

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2022**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2022 calendar year, or tax year beginning **OCT 1, 2022** and ending **SEP 30, 2023**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MAP International, Inc.</b>		<b>D</b> Employer identification number <b>36-2586390</b>	
	Doing business as		<b>E</b> Telephone number <b>800-225-8550</b>	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>4700 Glynco Parkway</b>		<b>G</b> Gross receipts \$ <b>1,021,583,080.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>Brunswick, GA 31525</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<b>F</b> Name and address of principal officer: <b>Steven G Stirling same as C above</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: <b>www.map.org</b>				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				
			<b>L</b> Year of formation: <b>1965</b>	
			<b>M</b> State of legal domicile: <b>IL</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Global Christian health organization that works to save lives and promote health.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b>		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b>		
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a) <b>62</b>		
	<b>6</b> Total number of volunteers (estimate if necessary) <b>287</b>		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>		
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b>			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>623,207,714.</b>	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>2,738,317.</b>	<b>623,207,714.</b>	<b>1,016,598,293.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>-126,021.</b>	<b>2,738,317.</b>	<b>2,475,300.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>-150,385.</b>	<b>-126,021.</b>	<b>364,357.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>625,669,625.</b>	<b>-150,385.</b>	<b>-569,837.</b>
		<b>625,669,625.</b>	<b>1,018,868,113.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>720,327,510.</b>	<b>720,327,510.</b>	<b>824,092,442.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>4,530,430.</b>	<b>4,530,430.</b>	<b>5,275,564.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>2,268,717.</b>	<b>2,268,717.</b>	<b>2,931,723.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>5,681,226.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>30,139,078.</b>	<b>30,139,078.</b>	<b>7,465,537.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>757,265,735.</b>	<b>757,265,735.</b>	<b>839,765,266.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>-131,596,110.</b>	<b>-131,596,110.</b>	<b>179,102,847.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>136,809,005.</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>1,168,102.</b>	<b>136,809,005.</b>	<b>318,483,406.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>135,640,903.</b>	<b>1,168,102.</b>	<b>3,976,170.</b>
		<b>135,640,903.</b>	<b>314,507,236.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <i>Amanda Whitmire</i>	Date <b>04/30/2024</b>			
	Type or print name and title <b>Amanda Whitmire, Sr. VP of Finance &amp; CFO</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Michele M. Wales, CPA</b>	Preparer's signature <i>Michele M Wales</i>	Date <b>04/11/24</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00428093</b>
	Firm's name <b>Batts Morrison Wales &amp; Lee, P.A.</b>	Firm's EIN <b>20-4193611</b>		Phone no. <b>407-770-6000</b>	
Firm's address <b>801 North Orange Avenue, Suite 800 Orlando, FL 32801</b>					

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: MAP International is a Christian organization providing life-changing medicines and health supplies to people in need.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 765,351,324. including grants of \$ 756,954,899. ) (Revenue \$ 2,273,641. ) Medicine and Health Supplies - In 2023, MAP International provided life-changing medicine and health supplies, positively impacting the lives of many. Working with 51 major partners, MAP provided medicine and health supplies in 96 countries. MAP International continued to grow and invest in its newer programs, including the Bringing Children Health ("BCH") initiative and the Domestic Medicines Program ("DMP"). MAP expanded BCH to increase access to pediatric antibiotics, reaching more than 831,000 children across 62 countries. MAP's DMP also grew in 2023, providing nearly 100,000 treatments of prescription and over-the-counter medicine through 64 local free/charitable clinic partners across seven states (CA, TN, TX, GA, VA, IL, and AL).

4b (Code: ) (Expenses \$ 31,990,934. including grants of \$ 31,639,972. ) (Revenue \$ 95,036. ) Community Health Development - In 2023, MAP's Community Health Development Programs reached more than 100,000 people across Bolivia, Liberia, Indonesia, Burkina Faso, and Dominican Republic. In collaboration with local partners in these countries, MAP worked to improve health conditions through a robust mobile healthcare clinic (Indonesia), nutrition, immunization, and vitamin provision for mothers and children (Bolivia), health system strengthening for Chagas disease (Bolivia), access to clean water and improved housing for health protection (Liberia), identifying and treating malnutrition (Burkina Faso), and raising awareness and testing for prostate cancer (Dominican Republic). MAP's Community Health Development efforts build on existing local capacity to improve healthcare access and quality of

4c (Code: ) (Expenses \$ 35,891,324. including grants of \$ 35,497,571. ) (Revenue \$ 106,623. ) Disaster Relief - MAP responded to multiple disaster relief efforts in 2023, including Ukraine/Russia Conflict, Pakistan Floods, Turkey/Syria Earthquake, Sudan Civil Conflict, Hurricane Idalia, and more. Over 104,000 Disaster Health Kits were shipped to disasters and crises around the globe. MAP continued to ship personal protective equipment globally to combat the spread of COVID-19 and other infectious diseases. A total of 10 countries were served with over \$35 million in aid.

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

4e Total program service expenses 833,233,582.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

		Yes	No
<b>2a</b>	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		
	<b>2a</b> 62		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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? If "Yes," complete Form 6069.	<b>17</b>	

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.	20	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	19	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
Steven G. Stirling - 800-225-8550  
4700 Glynco Parkway, Brunswick, GA 31525

See Schedule O for full list of states

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Steven G. Stirling President & CEO	55.00	X		X				352,693.	0.	81,451.
(2) Jodi Allison Sr VP Global Giving	55.00				X			148,197.	0.	29,593.
(3) Jason A. Merryman Asst Treas & VP Fin (Ended 05/2023)	55.00			X				108,253.	0.	34,214.
(4) Janice Bryant Sr. Dir. Marketing & Communications	50.00				X			111,404.	0.	23,139.
(5) Michael Eidem Director Philanthropy	50.00				X			118,742.	0.	13,036.
(6) Timmy Boatwright VP Operations	55.00				X			112,529.	0.	18,807.
(7) Amanda Brayman Asst. Secretary	50.00			X				56,374.	0.	31,333.
(8) Linda Freeman Secretary (Ended 09/2023)	5.00	X		X				0.	0.	0.
(9) Susan Roeder Chairperson	10.00	X		X				0.	0.	0.
(10) Peter Limeri Treasurer (Ended 09/2023)	5.00	X		X				0.	0.	0.
(11) Michael Knighton Vice Chair	5.00	X		X				0.	0.	0.
(12) James D. Barfoot Director (Ended 09/2023)	3.00	X						0.	0.	0.
(13) Tom Turbiak Director (Began 09/2023)	2.00	X						0.	0.	0.
(14) Dorcas Onyango Director (Began 02/2023)	2.00	X						0.	0.	0.
(15) Austin Esogbue Director (Began 09/2023)	2.00	X						0.	0.	0.
(16) Tanya Bryant Director (Began 09/2023)	2.00	X						0.	0.	0.
(17) Tim Baker Director (Began 02/2023)	2.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Welby Leaman Director	2.00	X						0.	0.	0.
(19) Zoe Hicks Director	2.00	X						0.	0.	0.
(20) Douglas Lowe Director	2.00	X						0.	0.	0.
(21) Ron Moolenaar Director	2.00	X						0.	0.	0.
(22) Paul D'Antonio Director	2.00	X						0.	0.	0.
(23) John Reid Director	2.00	X						0.	0.	0.
(24) Richard Reynolds Director (Ended 09/2023)	2.00	X						0.	0.	0.
(25) Glen Reed Director (Ended 08/2023)	2.00	X						0.	0.	0.
(26) Abidemi Oyeboade Director	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,008,192.	0.	231,573.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,008,192.	0.	231,573.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Meyer Partners, LLC, 8725 West Higgins Rd Ste 530, Chicago, IL 60631	Fundraising Consultant	1,225,084.
GiveBridge 525 W Monore St, Chicago, IL 60661	Face to Face Fundraising	992,098.
Humanitarian Software, LLC PO Box 1170, Clemson, SC 29633	Logistics Software and Maintenance	213,342.
4CP 320 Kendigs Mill Rd, Owings Mills, MD 21117	Prepare appeals for Mailing and Postage	171,009.
Lynch Associates Architects 200 East 31st St, Savannah, GA 31401	Plans and Designs for New DC	161,547.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 6

See Part VII, Section A Continuation sheets



Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for James Leonard, Alan Ichikawa, Lars Hungerford, Ed Buckley, and Michael Erisman.

Total to Part VII, Section A, line 1c

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)			
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514			
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>								
	<b>b</b> Membership dues .....	<b>1b</b>								
	<b>c</b> Fundraising events .....	<b>1c</b>	572,260.							
	<b>d</b> Related organizations .....	<b>1d</b>								
	<b>e</b> Government grants (contributions) .....	<b>1e</b>								
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	1,016,026,033.							
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$ 1,003,964,541.							
	<b>h Total.</b> Add lines 1a-1f .....							1,016,598,293.		
<b>Program Service Revenue</b>	<b>2 a</b> Handling & Service Fee .....	<b>Business Code</b>								
		900099								
	<b>b</b> .....									
	<b>c</b> .....									
	<b>d</b> .....									
	<b>e</b> .....									
	<b>f</b> All other program service revenue .....									
<b>g Total.</b> Add lines 2a-2f .....			2,475,300.							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			445,712.			445,712.			
	<b>4</b> Income from investment of tax-exempt bond proceeds .....									
	<b>5</b> Royalties .....									
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal						
	<b>b</b> Less: rental expenses ...	<b>6b</b>								
	<b>c</b> Rental income or (loss) .....	<b>6c</b>								
	<b>d</b> Net rental income or (loss) .....									
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other						
			2,020,417.							
			<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					2,101,772.	
			<b>c</b> Gain or (loss) .....	<b>7c</b>					-81,355.	
	<b>d</b> Net gain or (loss) .....				-81,355.		-81,355.			
	<b>8 a</b> Gross income from fundraising events (not including \$ 572,260. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>								
30,300.										
<b>b</b> Less: direct expenses .....			<b>8b</b>	613,195.						
<b>c</b> Net income or (loss) from fundraising events .....				-582,895.		-582,895.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>									
		<b>b</b> Less: direct expenses .....	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities .....										
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>									
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>							
		<b>c</b> Net income or (loss) from sales of inventory .....								
<b>Miscellaneous Revenue</b>	<b>11 a</b> Miscellaneous Revenue .....	<b>Business Code</b>								
		900099								
	<b>b</b> .....									
	<b>c</b> .....									
	<b>d</b> All other revenue .....									
<b>e Total.</b> Add lines 11a-11d .....			13,058.							
<b>12 Total revenue.</b> See instructions .....				1,018,868,113.	2,475,300.	0.	-205,480.			

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,603,185.	11,603,185.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	15,812.	15,812.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	812,473,445.	812,473,445.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,355,272.	547,545.	167,138.	640,589.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,647,448.	1,734,855.	150,027.	762,566.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	157,286.	110,785.	5,480.	41,021.
9 Other employee benefits	825,713.	506,485.	48,938.	270,290.
10 Payroll taxes	289,845.	172,467.	18,600.	98,778.
11 Fees for services (nonemployees):				
a Management				
b Legal	24,542.	17,499.	7,043.	
c Accounting	87,850.	62,640.	25,210.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	2,931,723.			2,931,723.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	567,880.	404,919.	162,961.	
12 Advertising and promotion				
13 Office expenses	821,909.	111,955.	27,853.	682,101.
14 Information technology				
15 Royalties				
16 Occupancy	72,079.	53,055.	12,683.	6,341.
17 Travel	223,904.	133,592.	19,649.	70,663.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	41,794.	22,958.	8,806.	10,030.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	344,249.	237,858.	63,029.	43,362.
23 Insurance	187,781.	119,525.	40,693.	27,563.
24 Other expenses. Itemize expenses not covered 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.)				
a <b>GIK Disposals/Recalls</b>	3,449,806.	3,449,806.	0.	0.
b <b>Freight</b>	1,019,858.	1,017,576.	581.	1,701.
c <b>Equipment Rental/Repair</b>	297,982.	244,107.	32,564.	21,311.
d <b>Supplies</b>	174,701.	115,946.	6,601.	52,154.
e All other expenses	151,202.	77,567.	52,602.	21,033.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>839,765,266.</b>	<b>833,233,582.</b>	<b>850,458.</b>	<b>5,681,226.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	9,195,674.	<b>1</b>	2,255,771.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	117,611,805.	<b>8</b>	297,220,961.
	<b>9</b> Prepaid expenses and deferred charges .....	1,454,054.	<b>9</b>	931,314.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 15,865,585.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,375,702.	<b>10c</b>	10,489,883.
	<b>11</b> Investments - publicly traded securities .....	4,130,537.	<b>11</b>	7,585,477.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	136,809,005.	<b>16</b>	318,483,406.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,048,205.	<b>17</b>	790,055.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	3,081,852.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	119,897.	<b>25</b>	104,263.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,168,102.	<b>26</b>	3,976,170.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	58,215,447.	<b>27</b>	65,994,037.
	<b>28</b> Net assets with donor restrictions .....	77,425,456.	<b>28</b>	248,513,199.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	135,640,903.	<b>32</b>	314,507,236.
<b>33</b> Total liabilities and net assets/fund balances .....	136,809,005.	<b>33</b>	318,483,406.	

**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	1,018,868,113.
2	Total expenses (must equal Part IX, column (A), line 25)	2	839,765,266.
3	Revenue less expenses. Subtract line 2 from line 1	3	179,102,847.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	135,640,903.
5	Net unrealized gains (losses) on investments	5	-236,514.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	314,507,236.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
3b	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)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
**Complete if the organization is a section 501(c)(3) organization or a section**  
**4947(a)(1) nonexempt charitable trust.**  
**Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	588,380,085.	585,910,314.	819,129,261.	623,207,714.	1016598293.	3633225667.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	588,380,085.	585,910,314.	819,129,261.	623,207,714.	1016598293.	3633225667.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1602093283.
<b>6 Public support.</b> Subtract line 5 from line 4.						2031132384.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	588,380,085.	585,910,314.	819,129,261.	623,207,714.	1016598293.	3633225667.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	158,206.	112,162.	223,224.	92,289.	445,712.	1,031,593.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	37,609.	5,521.	82,521.	26,829.	43,358.	195,838.
<b>11 Total support.</b> Add lines 7 through 10						3634453098.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	12,751,279.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	55.89 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	52.68 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2023. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

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

Part II, Section B, Line 10:

Other income includes income from miscellaneous revenue and gross  
income from fundraising events.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

MAP International, Inc.

Employer identification number

36-2586390

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization  <b>MAP International, Inc.</b>	Employer identification number  <b>36-2586390</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>462,688,226.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>78,430,217.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>71,703,496.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>69,638,050.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>61,815,500.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>23,898,541.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>MAP International, Inc.</b>	Employer identification number  <b>36-2586390</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Medicines and Medical Supplies _____ _____ _____	\$ <u>462,688,226.</u>	<u>09/30/23</u>
2	Medicines and Medical Supplies _____ _____ _____	\$ <u>78,430,217.</u>	<u>09/30/23</u>
3	Medicines and Medical Supplies _____ _____ _____	\$ <u>71,703,496.</u>	<u>09/30/23</u>
4	Medicines and Medical Supplies _____ _____ _____	\$ <u>69,638,050.</u>	<u>09/30/23</u>
5	Medicines and Medical Supplies _____ _____ _____	\$ <u>61,815,500.</u>	<u>09/30/23</u>
6	Medicines and Medical Supplies _____ _____ _____	\$ <u>23,898,541.</u>	<u>09/30/23</u>



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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and expenses, and two yes/no questions about monitoring and requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts required to be reported.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,775,170.	3,775,170.	3,775,170.	3,775,170.	3,775,170.
b Contributions	33,276.	64,506.			
c Net investment earnings, gains, and losses	-17,464.	-36,024.	285,849.	18,957.	131,239.
d Grants or scholarships	15,812.			2,545.	2,615.
e Other expenditures for facilities and programs		28,482.	285,849.	16,412.	128,624.
f Administrative expenses					
g End of year balance	3,775,170.	3,775,170.	3,775,170.	3,775,170.	3,775,170.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
  - b Permanent endowment 100.0000 %
  - c Term endowment 0.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  |     | X  |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		305,081.		305,081.
b Buildings		5,650,098.	2,104,377.	3,545,721.
c Leasehold improvements				
d Equipment		3,347,074.	2,835,698.	511,376.
e Other		6,563,332.	435,627.	6,127,705.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,489,883.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>Annuity Reserve Payable</b>	98,636.
(3) <b>Deferred Rent Liability</b>	5,627.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	1,019,244,794.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-236,514.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-236,514.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,019,481,308.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-613,195.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-613,195.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	1,018,868,113.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	840,378,461.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	613,195.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	613,195.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	839,765,266.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	839,765,266.

**Part XIII Supplemental Information.**

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

Part XI, Line 4b - Other Adjustments:

Fundraising Event Expenses \$613,195

Part XII, Line 2d - Other Adjustments:

Fundraising Event Expenses \$613,195

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization <b>MAP International, Inc.</b>	Employer identification number <b>36-2586390</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean	0	0	Grants for the purpose of providing assistance to beneficiaries in the region		500,474,933.
East Asia and the Pacific	0	0	Grants for the purpose of providing assistance to beneficiaries in the region		8,939,565.
Europe	0	0	Grants for the purpose of providing assistance to beneficiaries in the region		4,448,000.
Middle East and North Africa	0	0	Grants for the purpose of providing assistance to beneficiaries in the region		23,386,849.
North America	0	0	Grants for the purpose of providing assistance to beneficiaries in the region		647,349.
Russia and the Newly Independent States	0	0	Grants for the purpose of providing assistance to beneficiaries in the region		20,323,478.
South America	0	0	Grants for the purpose of providing assistance to beneficiaries in the region		20,367,670.
South Asia	0	0	Grants for the purpose of providing assistance to beneficiaries in the region		19,872,417.
<b>3 a</b> Subtotal .....	0	0			598,460,261.
<b>b</b> Total from continuation sheets to Part I .....	0	0			214,013,184.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			812,473,445.

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

Schedule F (Form 990) 2022

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Grants for the purpose of providing assistance to beneficiaries in the region		213,176,044.
Central America and the Caribbean	0	0	Cash Grants for Health Promotion & Community Development		233,675.
East Asia and the Pacific	0	0	Cash Grants for Health Promotion & Community Development		9,960.
South America	0	0	Cash Grants for Health Promotion & Community Development		34,440.
Sub-Saharan Africa	0	0	Cash Grants for Health Promotion & Community Development		559,065.
<b>Totals</b> .....					214,013,184.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	General Support	0.		227,232,644.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		129,414,049.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		64,088,588.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		18,564,579.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		18,554,959.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		10,452,425.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		10,271,011.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		7,990,127.	Medicines and Medical Supplies	Fair Market Value

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **273**

3 Enter total number of other organizations or entities ..... **5**



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	General Support	0.		2,924,468.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		2,803,097.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		953,691.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		899,458.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		856,512.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		855,050.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		566,178.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		555,744.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		127,307.	Medicines and Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	General Support	0.		115,874.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		108,389.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		102,240.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		100,521.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		88,978.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		84,685.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		79,758.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		61,051.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		56,098.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	General Support	0.		48,151.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		46,426.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		34,976.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		33,719.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		33,440.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		31,590.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		30,532.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		30,190.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		27,970.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	General Support	0.		24,494.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		24,077.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		21,722.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		20,920.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		20,268.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		18,853.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		17,038.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		16,618.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		16,432.	Medicines and Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	General Support	0.		15,777.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		15,639.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		14,881.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		14,445.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		14,318.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		14,116.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		13,653.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		13,420.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		12,788.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	General Support	0.		12,340.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		12,277.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		12,032.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		10,618.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		9,953.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		9,363.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		9,098.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		8,148.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		8,063.	Medicines and Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	General Support	0.		8,032.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		8,016.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		7,811.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		7,791.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		7,650.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		7,616.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		7,589.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		7,089.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		7,058.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	General Support	0.		6,985.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		6,937.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		6,914.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		6,910.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		6,823.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		6,777.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		6,564.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		6,457.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		6,386.	Medicines and Medical Supplies	Fair Market Value



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	General Support	0.		6,342.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		6,299.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		6,027.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		5,754.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	0.		5,601.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		5,860,985.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		1,303,159.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		191,121.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		179,113.	Medicines and Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	General Support	0.		49,571.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		49,557.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		44,966.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		25,552.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		20,903.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		20,602.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		17,146.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		16,007.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		15,010.	Medicines and Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	General Support	0.		12,977.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		10,978.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		10,450.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		9,937.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		8,679.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		8,426.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		7,206.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		7,101.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		6,935.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	General Support	0.		6,616.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		6,559.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		6,399.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		5,822.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		5,659.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		5,441.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		5,362.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		5,309.	Medicines and Medical Supplies	Fair Market Value
		Europe	General Support	0.		2,889,633.	Medicines and Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Europe	General Support	0.		1,219,574.	Medicines and Medical Supplies	Fair Market Value
		Europe	General Support	0.		168,421.	Medicines and Medical Supplies	Fair Market Value
		Europe	General Support	0.		90,880.	Medicines and Medical Supplies	Fair Market Value
		Europe	General Support	0.		37,878.	Medicines and Medical Supplies	Fair Market Value
		Europe	General Support	0.		10,713.	Medicines and Medical Supplies	Fair Market Value
		Europe	General Support	0.		10,344.	Medicines and Medical Supplies	Fair Market Value
		Middle East and North Africa	General Support	0.		14,307,398.	Medicines and Medical Supplies	Fair Market Value
		Middle East and North Africa	General Support	0.		6,930,442.	Medicines and Medical Supplies	Fair Market Value
		Middle East and North Africa	General Support	0.		597,952.	Medicines and Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	General Support	0.		441,257.	Medicines and Medical Supplies	Fair Market Value
		Middle East and North Africa	General Support	0.		402,317.	Medicines and Medical Supplies	Fair Market Value
		Middle East and North Africa	General Support	0.		223,457.	Medicines and Medical Supplies	Fair Market Value
		Middle East and North Africa	General Support	0.		201,128.	Medicines and Medical Supplies	Fair Market Value
		Middle East and North Africa	General Support	0.		182,495.	Medicines and Medical Supplies	Fair Market Value
		Middle East and North Africa	General Support	0.		13,752.	Medicines and Medical Supplies	Fair Market Value
		Middle East and North Africa	General Support	0.		7,550.	Medicines and Medical Supplies	Fair Market Value
		Middle East and North Africa	General Support	0.		5,236.	Medicines and Medical Supplies	Fair Market Value
		North America	General Support	0.		364,722.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	General Support	0.		39,872.	Medicines and Medical Supplies	Fair Market Value
		North America	General Support	0.		32,116.	Medicines and Medical Supplies	Fair Market Value
		North America	General Support	0.		31,648.	Medicines and Medical Supplies	Fair Market Value
		North America	General Support	0.		19,215.	Medicines and Medical Supplies	Fair Market Value
		North America	General Support	0.		15,638.	Medicines and Medical Supplies	Fair Market Value
		North America	General Support	0.		12,499.	Medicines and Medical Supplies	Fair Market Value
		North America	General Support	0.		9,864.	Medicines and Medical Supplies	Fair Market Value
		North America	General Support	0.		9,094.	Medicines and Medical Supplies	Fair Market Value
		North America	General Support	0.		5,916.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	General Support	0.		5,346.	Medicines and Medical Supplies	Fair Market Value
		Russia and the Newly Independent States	General Support	0.		5,795,493.	Medicines and Medical Supplies	Fair Market Value
		Russia and the Newly Independent States	General Support	0.		5,554,237.	Medicines and Medical Supplies	Fair Market Value
		Russia and the Newly Independent States	General Support	0.		4,137,376.	Medicines and Medical Supplies	Fair Market Value
		Russia and the Newly Independent States	General Support	0.		1,459,549.	Medicines and Medical Supplies	Fair Market Value
		Russia and the Newly Independent States	General Support	0.		950,951.	Medicines and Medical Supplies	Fair Market Value
		Russia and the Newly Independent States	General Support	0.		521,640.	Medicines and Medical Supplies	Fair Market Value
		Russia and the Newly Independent States	General Support	0.		355,943.	Medicines and Medical Supplies	Fair Market Value
		Russia and the Newly Independent States	General Support	0.		313,832.	Medicines and Medical Supplies	Fair Market Value



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Russia and the Newly Independent States	General Support	0.		230,220.	Medicines and Medical Supplies	Fair Market Value
		Russia and the Newly Independent States	General Support	0.		222,695.	Medicines and Medical Supplies	Fair Market Value
		Russia and the Newly Independent States	General Support	0.		210,008.	Medicines and Medical Supplies	Fair Market Value
		Russia and the Newly Independent States	General Support	0.		90,419.	Medicines and Medical Supplies	Fair Market Value
		Russia and the Newly Independent States	General Support	0.		80,776.	Medicines and Medical Supplies	Fair Market Value
		Russia and the Newly Independent States	General Support	0.		80,500.	Medicines and Medical Supplies	Fair Market Value
		Russia and the Newly Independent States	General Support	0.		7,974.	Medicines and Medical Supplies	Fair Market Value
		Russia and the Newly Independent States	General Support	0.		6,908.	Medicines and Medical Supplies	Fair Market Value
		Russia and the Newly Independent States	General Support	0.		6,547.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	General Support	0.		18,137,374.	Medicines and Medical Supplies	Fair Market Value
		South America	General Support	0.		620,579.	Medicines and Medical Supplies	Fair Market Value
		South America	General Support	0.		382,790.	Medicines and Medical Supplies	Fair Market Value
		South America	General Support	0.		276,253.	Medicines and Medical Supplies	Fair Market Value
		South America	General Support	0.		202,623.	Medicines and Medical Supplies	Fair Market Value
		South America	General Support	0.		174,787.	Medicines and Medical Supplies	Fair Market Value
		South America	General Support	0.		21,436.	Medicines and Medical Supplies	Fair Market Value
		South America	General Support	0.		18,652.	Medicines and Medical Supplies	Fair Market Value
		South America	General Support	0.		17,374.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	General Support	0.		17,262.	Medicines and Medical Supplies	Fair Market Value
		South America	General Support	0.		15,993.	Medicines and Medical Supplies	Fair Market Value
		South America	General Support	0.		13,702.	Medicines and Medical Supplies	Fair Market Value
		South America	General Support	0.		12,624.	Medicines and Medical Supplies	Fair Market Value
		South America	General Support	0.		11,741.	Medicines and Medical Supplies	Fair Market Value
		South America	General Support	0.		11,223.	Medicines and Medical Supplies	Fair Market Value
		South America	General Support	0.		10,378.	Medicines and Medical Supplies	Fair Market Value
		South America	General Support	0.		9,502.	Medicines and Medical Supplies	Fair Market Value
		South America	General Support	0.		9,016.	Medicines and Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		South America	General Support	0.		8,927.	Medicines and Medical Supplies	Fair Market Value
		South America	General Support	0.		8,786.	Medicines and Medical Supplies	Fair Market Value
		South America	General Support	0.		7,676.	Medicines and Medical Supplies	Fair Market Value
		South America	General Support	0.		6,046.	Medicines and Medical Supplies	Fair Market Value
		South America	General Support	0.		5,928.	Medicines and Medical Supplies	Fair Market Value
		South America	General Support	0.		5,890.	Medicines and Medical Supplies	Fair Market Value
		South Asia	General Support	0.		13,915,851.	Medicines and Medical Supplies	Fair Market Value
		South Asia	General Support	0.		2,572,549.	Medicines and Medical Supplies	Fair Market Value
		South Asia	General Support	0.		1,195,478.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	General Support	0.		714,094.	Medicines and Medical Supplies	Fair Market Value
		South Asia	General Support	0.		508,663.	Medicines and Medical Supplies	Fair Market Value
		South Asia	General Support	0.		173,814.	Medicines and Medical Supplies	Fair Market Value
		South Asia	General Support	0.		23,226.	Medicines and Medical Supplies	Fair Market Value
		South Asia	General Support	0.		19,864.	Medicines and Medical Supplies	Fair Market Value
		South Asia	General Support	0.		15,430.	Medicines and Medical Supplies	Fair Market Value
		South Asia	General Support	0.		13,702.	Medicines and Medical Supplies	Fair Market Value
		South Asia	General Support	0.		12,697.	Medicines and Medical Supplies	Fair Market Value
		South Asia	General Support	0.		11,300.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	General Support	0.		8,827.	Medicines and Medical Supplies	Fair Market Value
		South Asia	General Support	0.		8,222.	Medicines and Medical Supplies	Fair Market Value
		South Asia	General Support	0.		6,517.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		44,482,905.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		38,084,754.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		35,619,828.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		28,663,693.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		20,065,190.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		12,834,249.	Medicines and Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	General Support	0.		6,631,269.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		4,494,114.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		4,376,097.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		3,353,042.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		2,565,912.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		1,215,044.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		915,997.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		873,339.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		782,789.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	General Support	0.		702,594.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		676,269.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		674,191.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		374,276.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		330,265.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		279,762.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		246,914.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		159,443.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		137,088.	Medicines and Medical Supplies	Fair Market Value



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	General Support	0.		61,135.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		46,620.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		44,957.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		42,367.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		34,271.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		33,049.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		29,674.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		29,430.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		27,375.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	General Support	0.		24,227.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		22,005.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		21,701.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		21,696.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		20,989.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		20,033.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		19,058.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		18,557.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		17,346.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	General Support	0.		16,962.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		15,876.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		14,487.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		14,277.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		13,371.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		12,319.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		12,308.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		11,457.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		10,649.	Medicines and Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	General Support	0.		10,397.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		9,481.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		9,435.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		9,250.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		8,906.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		8,689.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		8,387.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		8,318.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		8,229.	Medicines and Medical Supplies	Fair Market Value

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	General Support	0.		7,848.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		7,483.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		7,449.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		7,422.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		7,302.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		7,080.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		6,823.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		6,329.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		6,118.	Medicines and Medical Supplies	Fair Market Value

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	General Support	0.		5,886.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		5,790.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		5,549.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		5,149.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	General Support	233,675.	Wire	0.		
		East Asia and the Pacific	General Support	9,960.	Wire	0.		
		South America	General Support	34,440.	Wire	0.		
		Sub-Saharan Africa	General Support	223,876.	Wire	0.		
		Sub-Saharan Africa	General Support	335,189.	Wire	0.		

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Health Promotion	Central America and the Caribbean	142	0.		1,537,971.	Medicines and Medical Supplies	FMV
Health Promotion	East Asia and the Pacific	41	0.		1,004,099.	Medicines and Medical Supplies	FMV
Health Promotion	Europe	6	0.		16,358.	Medicines and Medical Supplies	FMV
Health Promotion	Middle East and North Africa	9	0.		70,422.	Medicines and Medical Supplies	FMV
Health Promotion	North America	15	0.		80,437.	Medicines and Medical Supplies	FMV
Health Promotion	Russia and the Newly Independent States	14	0.		295,675.	Medicines and Medical Supplies	FMV
Health Promotion	South America	28	0.		339,037.	Medicines and Medical Supplies	FMV
Health Promotion	South Asia	18	0.		668,085.	Medicines and Medical Supplies	FMV
Health Promotion	Sub-Saharan Africa	150	0.		3,709,036.	Medicines and Medical Supplies	FMV

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No



**Part V Supplemental Information**

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

**Part I, Line 2:**

The Organization conducts extensive review of grantee organizations prior to providing any grant or assistance. Such review consists of confirming the legitimacy of the grantee organization and good standing with related governments of registration, and ensuring that the organization is positioned to use the grant for its intended purpose. Non-cash grants are predominantly made to 21 agency organizations, representing over 95% of total non-cash grant activity in 2023. The Organization monitors the use of these non-cash grants through periodic site visits wherein the use is visually validated and records are examined, as well as through conducting site visits with managing offices to ensure the processes and mission are being conducted in accordance with the Organization's intended purpose. Further information related to the distribution and use of non-cash grants is made available to the Organization, as needed.

Cash grants made by the Organization are reviewed and monitored based on materiality. Cash grant recipients who receive more than \$50,000 in assistance are required to submit quarterly financial reports for review and examination of use. Further, an independent audit is requested of organizations receiving an excess of \$100,000 and periodic site visits are made for more detailed inspection of program activity.

**Part I, line 3:**

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

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Meyer Partners, LLC - 8725 West Higgins Rd Suite #530,	Fundraising Consulting		X	3,468,321.	2,138,983.	1,329,338.
Veritus Group, LLC - P.O. Box 18294, Asheville, NC 28814	Fundraising Consulting		X	1,924,621.	65,040.	1,859,581.
GiveBridge, Inc. - 525 W Monroe St, Ste 900, Chicago,	Face to Face Fundraising		X	602,807.	727,700.	-124,893.
<b>Total</b>				5,995,749.	2,931,723.	3,064,026.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WV, WI, ND

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Bill Foege Awards (event type)	Presidents Gathering (event type)	None (total number)	
Revenue	<b>1</b> Gross receipts .....	383,560.	219,000.		602,560.
	<b>2</b> Less: Contributions .....	353,260.	219,000.		572,260.
	<b>3</b> Gross income (line 1 minus line 2) .....	30,300.			30,300.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....		145,000.		145,000.
	<b>7</b> Food and beverages .....	66,883.	65,000.		131,883.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	58,745.	277,567.		336,312.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				613,195.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-582,895.	

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

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

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

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

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

**Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:**

(i) Name of Fundraiser: GiveBridge, Inc.

(i) Address of Fundraiser: 525 W Monroe St, Ste 900, Chicago, IL 60661

**Part I, Line 2b, Column (v):**

Pursuant to the written contract with GiveBridge, Inc., the Organization paid GiveBridge, Inc. \$727,700 during the tax year for face-to-face fundraising services. The objective of this investment is to build a

**Part IV** Supplemental Information (continued)

sustainable donor base through monthly recurring donations to MAP International.

## Schedule G, Part II:

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

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

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



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
Convoy of Hope 330 S Patterson Springfield, MO 65802	68-0051386	501(c)(3)	0.	11,163,498.	FMV	Medicines and Medical Supplies	General support- relief activities
Brunswick Job Corps Center 4401 Glynco Pkwy Brunswick, GA 31525	87-0365322	501(c)(3)	0.	42,521.	FMV	Medicines and Medical Supplies	General support
Glynn County Schools 5505 Altama Ave Brunswick, GA 31525			0.	30,488.	FMV	Medicines and Medical Supplies	General support
Skylark 3548 Community Rd Brunswick, GA 31520	58-1967329	501(c)(3)	0.	28,898.	FMV	Medicines and Medical Supplies	General support
The Lodge at Bethany 77 Bethany Way Statesboro, GA 30458	58-2344742	501(c)(3)	0.	28,842.	FMV	Medicines and Medical Supplies	General support
McKinney Medical Center, Inc. 218 Quarterman St. Waycross, GA 31501	58-2101260	501(c)(3)	0.	25,994.	FMV	Medicines and Medical Supplies	General support

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **26.**

**3** Enter total number of other organizations listed in the line 1 table ..... **0.**

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

Schedule I (Form 990) 2022

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Save the Children 501 Kings Highway East Ste 400 Fairfield, CT 06825	06-0726487	501(c)(3)	0.	19,740.	FMV	Medicines and Medical Supplies	General support
Coastal Community Health Services 106 Shoppers Way Ste 1 Brunswick, GA 31525	46-1859206	501(c)(3)	0.	17,874.	FMV	Medicines and Medical Supplies	General support
Bethesda Community Clinic 111 Mountainbrook Dr. #100 Canton, GA 30115	27-4923001	501(c)(3)	0.	16,471.	FMV	Medicines and Medical Supplies	General support
Hope Clinic of McKinney 103 E. Lamar St. McKinney, TX 75070	81-3813928	501(c)(3)	0.	12,817.	FMV	Medicines and Medical Supplies	General support
United Parcel Service Foundation 55 Glenlake Pkwy Atlanta, GA 30328	13-6099176	501(c)(3)	0.	12,312.	FMV	Medicines and Medical Supplies	General support
Urban Clinic of Atlanta 777 Cleveland Ave SW Atlanta, GA 30315	81-3845426	501(c)(3)	0.	12,273.	FMV	Medicines and Medical Supplies	General support
J.C. Lewis Primary Health Care 5 Mall Annex Savannah, GA 31406	27-0380035	501(c)(3)	0.	11,654.	FMV	Medicines and Medical Supplies	General support
Good Health Ministries 214 North Ralph St Claxton, GA 30417	90-0062595	501(c)(3)	0.	11,087.	FMV	Medicines and Medical Supplies	General support
St. Michael's Medical Clinic 1005 W. 18th St Anniston, AL 36201	82-5246184	501(c)(3)	0.	10,783.	FMV	Medicines and Medical Supplies	General support



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Grace Village Medical Clinic East Ponce de Leon Clarkston, GA 30021	03-0443891	501(c)(3)	0.	10,564.	FMV	Medicines and Medical Supplies	General support
St. Clair Community Health Clinic 205 Edwin Holladay Augusta, GA 30904	85-0632695	501(c)(3)	0.	10,546.	FMV	Medicines and Medical Supplies	General support
Healing Hands Health Center 245 Midway Medical Park Bristol, TN 37620	62-1677000	501(c)(3)	0.	10,531.	FMV	Medicines and Medical Supplies	General support
Ethne Health 4122 E Ponce de Leon Ave Ste 5 Clarkston, GA 30021	82-3920554	501(c)(3)	0.	10,496.	FMV	Medicines and Medical Supplies	General support
Project Hope 1220 19th St NW STE 800 Washington, DC 20036	53-0242962	501(c)(3)	0.	9,909.	FMV	Medicines and Medical Supplies	General support
Diversity Health Center, Inc. 303 Fraser Dr Hinesville, GA 31313	20-5746618	501(c)(3)	0.	8,920.	FMV	Medicines and Medical Supplies	General support
The Good Samaritan Health Center 1015 Donald Lee Hollowell Pkwy Atlanta, GA 30318	58-2373395	501(c)(3)	0.	8,630.	FMV	Medicines and Medical Supplies	General support
Karis Community Health 256 Broad St W Cleveland, TN 37311	47-2204923	501(c)(3)	0.	8,293.	FMV	Medicines and Medical Supplies	General support
Food For The Poor, Inc. 6401 Lyons Rd Coconut Creek, FL 33073	59-2174510	501(c)(3)	0.	7,920.	FMV	Medicines and Medical Supplies	General support - relief activities



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Scholarships for medical students to serve in mission hospitals overseas	8	15,812.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

The Organization conducts an extensive review of grantee organizations

prior to providing any grant or assistance. Such review consists of

confirming the legitimacy of the grantee organization and good standing

with related governments of registration, and ensuring that the

organization is positioned to use the grant for its intended purpose.

Non-cash grants are predominantly made to 21 agency organizations,

representing over 95% of total non-grant activity in 2023. The Organization

monitors the use of these non-cash grants through periodic site visits

**Part IV** Supplemental Information

wherein use is visually validated and records examined, as well as through conducting site visits with managing offices to ensure the processes and mission are being conducted in accordance with the Organization's intended purpose. Further information regarding the distribution and use of non-cash grants is made available to the Organization, as needed.

Cash grants made by the Organization are reviewed and monitored based on materiality. Cash grant recipients who receive more than \$50,000 in assistance are required to submit quarterly financial reports for review and examination of use. Further, an independent audit is requested of organizations receiving an excess of \$100,000 and periodic site visits are made for more detailed inspection of program activity.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel                     <input checked="" type="checkbox"/> Housing allowance or residence for personal use  <input checked="" type="checkbox"/> Travel for companions                     <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments                     <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                     <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>X</b>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....</p>	<b>X</b>	
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee                     <input checked="" type="checkbox"/> Written employment contract  <input type="checkbox"/> Independent compensation consultant                     <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Form 990 of other organizations                     <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>		<b>X</b>
<p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....</p>	<b>X</b>	
<p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		<b>X</b>
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p><b>a</b> The organization? .....</p>		<b>X</b>
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		<b>X</b>
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p><b>a</b> The organization? .....</p>		<b>X</b>
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		<b>X</b>
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....</p>		<b>X</b>
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>		<b>X</b>
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>		

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

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Steven G. Stirling President & CEO	(i)	271,176.	29,528.	51,989.	75,265.	6,186.	434,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Jodi Allison Sr VP Global Giving	(i)	139,528.	7,250.	1,419.	12,118.	17,475.	177,790.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 1a:

Travel for the spouse of the President/CEO is permitted with prior approval from an Officer of the Board of Directors. Receipts are required to be submitted for reimbursement of all travel expenses. The travel expenses are not taxable as the Board considers the travel to be for bona fide business purposes.

The Organization maintains an office in both Brunswick, Georgia and Atlanta, Georgia. The CEO's duties include board relations and development, as well as donor (including corporate, foundation, and other major donors) and external relations which require frequent travel. Working out of Atlanta makes the CEO more available and flexible to last-minute travel requirements out of the Atlanta international airport and accessible for meetings with the Organization's leadership, donors, and other partners in the Atlanta area. Similarly, the CEO's duties include oversight of the Organization's operations and financial management which require his presence in Brunswick at the Organization's headquarters and global distribution center. Therefore at the direction of the Organization's Board and for the benefit of the Organization, the CEO

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

splits his time working from both the Brunswick headquarters office and the Organization's global health office in Atlanta.

The Organization's Executive Committee approved an increase the CEO's taxable compensation in the form of a housing allowance in recognition of the fact that the CEO incurs duplicative housing expenses in connection with this dual working arrangement. The housing allowance benefit was appropriately treated as additional reportable compensation to the CEO. The housing allowance benefit, together with the CEO's overall compensation arrangements, were reviewed and approved by an independent Executive Committee of the Board pursuant to the compensation-setting process further described in Schedule O.

Part I, Line 4b:

In 2021, the Organization entered into a nonqualified deferred compensation arrangement with its CEO, Steven G. Stirling. The arrangement was reviewed and approved by an independent Executive Committee of the Organization's Board of Directors pursuant to the compensation-setting process further described in Schedule O. Under the arrangement, \$25,000 was approved in



**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

December 2021 and \$27,500 was approved in December 2022, to be paid to the  
 CEO upon the occurrence of certain events in the future. Due to an  
 administrative oversight, the Organization did not record the deferred  
 compensation expense or associated liability until after the fiscal year  
 ended September 30, 2023. Both the \$25,000 approved in 2021 and the  
 \$27,500 approved in 2022 have been reported on this Form 990, Schedule J,  
 Part II, Column C.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	12	114,364.	Hi-Low Average
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	901,003,850,177.		Estimated FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement		29		1
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?			X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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

Schedule M (Form 990) 2022

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Column (b):

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

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

MAP International, Inc.

Employer identification number

36-2586390

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

care for vulnerable populations.

Form 990, Part VI, Section A, Line 1:

The Executive Committee consists of the Board Chairman, Board Vice  
Chairs, Secretary, Treasurer, and President. The Executive Committee  
has three primary responsibilities to ensure effective organizational  
leadership: develop the board of directors, develop the Chief Executive  
Officer, and act on behalf of the full board for certain critical,  
time-sensitive issues.

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

The Organization's top management official and top financial official each  
review the Form 990 prior to its filing with the IRS. A copy of the final  
Form 990 is also provided to the voting members of the Organization's  
governing body prior to its filing with the IRS.

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

The Organization's conflict of interest policy is distributed to each  
member of the Organization's governing body, its officers, and its key  
employees who provide a disclosure statement. Such disclosure statement  
indicates that they have received, read, understood and agreed to comply  
with the policy, and certifying that: (1) they have no relationships or  
interests that present a conflict of interest, or (2) they have one or more  
conflicts of interest that have been fully disclosed as required by the  
policy and have been properly administered in conformity with the policy.

Name of the organization

MAP International, Inc.

Employer identification number

36-2586390

The Organization's President is tasked with obtaining updated disclosure statements from each Board member annually. Any previously undisclosed conflicts of interest are forwarded to appropriate Organization officials to take appropriate actions as required by the policy.

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

The Board of Directors or a committee authorized by the Board of Directors of Map International, currently independent members of the Executive Committee, annually approves the total compensation package of the Organization's top leaders. Compensation includes, but is not limited to, salary, allowances, insurance benefits, deferred compensation, retirement plan contributions, and reimbursement for the use of personal assets or personal expenses.

The independent Executive Committee utilizes reliable comparability data for functionally comparable positions of organizations of similar size. Such market comparison is conducted no less than once every three years. This analysis is used in concert with the consideration of the skill, talent, education, experience, and performance of the person whose compensation is being determined. Decisions are contemporaneously substantiated in related Board minutes.

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

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

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

The Organization makes its financial statements and its Form 990 available

Name of the organization

MAP International, Inc.

Employer identification number

36-2586390

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

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

The Organization receives donations of pharmaceuticals and medical supplies for use in relieving suffering for those in need throughout the world through its various program activities. Certain noncash contributions are donor-restricted for specific geographic regions. Noncash contributions are recognized as revenue at estimated fair value on the date the gifts are received and are recognized as expenses when they are shipped from the Organization's warehouse or the date upon which the Organization no longer exercises practical control over those items. The Organization's policy is to distribute donated pharmaceuticals and medical supplies and not to monetize noncash contributions of pharmaceuticals and medical supplies.

The Organization only records the value of noncash contributions over which it exercises variance power. In general, management estimates the fair value of donated pharmaceuticals using "wholesale acquisition cost," listed in reference materials including First Databank and IBM Micromedex RED BOOK ("RED BOOK"), which are widely-used drug and pricing reference guides for the pharmaceutical industry in the United States. Management may apply discounts to the prices in First Databank and RED BOOK depending on the gift's condition or other factors. For gifts in-kind of pharmaceuticals and medical supplies that are sold in the United States market, the Organization has determined that the U.S. is the principal or most advantageous market for purposes of estimating

Name of the organization

MAP International, Inc.

Employer identification number

36-2586390

fair value. If prices for a particular item are not available in First Databank or RED BOOK, MAP estimates fair value using other online pricing sources. The Organization considers the valuation practices used for noncash contributions to be consistent with industry standards.

Form 990, Part IX, Line 24a:

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

Form 990, Part XII, Line 2c:

The Organization's Board of Directors, or a committee thereof, assumes responsibility for the oversight of the audit of its financial statements and the selection of an independent accountant. This process has not changed from the prior year.