a gove	rnmental u	unit or from the gene	ral public	
8	A community trust described in	section 170(b)(1)(A)(vi). (Complete Part	II.)				
9	An agricultural research organi or university or a non-land-grar university:							ge
10	An organization that normally r receipts from activities related support from gross investment acquired by the organization at	to its exempt function income and unrelated	ns, subject to certain e ed business taxable in	exceptions come (les	s; and (2) r s section (no more than 33 1/3° 511 tax) from busine	% of its	SS
11	An organization organized and	operated exclusive	ly to test for public safe	ety. See s e	ection 509	9(a)(4).		
12	An organization organized and one or more publicly supported Check the box on lines 12a through the control of	d organizations desc	ribed in section 509(a)(1) or sec	ction 509(a)(2). See section 5	09(a)(3).	
	 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 							
	control or management of the organization(s). You must o	complete Part IV, S	ections A and C.			_		
С	Type III functionally integr its supported organization(s						rated witl	n,
d	· · · · · · · · · · · · · · · · · · ·	ntegrated. A suppor rated. The organizat	ting organization opera ion generally must sati	ated in cor sfy a distr	nnection with	vith its supported org quirement and an att		
е	Check this box if the organize functionally integrated, or T					Type I, Type II, Typ	e III	
f	Enter the number of supported							0
g								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	other su	mount of ipport (see uctions)
				Yes	No			
(A)								
(B)	_							
(C)								
(D)								
(E)								
Tota	<u> </u>					0		0

 Schedule A (Form 990) 2024
 APOPO US INC
 47-1389723
 Page 2

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

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

Sec	tion A. Public Support	1 7		, ,	•	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,126,273	1,138,232	1,033,537	1,489,234	1,719,525	6,506,801
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	1,120,270	1,100,202	1,000,007	1,400,204	1,710,020	0,000,001
3	The value of services or facilities furnished by a governmental unit to the organization without charge					3	0
4 5	Total. Add lines 1 through 3	1,126,273	1,138,232	1,033,537	1,489,234	1,719,525	6,506,801
	shown on line 11, column (f)						1,187,100
6	Public support. Subtract line 5 from line 4				<u>/) </u>		5,319,701
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	1,126,273	1,138,232	1,033,537	1,489,234	1,719,525	6,506,801
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					1,357	1,357
9	Net income from unrelated business activities, whether or not the business is regularly carried on	•	C)				0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					179	179
11	Total support. Add lines 7 through 10						6,508,337
12	Gross receipts from related activities, etc. (s					12	
13	First 5 years. If the Form 990 is for the orga		ond, third, fourth, o	or fifth tax year as a	a section 501(c)(3)		
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	pport Percenta	age				
14	Public support percentage for 2024 (line 6, c	column (f), divided b	y line 11, column	(f))		14	81.74%
15	Public support percentage from 2023 Sched	ule A, Part II, line 1	4			15	82.87%
	33 1/3% support test—2024. If the organization qualifies as	s a publicly support	ed organization .				<u>X</u>
b	33 1/3% support test—2023. If the organization qualified box and stop here. The organization qualified						
17a	10%-facts-and-circumstances test—2024 10% or more, and if the organization meets to Part VI how the organization meets the facts organization.	the facts-and-circur -and-circumstance	mstances test, che s test. The organiz	ck this box and sto ation qualifies as a	op here . Explain in publicly supported	i	
b	10%-facts-and-circumstances test—2023 15 is 10% or more, and if the organization m in Part VI how the organization meets the facorganization.	eets the facts-and- cts-and-circumstan	circumstances test ces test. The organ	t, check this box an nization qualifies as	nd stop here . Expl s a publicly suppor	ain ted	
18	Private foundation. If the organization did instructions						

Schedule A (Form 990) 2024 APOPO US INC 47-1389723 Page **3**

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.)

Sec	ction A. Public Support	ally under the	lesis listed beit	ow, piease con	ipiete Fait II.)		
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2020	(2) 2021	(0) = 0 = 1	(4) 2020	(0) = 0 = 1	(1) 1010.
	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				4		0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3				/)		
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
	Add lines 7a and 7b	0	- 0	0	0	0	0
8	Public support (Subtract line 7c from						•
500	tine 6.)						0
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	(u) 2020	0	0	0	0	0
	Gross income from interest, dividends,						
	payments received on securities loans, rents,	•					
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less	4					
	section 511 taxes) from businesses						
	acquired after June 30, 1975		•				0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						_
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,		•	_	_		•
4.4	and 12.)	0	0	0	0	0	0
14	organization, check this box and stop here .						
S00	tion C. Computation of Public Sup						· · · · <u>L</u>
15	Public support percentage for 2024 (line 8, co			(f\)		15	0.00%
16	Public support percentage from 2023 Schedu	٠,٠	•	` ''		16	0.00%
	ction D. Computation of Investmen						0.0070
17	Investment income percentage for 2024 (line			olumn (f))		17	0.00%
18	Investment income percentage from 2023 Sc					18	0.00%
	33 1/3% support tests—2024. If the organiz					and line 17 is	
	not more than 33 1/3%, check this box and s	top here. The org	anization qualifies	as a publicly supp	orted organization		
b	33 1/3% support tests—2023. If the organize						,
	line 18 is not more than 33 1/3%, check this b		_				
20	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	8	

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

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Part	Supporting Organizations (continued)				
		-		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 a		110		
b	11c below, the governing body of a supported organization? A family member of a person described on line 11a above?	-	11a 11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	-	110		
	provide detail in Part VI .		11c		
Secti	on 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 or	ne or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of	ficers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)				
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one s	w.			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amount of a reprint in a and what are division or restrictions of a restriction of the second area of the secon	ong the	4		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	-	1		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in P a	ert			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
	supervised, or controlled the supporting organization.		2		
Secti	on C. Type II Supporting Organizations			ı	
				Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the director	rs			
	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 manage	d			
Cooti	the supported organization(s).		1		
Secu	on D. All Type III Supporting Organizations			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	, I		163	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the				
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of				
	organization's governing documents in effect on the date of notification, to the extent not previously provid		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support	ed			
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part				
	the organization maintained a close and continuous working relationship with the supported organization(s	· —	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations has	ave			
	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		2		
Sacti	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations		3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ar/soo instruc	tion	<u>-1</u>	
' a	The organization satisfied the Activities Test. Complete line 2 below.	ar (See msuuc	uon	3).	
_					
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ty (see instructioi	ns).		ı
2	Activities Test. Answer lines 2a and 2b below.			Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes				
	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 purpos how the organization was responsive to those supported organizations, and how the organization determine				
	that these activities constituted substantially all of its activities.		2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	<u> </u>	_u		
~	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) woul				
	have engaged in these activities but for the organization's involvement.		2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.				
а	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.	-	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of the organization exercise as ubstantial degree of direction over the policies, programs, and activities of the organization exercise as ubstantial degree of direction over the policies, programs, and activities of the organization exercise as ubstantial degree of direction over the policies, programs, and activities of the organization exercise as ubstantial degree of direction over the policies, programs, and activities of the organization exercise as ubstantial degree of direction over the policies, programs, and activities of the organization exercise as ubstantial degree of direction over the policies.				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this rega	ard.	3b		

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 APOPO US INC
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rgar	nizations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See					
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4	0	0		
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or collection of					
gross income or for management, conservation, or maintenance of property					
held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see					
instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c.				
d Total (add lines 1a, 1b, and 1c)	1d	0	0		
e Discount claimed for blockage or other factors					
(explain in detail in Part VI):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3	0	0		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
see instructions).	4	0	0		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0		
6 Multiply line 5 by 0.035.	6	0	0		
7 Recoveries of prior-year distributions	7	0	0		
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0		
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0		
2 Enter 0.85 of line 1.	2		0		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0		
4 Enter greater of line 2 or line 3.	4		0		
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1				
emergency temporary reduction (see instructions).	6		0		
7 Check here if the current year is the organization's first as a non-functionally	y inte	egrated Type III supporting of	organization (see		

instructions).

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Part '	Type III Non-Functionally Integrated 509(a)(3	<u>) Supporting Organi</u>	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported	I	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part VI	5	
6	Other distributions (describe in Part VI). See instructions.		_6	
7	Total annual distributions. Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which the	ne organization is respor	nsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2024 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount		10	0.000
8	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2024	ii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2024			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
С	From 2021			
d	From 2022			
е	From 2023			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
	Applied to 2024 distributable amount			0
<u>i</u>	Carryover from 2019 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2024 from Section D, line 7: \$ 0			
а	Applied to underdistributions of prior years		0	
b	Applied to 2024 distributable amount			0
С	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2024, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2024. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2025. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
а	Excess from 2020			
b	Excess from 2021 0			
С	Excess from 2022 0			
d	Excess from 2023 0			
е	Excess from 2024			

Schedule A (Form 990) 2024 APOPO US INC 47-1389723 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization		Employer identification number
APO	PO US INC		47-1389723
Pari		dvised Funds or Other Similar Fun	
	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		<u> </u>
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 dono	——————————————————————————————————————	
_	funds are the organization's property, subject to		
6	Did the organization inform all grantees, donors		
	only for charitable purposes and not for the ben		
	conferring impermissible private benefit?		Yes No
Part		LIN	
	Complete if the organization answere		
1	Purpose(s) of conservation easements held by		of a bistania distance estant land and
	Preservation of land for public use (for example		n of a historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	n held a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easen		2b
C	Number of conservation easements on a certific		. <u>2</u> c
d	Number of conservation easements included or		24
2	not on a historic structure listed in the National Number of conservation easements modified, to		
3	the organization during the tax year	_	
4	Number of states where property subject to cor		
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monitoring		
	conservation easements during the year	")	-
7	Amount of expenses incurred in monitoring, ins	pecting, handling of violations, and enforci	ng
	conservation easements during the year		•
8	Does each conservation easement reported on	line 2d above satisfy the requirements of s	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization report		
	sheet, and include, if applicable, the text of the fo		ents that describes the
	organization's accounting for conservation ease		
Par	Organizations Maintaining Collecti		Other Similar Assets
	Complete if the organization answere		atatawant and balance also at
1a	If the organization elected, as permitted under I		
	works of art, historical treasures, or other similar public service, provide in Part XIII the text of the	The state of the s	
h	If the organization elected, as permitted under I		
D	of art, historical treasures, or other similar asse		
	service, provide the following amounts relating		essaron in farinerance of public
	(i) Revenue included on Form 990, Part VIII, lir		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art		
-	following amounts required to be reported under		
а	Revenue included on Form 990, Part VIII, line 1	<u> </u>	\$
b	Assets included in Form 990, Part X		

Part	III Organizations Maintaining Colle	ctions of Art, Histor	rical Treasures, or (Other Similar Asset	ts (continued)
3	Using the organization's acquisition, accessi	on, and other records, o	check any of the followi	ng that make significan	t use of its
	collection items (check all that apply).				
а	Public exhibition	d	Loan or exchange pro	ogram	
b	Scholarly research	e	Other		
С	Preservation for future generations				
4	Provide a description of the organization's co	ollections and explain h	ow they further the orga	anization's exempt purp	oose in Part
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t				Yes No
Part	IV Escrow and Custodial Arrangem	ents		44	
	Complete if the organization answer		990, Part IV, line 9, c	or reported an amour	nt on Form
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		-	ther assets not	Yes No
b	If "Yes," explain the arrangement in Part XIII				Amount
С	Beginning balance			1c	0
d	Additions during the year			1d	
e	Distributions during the year			1e	
f	Ending balance			1f	0
2a	Did the organization include an amount on F	Form 990, Part X, line 2 ⁻	I, for escrow or custodi	al account liability?	Yes X No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the expl	anation has been provi	ded in Part XIII	
Part	V Endowment Funds	♦			
	Complete if the organization answe	ered "Yes" on Form 9	990, Part IV, line 10.		
	(a)	Current year (b) Price	or year (c) Two years	back (d) Three years bac	k (e) Four years back
1a	Beginning of year balance	0			
b	Contributions				
С	Net investment earnings, gains,				
	and losses				
d	Grants or scholarships				
е	Other expenditures for facilities				
	and programs				
1 ~	End of year balance	0	0	0	0 0
g 2	Provide the estimated percentage of the cur				0 0
² a	Board designated or quasi-endowment	%	ine 19, coluitiii (a)) nei	u as.	
b	Permanent endowment				
c	Term endowment %	AYL			
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.			
3a	Are there endowment funds not in the posse	-	n that are held and adr	ninistered for the	
	organization by:	3			Yes No
	(i) Unrelated organizations				3a(i)
					3a(ii)
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as required	d on Schedule R?		3b
4	Describe in Part XIII the intended uses of the	e organization's endowr	nent funds.		
Part	VI Land, Buildings, and Equipment				
	Complete if the organization answe	ered "Yes" on Form 9	990, Part IV, line 11a	ı. See Form 990, Pa	rt X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0	0	0	0
С	Leasehold improvements	0	0	0	0
d	Equipment	0	0	0	0
е	Other	0	0	0	0
Total	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X,	line 10c, column (B)).		0

Part VII Investments—Other Securities Complete if the organization answered "	'Ves" on Form 990	Part IV, line 11b. See Form 990, Part X, line 12	2
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	<u></u>
(1) Financial derivatives	0		
(2) Closely held equity interests	0		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(G) (H)			
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)).	0		
Part VIII Investments—Program Related	'Yes" on Form 990.	Part IV, line 11c. See Form 990, Part X, line 13	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	-
(1)			
(2)			
(3)			
(4)	•		
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)).	0		
Part IX Other Assets	0		
	'Yes" on Form 990	Part IV, line 11d. See Form 990, Part X, line 15	5
(a) Descri		(b) Book value	<u></u>
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, line 15, c	not (P))		0
Part X Other Liabilities	:oi. (B))		
	'Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990, Part X,	
	ion of liability	(b) Book value	
(1) Federal income taxes	,		0
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, c			0
2. Liability for uncertain tax positions. In Part XIII, provide the tex	xt of the footnote to the c	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 .

Χ

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	4 704 004
1	Total revenue, gains, and other support per audited financial statements	1 1,721,061
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	§ \ /	4
b		4
С	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	4
d	,	
е	3	2e 0
3	Subtract line 2e from line 1	3 1,721,061
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а		
b	· · · · · · · · · · · · · · · · · · ·	
С		4 c 0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 1,721,061
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1 1,711,450
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e 0
3	Subtract line 2e from line 1	3 1,711,450
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c 0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 1,711,450
Part	t XIII Supplemental Information	
Provi	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa	
Part 2	X Line 2 THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)
	THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAXES HA	
REC	CORDED IN THE STATEMENT OF ACTIVITIES AND CHANGE IN NET ASSETS. THE ORGANIZATIONS	
INFC	DRMATIONAL RETURN FILINGS ARE SUBJECT TO AUDIT BY THE INTERNAL REVENUE SERVICE,	
GEN	DRMATIONAL RETURN FILINGS ARE SUBJECT TO AUDIT BY THE INTERNAL REVENUE SERVICE, IERALLY FOR THREE YEARS AFTER FILING.	

Schedule D (Form 990)) (Rev. 12-2024)	APOPO US INC			47-1389723	Page 5
Part XIII Sup	plemental Info	APOPO US INC ormation (continued)				<u> </u>
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SCHEDULE F (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number APOPO US INC 47-1389723 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed. (c) Number of (e) If activity listed in (d) is (f) Total (a) Region (b) Number of (d) Activities conducted in the offices in the employees, region (by type) (such as, a program service, expenditures for describe specific type of region agents, and fundraising, program services, and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region GRANTS TO RECIPIENTS Europe (Including (1) Iceland and Greenland) 0 1,450,500 (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)(13)(14)(15)(16)(17)0 0 1.450.500 3a Subtotal

0

1,450,500

b Total from continuation sheets to Part I . . .

c Totals (add lines 3a and 3b)

 Schedule F (Form 990) (Rev. 12-2024)
 APOPO US INC
 47-1389723
 Page 2

			izations or Entities (eived more than \$5,0					on Form 990,
1 (a) Name of organization	(b) IRS code	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Europe (Including Iceland and	GRANT FOR PROJECT BASED	1,450,000	WIRE	•	1	
(2)		T-ua ani ana at	IN AFRICA AND ASIA				1	
(3)								
(4)								
(5)								
(6)					VA			
(7)								
(8)					*			
(9)			•					
(10)								
(11)								
(12)								
(13)								
(14)		100						
(15)								
(16)								
			ove that are recognized on the grantee or counsel					
	al number of other orga			•				1

Schedule F (Form 990) (Rev. 12-2024) APOPO US INC 47-1389723 Page **3**

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, Part III line 16. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (h) Method of (b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description valuation recipients cash grant noncash of noncash assistance (book, FMV, disbursement assistance appraisal, other) (10)(11) (12) (13) (14)(15) (16) (17)

(18)

 Schedule F (Form 990) (Rev. 12-2024)
 APOPO US INC
 47-1389723
 Page 4

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	
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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations. (see the Instructions for Form 5471)	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see the Instructions for Form 8621)	
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 the Instructions for Form 8865)	
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 the Instructions for Form 5713; don't file with Form 990)	

Schedule F (Form 990) (Rev. 12-2024)

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
	and Fart in, Column (c) (estimated number of recipients), as applicable. Also complete this part to provide any
	additional information. See instructions.
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SCHEDULE 0

(Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number APOPO US INC 47-1389723 Form 990, Part III, Line 4A: PROGRAM DESCRIPTION CONTINUED: THIS PREVENTS ACCIDENTS AND QUICKLY RETURNS LAND TO COMMUNITIES FOR DEVELOPMENT AND SUSTENANCE, AT A FRACTION OF THE COST. LEAVING FUNDS TO ADDRESS YET MORE AREAS. APOPO TECHNICAL SURVEY DOGS OR HERO DOGS COMPLEMENT THE RATS BY MORE COST EFFICIENTLY FINDING THE BOUNDARIES OF A MINEFIELD, WITHOUT THE NEED FOR VEGETATION CUTTING, ACCELERATING APOPO OVERALL LANDMINE DETECTION PROGRESS. IN 2024 APOPO CONTINUED TO CONDUCT MINE AND EXPLOSIVE ORDINANCE CLEARANCE IN CAMBODIA AND ANGOLA AS WELL AS OPENED NEW PROGRAMS IN AZERBAIJAN, SENEGAL AND UKRAINE. THE ORGANIZATION RELEASED OVER 15 MILLION TOTAL M2 OF LAND GIVEN BACK TO LOCAL COMMUNITIES, HELPING 50K+ PEOPLE RETURN TO THEIR LANDS AND LIVES FREE FROM THE THREAT OF MINES. IN CAMBODIA, APOPO HERORATS AND HERO DOGS PROVED THEIR INCREDIBLE SPEED AND COST EFFECTIVENESS, HELPING APOPO LAUNCH THE FIRST EVER DEVELOPMENT IMPACT BOND LINKING MINE ACTION AND AGRICULTURE DEVELOPMENT. 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. BY THE END OF 2024 APOPO MINE ACTION TEAMS WERE WORKING IN 7 COUNTRIES ACROSS THE WORLD: ARGENTINA, CAMBODIA, ANGOLA, UKRAINE, SENEGAL, AZERBAIJAN, AND ZIMBABWE. APOPO EXPECTS CONTINUED GROWTH OF ITS MINE ACTION PROGRAM, PARTICULARLY IN UKRAINE WHICH GREATLY NEEDS COST-EFFICIENT LANDMINE DETECTION SOLUTIONS, BUT MAYBE CHALLENGED BY RECENT CUTS IN CORE DONOR INTERNATIONAL DEVELOPMENT FUNDING, INCLUDING IN THE US AND EUROPE. APOPO TB DETECTION PROGRAMS WORK WITH OVER 140 PARTNER CLINICS IN TANZANIA, 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 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 TUBERCULOSIS DETECTION PROGRAMS CONTINUED TO HAVE A SIGNIFICANT IMPACT IN 2024, APOPO DETECTED OVER 3,000 ADDITIONAL TB PATIENTS IN TANZANIA, ETHIOPIA, AND MOZAMBIQUE, THIS MEANS THAT MORE TB-POSITIVE PEOPLE WHO HAVE BEEN MISSED BY PUBLIC CLINICS ARE NOT PUT ON LIFE-SAVING TREATMENT BEFORE THEY CAN INFECT OTHER PEOPLE AND PROLONG THE VICIOUS CYCLE OF TB. . IN 2024, APOPO TRAINING TEAMS CONTINUED TO DEVELOP RATS TO FOR SEARCH AND RESCUE AND TO DETECTION ILLEGAL WILDLIFE CONTRABAND. APOPO BEGAN SET UP OF A DEDICATED FACILITY FOR SEARCH AND RESCUE RATS IN TURKEY AND CONDUCTED A 6+ MONTH OPERATIONAL TRIAL OF ILLEGAL WILDLIFE CONTRABAND DETECTION RATS IN THE AIR AND SEAPORT OF DAR ES SALAAM. APOPO EXPECTS BOTH OF THESE TRIALS TO BE FULLY OPERATIONAL IN LATE 2025 OR **EARLY 2026.** Form 990, Part VI, Section B, Line 11B: THE FORM 990 IS REVIEWED BY THE CEO AND OUTSOURCED ACCOUNTANT, BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. Form 990, Part VI, Section B, Line 12C: AT THE FIRST BOARD MEETING OF EVERY YEAR, WE REVIEW THE POLICY AND EVERYONE STATES WHETHER OR NOT THEY HAVE A CONFLICT OF INTEREST PREVIOUSLY RECOGNIZED. Form 990, Part VI, Section B, Line 15A: THE CEO'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. Form 990. Part VI, Section B, Line 15B: THE STAFF COMPENSATION IS REVIEWED AND APPROVED BY CEO AND THE BOARD OF DIRECTORS. Form 990, Part VI, Section C, Line 19: THE FORM 990 IS AVAILABLE UPON REQUEST. Form 990, Part XII, Line 2C: NO CHANGE FROM PRIOR YEAR