#### PUBLIC INSPECTION COPY

Form **990** 

032001 12-23-20

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Open to Public

<u>A</u>	roi ili	e 2020 calendar year, or tax year beginning OCI I, 2020 and	ending S	SEP 30, 2021	
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre	MAP International, Inc.			
	Name chang	e Doing business as		36-25863	90
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	<u> </u>
F	Final return			800-225-	
	termir	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	824,769,085.
	Amen return			H(a) Is this a group re	
	Application			for subordinates	
	pendi	same as C above		H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) €	or 527		list. See instructions
J	Websi	te: www.map.org		H(c) Group exemptio	n number 🕨
K	Form o	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1965 N	1 State of legal domicile: IL
P	art I	Summary			
О О	1	Briefly describe the organization's mission or most significant activities: Glob	al Chr	ristian heal	th
Activities & Governance		organization that works to save lives and	d pron	note health.	
ž	2	Check this box if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	19
<u>ت</u> ~	4	Number of independent voting members of the governing body (Part VI, line 1b)			18
es 8		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			52
ξ	1	Total number of volunteers (estimate if necessary)			850
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)	<u>_</u>		819,129,261.
ğ	9	Program service revenue (Part VIII, line 2g)		2,383,865.	2,595,981.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		77,693.	222,081.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,521.	-34,943.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		88,377,393.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		61,097,526.	637,108,227.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ş	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,808,897.	3,993,926.
Expenses	16a			85,839.	1,079,590.
g	b	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  3,669,33	22.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		53,045,238.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,037,500.	652,398,044.
	19	Revenue less expenses. Subtract line 18 from line 12		.29,660,107.	169,514,336.
Net Assets or Find Balances	3	·		ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		98,602,113.	268,872,217.
ASS	21	Total liabilities (Part X, line 26)		1,016,124.	1,702,964.
35	22	Net assets or fund balances. Subtract line 21 from line 20		97,585,989.	267,169,253.
P	art II	Signature Block	•		
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	has any knowledge.	
		L Dun Muzum		05/02/20	22
Sig	ın	Slandture of officer		Date	
Не	re	Jason A Merryman, Vice-President & CF	0		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		Kaylyn A. Varnum Kayly Whum		05/02/22 if self-employ	P01691975
	parer	Firm's name Batts Morrison Wales & Lee, P.A		Firm's EIN ▶	20-4193611
Use	Only	Firm's address 801 North Orange Avenue, Suite	800		
		Orlando, FL 32801		Phone no.40	7-770-6000
Ма	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

Check   Schedule   Contains a response or note to any line in the Part III.    Briefly describe the organization's mission:   MAP   International is a Christian organization providing life-changing medicines and health supplies to people in need.    Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-EZ?   I'ves.   Ves.	Pa	t III Statement of Program Service Accomplishments
MAP International is a Christian organization providing life-changing medicines and health supplies to people in need.  Did the organization undertake any significant program services during the year which were not listed on the prior Form 930 or 990-627  Wes IX No If Yes, 'describe these new services on Schedule O.  Did the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501 (163) and 5016/91 (programs service accomplishments for each of its three largest program services, as measured by expenses. Section 501 (163) and 5016/91 (programs service accomplishments for each of its three largest program services, as measured by expenses. Section 501(93) and 5016/91 (programs service reported.  Community (163) and 5016/91 (programs service reported.  1 (Some 1 (Season 5 563, 332, 259 - readerg spanses) 553, 723, 638 .) (Newtons 2, 256, 220 .) Medicine and Health Supplies - More than \$626 million was provided in 10201. Working with 30 major partners. 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 antiblotics, reaching more than \$0,000 children across 38 countries. MAP's DMP also grew in 2021 providing more than 29,700 treatments through 30 local free/charitable clinic partners across four states (GA, VA, IL, and AL).   40 (Some 1) (Excesses 71,738,494 - readerg spanses 70,514,868 ·) (Newtons 287,322 ·) Community Health Development - rograms reached more than 10,000 people across Bolivia, Liberia, and Indonesia. 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), MAP's Community Health Development efforts build on existing local capacity to improve lealthcare access and quality of care for		Check if Schedule O contains a response or note to any line in this Part III
Did the organization undertake any significant program services during the year which were not isted on the prior Form 990 or 990 E27  If 'Yes,' describe these new services on Schedule O.  If 'Yes,' describe these new services on Schedule O.  If 'Yes,' describe these rhanges on Schedule O.  If 'Yes,' describe these changes on Schedule O.  Beach the tropagnations regardly and schedule O.  Beach the tropagnations regardly organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, it amy for each program service sports.  Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, it amy for each programs service sports.  Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, it amy for each programs services posted.  Beach   Members   Section	1	
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# Form 990 (2020) MAP International, Inc. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11.5		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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? If "Ves." complete Schedule F. Parts Land IV.	14b	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	ı <del>, T</del> U		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

# Form 990 (2020) MAP International, Inc. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		Х	
24.0	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	21	
2 <del>4</del> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//	200		
_	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
OF -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<del>  ^</del>
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt 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			$\Box$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 60	-1		
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	Щ_

# Form 990 (2020) MAP International, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	52			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		<b>2</b> b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		X
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 A		` ′			77
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<b>C</b> -		х
<b>L</b>	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.			6a		
b	and the second s		-	6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	orovided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
•	to file Form 8282?		·	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation 1	file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	ie			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	l	.			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	11a	1			
		па				
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	j l	ILU		
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration	n or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.		_			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	nt inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.				200	

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.

	to mile da, as, or resistant and another another and another and another another and another another another another another and another anoth			X
<del></del>	Check if Schedule O contains a response or note to any line in this Part VI			Λ
Sec	tion A. Governing Body and Management		.,	
	Enter the number of voting members of the governing body at the end of the tax year 19		Yes	No
та				
	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 0.  Enter the number of voting members included on line 1a. above, who are independent 18			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			х
•	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		х
4	of officers, directors, trustees, or key employees to a management company or other person?	<u>3</u> 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 70	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>		
7a		7.		x
	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
D		7b		x
0	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		
8		8a	Х	
a	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	X	
9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00	-25	
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Dir onoto (mis section b requests information about politics not required by the internal revenue society		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	···u		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AZ, AR, CA, CO, CT, DC, FL	, GA	,HI	,IL
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3			
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finaı	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Jason A. Merryman - 800-225-8550			
	4700 Glynco Parkway, Brunswick, GA 31525			

#### Form 990 (2020)

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

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

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

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

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

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

(A) Name and title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Steven G. Stirling	55.00								_	
President & CEO		Х		Х				320,800.	0.	24,466.
(2) Jodi A. Ryan	55.00	1						400 074		
VP Global Giving				Х				132,351.	0.	8,902.
(3) Jason A. Merryman	55.00	1		l				25 224		
Asst. Treasurer & VP Finance				Х				95,921.	0.	28,082.
(4) Amanda Brayman	50.00	1		l				- c - 0.4.4		4 606
Asst. Secretary	1000			Х				56,311.	0.	4,696.
(5) James D. Barfoot	10.00	ļ		l						
Chair		Х		Х				0.	0.	0.
(6) Allen Craig	5.00	١								•
Vice Chair	<u> </u>	Х		Х		_		0.	0.	0.
(7) Susan Roeder	5.00	١								•
Treasurer	F 00	Х		Х				0.	0.	0.
(8) Linda Freeman	5.00	١,,		,,						•
Secretary	2 00	Х		Х				0.	0.	0.
(9) Michael Erisman	3.00	٠,							0	0
Director	2 00	Х						0.	0.	0.
(10) Edwin Buckley	2.00	٠,							0	_
Director	2 00	Х						0.	0.	0.
(11) Lars Hungerford	2.00	x						0.	0.	0
Director (12) Alan Ichikawa	4.00	^						0.	0.	0.
Director	4.00	x						0.	0.	0.
(13) Michael Knighton	2.00	^						0.	0.	<u></u>
Director	2.00	X						0.	0.	0.
(14) James Leonard	2.00	122				$\vdash$		0.	•	•
Director	2.00	X						0.	0.	0.
(15) Abi Oyebode	2.00	122						0.	•	
Director	2.00	x						0.	0.	0.
(16) Glen Reed	2.00								•	
Director		x						0.	0.	0.
(17) Peter Limeri	2.00	<del></del>		$\vdash$		$\vdash$				
Director	- · · · ·	x						0.	0.	0.
032007 12-23-20	1									Form <b>990</b> (2020)

	cernaciona			.110					30-2300	390 Page o
Part VII Section A. Officers, Directors, 7		ploy	ees,			ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			_ ((				(D)	(E)	(F)
Name and title	Average	(do		Posi heck		) than	one	Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation	compensation	amount of
	(list any						Ú	from the	from related organizations	other compensation
	hours for	or director				p		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(11 2/ 1000 111100)	organization
	organizations	Individual trustee	nstitutional trustee		yee	Highest compensated employee				and related
	below	vidua	itutior	ser	Key employee	hest c	ner			organizations
	line)	Indi	Inst	Officer	Key	Hig	윤			
(18) Richard Reynolds	2.00								•	•
Director	0.00	Х	Ш					0.	0.	0.
(19) John Reid	2.00									•
Director		Х	Ш					0.	0.	0.
(20) Paul D'Antonio	2.00							_		•
Director (began 09/2021)	2 00	Х	Ш					0.	0.	0.
(21) Ron Moolenaar	2.00	,,						_	•	0
Director (began 09/2021)		Х						0.	0.	0.
(22) Douglas Lowe	2.00	,,						_	•	•
Director (began 02/2021)		Х						0.	0.	0.
(23) Kenneth Gustavsen	2.00	,,						_	0	0
Director (ended 09/21)	2.00	Х	Ш					0.	0.	0.
(24) Robert Rowan	2.00	Х						0.	0.	0.
Director (ended 03/2021)	2.00	Δ	Н					0.	0.	0.
(25) Wanda Burgand	2.00	Х						0.	0.	0.
Director (ended 02/21) (26) Sven Gustafson	2.00	Λ	Н					0.	0.	0.
Director (ended 04/21)	2.00	Х						0.	0.	0.
41. 01.111							Ļ	605,383.	0.	66,146.
1b Subtotal								005,383.	0.	00,140.
c Total from continuation sheets to Pa								605,383.	0.	66,146.
d Total (add lines 1b and 1c)								003,303.	0.	00,140.

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

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

#### **Section B. Independent Contractors**

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.

the organization. Hopert compensation for the calcital year chains with or within the organization of tax year.							
(A)	(B)	(C)					
Name and business address	Description of services	Compensation					
Image by Design	Graphic design and						
PO Box 8274 , Columbus, GA 31908	production services	230,888.					
FreeWill Co							
PO Box 501051, Indianapolis, IN 46250	Customized website	170,500.					
RoofCrafters							
1308 US Hwy 80 , Bloomingdale, GA 31302	Roof replacement	157,912.					
Vanderbeck, Inc., 3410 Cypress Mill Rd.,							
Ste 243, Brunswick , GA 31520	IT support services	142,512.					
Nell Diallo, 214 Rock Springs Court, NE,							
Atlanta, GA 30306	Partner development	140,621.					
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than						
\$100,000 of compensation from the organization > 6							

		Check if Schedule O	contains a	response	or note to any lin	e in this Part VIII			X
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
ts s	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts				1b					
۩ۣٚۊٳ		Fundraising events		1c	172,500.				
ifts Ir A		Related organizations		1d	172,300.				
nj, Gë				1e					
Siz		Government grants (conti		-					
ig E	T	All other contributions, gifts,		1 1	010 056 761				
[등황]		similar amounts not included			818,956,761.				
o p	_	Noncash contributions included in			791,542,538.	010 100 051			
<u>a</u> C	h	Total. Add lines 1a-1f				819,129,261.			
					Business Code				
S	2 a	Handling & Service	Fee		900099	2,595,981.	2,595,981.		
e Z	b								
S al	С								
lev ev	d								
Program Service Revenue	е								
₫	f	All other program service	revenue						
	g	Total. Add lines 2a-2f				2,595,981.			
	3	Investment income (include							
		other similar amounts)				223,224.			223,224.
	4	Income from investment of				•			·
	5	Royalties			· •				
	•			i) Real	(ii) Personal				
	6 a	Gross rents	6a	<u>,                                      </u>	.,				
			6b						
		Rental income or (loss)	6c						
		Net rental income or (loss		ecurities					
	1 a	Gross amount from sales of	<u>  ``</u>		(ii) Other				
		assets other than inventory	7a 2,	738,098.					
σ.	b	Less: cost or other basis							
ther Revenue		and sales expenses		739,241.					
9,6	С	Gain or (loss)	7c	-1,143.					
Ř		Net gain or (loss)			<b></b>	-1,143.			-1,143.
the l	8 a	Gross income from fundraisi							
ō		including \$	172,500.	<u>of</u>					
		contributions reported on	line 1c). S	See					
		Part IV, line 18		8a	5,851.				
	b	Less: direct expenses		8b	117,464.				
	С	Net income or (loss) from	fundraisin	g even <u>ts</u>		-111,613.			-111,613.
	9 a	Gross income from gamin	g activitie	s. See					
		Part IV, line 19		9a					
	b	Less: direct expenses							
	С	Net income or (loss) from	gaming ad	tivities					
		Gross sales of inventory,							
		and allowances							
	b	Less: cost of goods sold							
		Net income or (loss) from			· · · · · · · · · · · · · · · · · · ·				
		The state of the seal of the s			Business Code				
Miscellaneous Revenue	11 2	Miscellaneous Reven	ue		900099	76,670.			76,670.
ne Tue						, , , , , , ,			,
ella Ver	b								
Re	q	•							
Σ		All other revenue				76 670			
		Total. Add lines 11a-11d				76,670.		0	107 130
	12	Total revenue. See instruction	אוע		🟲 📗	821,912,380.	2,595,981.	0.	187,138.

# Form 990 (2020) MAP International, Inc. Part IX Statement of Functional Expenses

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

36011	ion 501(c)(3) and 501(c)(4) organizations must con	-		implete column (A).	च
	Check if Schedule O contains a respo	nse or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 $\dots$	1,551,792.	1,551,792.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	635,556,435.	635,556,435.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	744,858.	279,120.	172,078.	293,660.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		4 004 050	40 -04	
7	Other salaries and wages	2,250,404.	1,331,053.	43,506.	875,845.
8	Pension plan accruals and contributions (include	100 305	00 04=	4 450	45 222
	section 401(k) and 403(b) employer contributions)	129,326.	82,845.	1,172.	45,309.
9	Other employee benefits	660,357.	385,955.	28,894.	245,508.
10	Payroll taxes	208,981.	120,254.	12,226.	76,501.
11	Fees for services (nonemployees):				
а	Management	4 007	4 4 5 4	21.6	
	Legal	4,287.	1,151.	316.	2,820.
	Accounting	58,111.	15,599.	4,282.	38,230.
	Lobbying	1 070 500			1 070 500
е	Professional fundraising services. See Part IV, line 17	1,079,590.			1,079,590.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	647 144	462 507	127 240	F.C. 200
	column (A) amount, list line 11g expenses on Sch O.)	647,144.	463,507.	127,248.	56,389.
12	Advertising and promotion	881,142.	110 600	20 712	722 721
13	Office expenses	001,142.	118,698.	28,712.	733,732.
14	Information technology				
15	Royalties	67,027.	50,002.	11,351.	5,674.
16	Occupancy	52,158.	35,694.	6,210.	10,254.
17	Travel	32,130.	33,094.	0,210.	10,234.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	37,439.	20,717.	7,581.	9,141.
19	Conferences, conventions, and meetings	31,433.	40,1110	,,,,,,,,,	J,141•
20	Interest  Payments to affiliates				
21 22	Payments to affiliates  Depreciation, depletion, and amortization	252,881.	167,558.	47,400.	37,923.
23		97,022.	68,246.	19,184.	9,592.
	Other expenses. Itemize expenses not covered	3770220	00/2101	23/2010	373321
24	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 0.)				
а	GIK Disposals/Recalls	5,527,992.	5,527,992.		
a h	Freight	1,961,289.	1,960,309.	150.	830.
	Equipment Rental/Repair	417,064.	325,478.	30,405.	61,181.
d	Supplies	110,636.	77,150.	3,179.	30,307.
	All other expenses	102,109.	24,244.	21,029.	56,836.
25		652,398,044.		564,923.	3,669,322.
26	<b>Joint costs.</b> Complete this line only if the organization	= , ,	,,		-,,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0. 10.02.00				Earm <b>990</b> (2020)

Pai	πχ	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			3,541,272.	1	6,238,590
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	ons		5		
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		Г		7	
Assets	8	Inventories for sale or use			85,646,864.	8	250,223,507
Ä	9				689,315.	9	847,462
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,296,663.			
	b	Less: accumulated depreciation		4,738,580.	4,662,349.	10c	4,558,083
	11	Investments - publicly traded securities			4,062,313.	11	7,004,575
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	33)	98,602,113.	16	268,872,217
	17	Accounts payable and accrued expenses		848,697.	17	1,546,809	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offic	cer, director,			
≣		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X	167 407		156 155
		of Schedule D			167,427.		156,155
	26	Total liabilities. Add lines 17 through 25			1,016,124.	26	1,702,964
တ္ဆ		Organizations that follow FASB ASC 958, che	eck her	e ▶ 🔼			
nce		and complete lines 27, 28, 32, and 33.			47 131 CAE		154 000 250
ala	27				47,131,645.	27	154,928,359
В В	28	Net assets with donor restrictions			50,454,344.	28	112,240,894
<u>-</u>		Organizations that do not follow FASB ASC 9	958, che	eck here 🕨 📖			
o -		and complete lines 29 through 33.					
ste	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			07 505 000	31	267 160 252
ž	32	Total net assets or fund balances			97,585,989.	32	267,169,253
	33	Total liabilities and net assets/fund balances .			98,602,113.	33	268,872,217

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)		821,91		
2	Total expenses (must equal Part IX, column (A), line 25)		652,39		
3	Revenue less expenses. Subtract line 2 from line 1	3	169,51		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	97,58		
5	Net unrealized gains (losses) on investments	5	6	8,9	28.
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	267,16	9,2	53.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public** Inspection

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

Pa	rt I	Reason for Public (	Charity Status. (	All organizations must o	omplete th	nis part.) S	See instructions.					
he	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, o	heck only	one box.)						
1		A church, convention of ch	•	•	•	•						
2	$\overline{\Box}$	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
	$\Box$	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .										
3	H	• • • • • • • • • • • • • • • • • • • •										
4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . 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 gov	vernment or governn	nental unit described in	section 17	<sup>7</sup> 0(b)(1)(A)	(v).					
7	X	An organization that norma	lly receives a substa	ntial part of its support t	rom a gov	ernmental	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)									
8		A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org				ed in conju	ınction with a land-grant	college				
		or university or a non-land-g				-	-	-				
		university:	, and comege or agine				,,	,5 5.				
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sun	nort from (	contributio	one membershin fees a	nd gross receipts from				
		activities related to its exen	•	•				-				
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ilred by the organization	after June 30, 1975.				
		See <b>section 509(a)(2).</b> (Cor										
11	$\square$	An organization organized a	· ·	•	-							
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or				
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in				
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.					
а			nization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving /				
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting				
		organization. You must c	omplete Part IV, Se	ections A and B.								
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving				
		control or management o	•					-				
		organization(s). You mus										
_		Type III functionally inte			in connec	tion with	and functionally integrat	ed with				
Ŭ		its supported organization					•	od with,				
٨		Type III non-functionally		•				ization(s)				
u							• • • • • •					
		that is not functionally int	-	-	-		•	iveriess				
		requirement (see instructi	·	-								
е		☐ Check this box if the orga					a Type I, Type II, Type III					
_		functionally integrated, or		nally integrated support	ing organiz	zation.						
t		er the number of supported of										
g		vide the following information		` '	(iv) Is the orga	nization listed	(1) American of more actions	(vi) Amount of other				
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
		Organization		àbove (see instructions))	Yes	No	support (see instructions)	support (see instructions)				

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

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

Sec	ction A. Public Support	· · ·	•	,					
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	.,		
	membership fees received. (Do not								
	include any "unusual grants.")	595,626,534.	572,931,606.	588,380,085.	585,910,314.	819,129,261.	3161977800.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
	Total. Add lines 1 through 3	595,626,534.	572,931,606.	588,380,085.	585,910,314.	819,129,261.	3161977800.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,						455000540		
_	column (f)						1558292510.		
	Public support. Subtract line 5 from line 4.						1603685290.		
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total		
	Amounts from line 4	(a) 2016 595,626,534.	<b>(b)</b> 2017 572,931,606.	(c) 2018 588,380,085.	(d) 2019 585,910,314.	(e) 2020 819,129,261.	(f) Total 3161977800.		
	Gross income from interest,	333,020,334.	372,331,000.	300,300,003.	303,310,314.	015,125,201.	3101377000.		
0	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	83,040.	117,433.	158.206.	112,162.	223,224.	694,065.		
a	Net income from unrelated business	33,010		200,2000		223,221	032,0001		
·	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	124,470.	151,599.	37,609.	5,521.	82,521.	401,720.		
11	<b>Total support.</b> Add lines 7 through 10						3163073585.		
12		etc. (see instructi	ons)			12 12	,409,856.		
13	First 5 years. If the Form 990 is for th					501(c)(3)			
	organization, check this box and stop	here					<u></u>		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
	Public support percentage for 2020 (I					14	50.70 %		
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	47.95 %		
16a	33 1/3% support test - 2020. If the o	•		•		•			
	stop here. The organization qualifies								
b	33 1/3% support test - 2019. If the o	-							
	and <b>stop here.</b> The organization qual								
17a	10% -facts-and-circumstances tes	-							
	and if the organization meets the fact				· ·	VI how the organiz	ation		
	meets the facts-and-circumstances to	· ·	•	• • • •	•				
b	10% -facts-and-circumstances tes	-					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								
40	organization meets the facts-and-circle		-				<b>_</b>		
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	a, 160, 1/a, or 1/b	o, cneck this box a	ına see instruction:	s		

#### 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.)

Galledar year (or fiscal year septiming in)    Galledar year (or fiscal	Sec	tion A. Public Support	now, please com	piete Part II.)				
1 Giffs, grants, contributions, and membership feet received. (Do not include any "unusual grants.") 2 Gross eneights from admissions, merchandise acid or services per formed, or facilities turnished in any activity that is related to the organization's trave-empt purpose 3. Gross neceipts from activities that are not an unrelated trade or business under section 513. 4 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf. 6 Total. Add lines 1 through 5. 7 A mounts included on lines 1, 2, and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons that second to gratues of 18,000 or 1% of the annual received and annual received annu		· · · · · · · · · · · · · · · · · · ·	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
membership fees received. (Do not include any trustal grants?)  2 Gross receipts from admissions, membranding sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization is transpared to or expended on its behalf  5 The value of services or scalities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf  6 Total. Add lines 1 through 5		· ` ` ` · · · · · · · · · · · · · · · ·	(-, -5.5	(-,,	(-, 25.5	(=, ==:=	\-,	(-)
include any *unusual grants*)  2 Gross recipits from admissions, merchandies sold or services per formed, or facilities furnished in any activity that is related to the organization's trave-empt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's trave-empt purpose  5 The value of services or facilities furnished by a governmental unit to the organization's benefit and offitting the properties of		, ,						
2 Gross receipts from admissions, merchandles sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues leviet for the organization's benefit and either paid to or expanded on its behalf to every period of the behalf of the paid to or expanded on its behalf to the organization without charge 6 Total. Add lines 1 through 5  7 Ta waute of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5  7 a Amounts included on lines 1, 2, and 3 received from disqualified persons but a service of the paid of th								
merchandise sold or services per- formed, or facilities furnished in  any activity that is related to the  organization's traveweriph purpose  3. Gross receipts from activities that  are not an unrelated trade or bus- iness under section 513.  4. Tax revenues levied for the organization's benefit and either paid to  or expended on its behalf  5. The value of services or statities  furnished by a governmental unit to  the organization without charge  6. Total. Add lines 1 through 5.  7. A mounts included on lines 1, 2, and  3. received from disqualified persons  b. Amounts included on lines 1, 2, and  3. received from disqualified persons  b. Amounts included on lines 1, 2, and  3. received from disqualified persons  b. Amounts included on lines 1, 2, and  3. received from disqualified persons  b. Amounts include on lines 2 and 7 served  from the first of the pay  6. Add lines 7 and 7 b.  8. Public support, secretal solution  9. Amounts fortion line 6.  10. Gross income from interest,  dividendis, payments received on  and income from similar sources  b. Unrelated business tzable income  (less section 5.1 laxes) from businesses  acquired after June 30, 1975  9. Add lines 10a and 10b  11. Net income from unrelated business  whether or not the business is  regulatly carried on  12. The First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization,  critical  15. The Sylvaried on  16. Sylvaried on  17. Pist 5 years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization,  critical  16. Sylvaried  17. Investment income percentage for 2020 (line 16, column (f), divided by line 13, column (f))  18. Sylvaried  19. Public support percentage for 2020 (line 16, column (f), divided by line 13, and line 16 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  In the lines 16 i		, , , , , , , , , , , , , , , , , , ,						
any activity that is related to the organization is tax-exempt purpose of congruents from activities that are not an unrelated trade of business under section 513  1 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total, Add lines 1 through 5  7 a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons that one or the service of the service		•						
origanization's tax-exempt purpose 3 Cross recepts from activities that are not an unrelated trade or bus- iness under section 513 4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A mounts included on lines 1, 2, and 3 received from disqualified persons b Amonita included on lines 2 and 3 received trom other than decapitately persons b Amonita included on lines 2 and 3 received trom other than decapitately persons b A mounts included on lines 2 and 3 received trom other than decapitately persons b A received from disqualified persons b A received from disqualifie		*						
3. Gross receipts from activities that are not an unvested trade or business under section 513  4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5. The value of services or facilities furnished by a governmental unit to the organization without charge  6. Total. Add lines 1 through 5.  7. a Amounts included on lines 1, 2, and 3 received from disqualified persons  1. Amounts included on lines 3 and 3 received from disqualified persons  1. Amounts included on lines 3 and 3 received the services of the se								
are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 8 A mounts included on lines 1, 2, and 3 received from disqualified persons but have been serviced by a service of the service of th		· · · · •						
Interest under section 513 4 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Add lines 1 through 5		•						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5		5						
ization's benefit and either paid to or expended on its behalf  5. The value of services or facilities furnished by a governmental unit to the organization without charge  6. Total. Add lines 1 through 5.  7. A Amounts included on lines 1, 2, and 3 received from disqualified persons  1. Amounts included on lines 2 and 3 received from disqualified persons  1. Amounts included on lines 2 and 3 received from other than 10 to the year and sealing persons that sealing the sealing persons the sealing that sealing the sealing persons the sealing that sealing the sealing persons the sealing that sealing the seali								
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### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

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

1		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	14		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	•		
	8		
	3		
	9a		
	Ju		
	9b		
	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ	2020

Pa	rt IV   Supporting Organizations (continued)		- 10	ago <b>o</b>
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	140
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1.15		
·	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	1.0		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•	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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	and or type it dapper unity or game and its		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	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).	1		
Sec	tion D. All Type III Supporting Organizations			
	aon 217 m Typo m oupporting organizationo		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
Ü	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.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below</i> .	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			-110
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
_	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b				
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integra	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ıed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	ns	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.	3		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

	li S	ne 1; l Sectio	Part I n D, li	V, Sect	ion D, I	ines	2 and 3	3; Part	5a, 6, 9a IV, Section tion E, lin	on E, I	ines 1c,	2a, 2b,	3a, and	1 3b; I	Part V, I	ine 1;	; Part V	, Sect	ion B,	line 1e;	Part V,	
Part	ΙI	, s	ect	tion	В,	Li	ine	10:														
Other	i	nco	me	inc	1ude	es	inc	ome	from	n mi	scel	llan	eous	re	venu	ıe	and	gr	oss			
incom	ne	fro	m i	fund	rais	sir	ng e	ven	ts.													
																						_

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

0000

Employer identification number

**2020** 

OMB No. 1545-0047

MAP International, Inc. 36-2586390 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,

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

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 \_\_\_\_\_\_ 🕨 \$ \_

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

literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

### MAP International, Inc.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$_145,322,300 <b>.</b>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>113,104,161.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d)
3	Name, address, and ZIP + 4	\$ 57,330,771.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 54,995,011.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 46,369,421.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4	* 38,062,457.	Person Payroll Noncash (Complete Part II for noncash contributions.)

## MAP International, Inc.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 7	Name, address, and ZIP + 4	\$ 32,751,018.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 29,026,448.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 28,346,120.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	* *	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 21,847,049.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	realite, additions, and all TT	\$ 19,725,780.	Person Payroll Noncash  (Complete Part II for noncash contributions.)

### MAP International, Inc.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$ <u>18,807,172</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ <u>17,200,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 16,482,188.	Person Payroll Noncash X  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, audress, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

### MAP International, Inc.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Medicines and Medical Supplies	_	
1		_	
		\$ <u>145,322,300</u> .	09/30/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	Medicines and Medical Supplies	_	
		\$_113,104,161.	09/30/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Medicines and Medical Supplies	_	
3		_	
		\$ 57,330,771.	09/30/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	Medicines and Medical Supplies	_	
		\$\$\$\$\$\$\$	09/30/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	Medicines and Medical Supplies	_	
		\$ 46,369,421.	09/30/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	Medicines and Medical Supplies		
			09/30/21

## MAP International, Inc.

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
7	Medicines and Medical Supplies	_	
		\$\$32,751,018.	09/30/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	Medicines and Medical Supplies	_	
		\$29,026,448.	09/30/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	Medicines and Medical Supplies	_	
			09/30/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	Medicines and Medical Supplies	_	
		\$ 22,729,570.	09/30/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	Medicines and Medical Supplies	-	
		\$ <u>21,847,049</u> .	09/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
12	Medicines and Medical Supplies		
		_ s <u>19,725,780.</u>	09/30/21

# MAP International, Inc.

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
12	Medicines and Medical Supplies		
13			
		\$ 18,807,172.	09/30/21
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
	Medicines and Medical Supplies		
<u> 15</u>			
		\$ 16,482,188.	09/30/21
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
(-)			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)		(c)	
No. from Part I	(b)  Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
3453 11-29		\$	90 990-F7 or 990-PF) (2

Name of organization

MAP International, Inc.

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.

	Use duplicate copies of Part III if additional s	space is needed.	less for the year. (Enter this info. once.)
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-   ·		(e) Transfer of gif	
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, an	(e) Transfer of gif	t  Relationship of transferor to transferee
No.	#ND 4.77		
<del>'t' </del>	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	it
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—   :  -		(e) Transfer of gif	<del></del>
	Transferee's name, address, an	d <b>Z</b> IP + 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 Open to Public Inspection

Name of the organization

MAP International, Inc.

Employer identification number 36-2586390

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•			0/1-1/41/171/21
8	Does each conservation easement reported on line 2(d) above	•	
^	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	lote to the organization's linancial stater	nents that describes the
Par	organization's accounting for conservation easements.  † III Organizations Maintaining Collections or	f Δrt Historical Treasures or (	Other Similar Assets
· ui	Complete if the organization answered "Yes" on Form		other emmar 7,000to.
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ıu	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final	, ,	•
h	If the organization elected, as permitted under FASB ASC 95		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	o oximplicity, cadeation, or recognitivities	anoranoe or pasite service,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>L</b> .
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		g, p. 5 g
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her Similar	Assets(continued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that mak	e significant us	e of its
	collection items (check all that apply):					
а	Public exhibition	d	Loan or exc	hange program		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explain	n how they further t	ne organization's e	xempt purpose	e in Part XIII.
5	During the year, did the organization solicit o					
	to be sold to raise funds rather than to be ma		•			Yes No
Pai	t IV Escrow and Custodial Arran					
	reported an amount on Form 990, Par	-	· ·		·	, ,
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets r	not included	
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			
		•	-			Amount
С	Beginning balance				1c	
	Additions during the year					
	Distributions during the year					
f	Ending balance					
	Did the organization include an amount on Fo					Yes No
	If "Yes," explain the arrangement in Part XIII.				•	
Pai						
	·	(a) Current year	(b) Prior year	(c) Two years back	1	rs back (e) Four years back
1a	Beginning of year balance	3,775,170.	3,775,170.	, ,		
	Contributions	, , ,	, , .	, ,	,	, , , , , ,
	Net investment earnings, gains, and losses	285,849.	18,957.	131,239	61	,144. 56,885.
	Grants or scholarships		2,545.	· · · · · · · · · · · · · · · · · · ·	+	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Other expenditures for facilities		2,010.	2,020	+	
C		285,849.	16,412.	128,624	61	56,885.
	and programs	203,043.	10,412.	120,02	01	,111. 30,003.
	Administrative expenses	3,775,170.	3,775,170.	3,775,170	3,775	3,775,170.
	End of year balance				3,773	,170. 3,773,170.
2	Provide the estimated percentage of the curr	• 0 0 0 0		i)) rieiu as.		
	Board designated or quasi-endowment ►  Permanent endowment ► 100.0000		_%			
		%				
С		-				
0-	The percentages on lines 2a, 2b, and 2c sho	•				·
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are neid a	na aaministerea t	or the organizati	
	by:					Yes No 3a(i) X
	(i) Unrelated organizations					(-7)
	(ii) Related organizations					(/
	If "Yes" on line 3a(ii), are the related organiza					3b
Do:	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.			
Pai			Death W. Beer 44 - 6	F	V 15 40	
	Complete if the organization answered					
	Description of property	(a) Cost or ot			Accumulated	(d) Book value
		basis (investm	,	,	depreciation	305 001
	Land			5,081.	700 025	305,081.
	Buildings		3,65	0,098. 1	,790,035	3,860,063.
	Leasehold improvements			<u> </u>	605 605	7 220 405
	Equipment				,605,607	
	Other			6,452.	342,938	
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part 🤉	X, column (B), line 1	0c.)		<b>4</b> ,558,083.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 MAP Interna	tional, Inc	. 36	-2586390 Page
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 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 en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	Faura 000 David IV/ II	in a 11 d. Con Forms 000, Dort V. line 15	
Complete if the organization answered "Yes"	Description	ne 11d. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) Dook value
(1)			
(2)			
(3)			
(4) (5)			
(5) (6)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15 )		
Part X Other Liabilities.	<i>c 10.</i> /		
Complete if the organization answered "Yes"	on Form 990 Part IV li	ine 11e or 11f See Form 990 Part X line 25	5
1. (a) Description of liability		110 110 01 1111 000 1 0111 000, 1 arr 7, 1110 20	(b) Book value
(1) Federal income taxes			
(2) Annuity Reserve Payable			145,463
(3) Deferred Rent Liability			10,692
(4)			
(5)			
(6)			

1.	(a) Description of liability			
(1)	Federal income taxes			
(2)	Annuity Reserve Payable	145,463.		
(3)	Deferred Rent Liability	10,692.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	156,155.		

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.

032054 12-01-20

Schedule D (Form 990) 2020

#### 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 for instructions and the latest information.

2020
Open to Public Inspection

Name of the organization

**Employer identification number** 

MAP International, Inc.

Part I General Infor	mation on A	ctivities Ou	tside the United States. Comple	ete if the organization answered '	'Yes" on
Form 990, Part IV	/, line 14b.				
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance? X	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance ou	tside the
United States.					
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is n	needed.)	
(a) Region	(b) Number of		(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)	describe specific type of service(s) in the region	investments
		in the region	recipients located in the region)	or service(s) in the region	in the region
			Grants for the purpose of		
Central America and			providing assistance to		
the Caribbean	0	0	beneficiaries in the region		359,942,406.
			Grants for the purpose of		
East Asia and the			providing assistance to		
Pacific	0	0	beneficiaries in the region		4,847,684.
			Grants for the purpose of providing assistance to		
T	0	,	[		1 600 405
Europe	0	0	beneficiaries in the region		1,690,495.
			Grants for the purpose of		
Middle East and			providing assistance to		
North Africa	0	0	beneficiaries in the region		2,268,628.
					2,200,020.
			Grants for the purpose of		
			providing assistance to		
North America	0	0	beneficiaries in the region		669,484.
					<u> </u>
			Grants for the purpose of		
Russia and the Newly			providing assistance to		
Independent States	0	0	beneficiaries in the region		17,381,092.
			Grants for the purpose of		
			providing assistance to		
South America	0	0	beneficiaries in the region		50,802,348.
			Grants for the purpose of		
			providing assistance to		
South Asia	0		beneficiaries in the region		6,417,629.
3 a Subtotal	0	С			444,019,766.
<b>b</b> Total from continuation					
sheets to Part I	0	С			191,536,669.
c Totals (add lines 3a					
and 3b)	0	C			635,556,435.

Part I Continuation	n of Activitie		<b>n.</b> (Schedule F (Form 990), Part I, line 3	30-23003	Page 1
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0		Grants for the purpose of providing assistance to beneficiaries in the region		191 224 474
Sub-Sanaran Airica	0	0	beneficiaries in the region		191,224,474.
South America	0	0	Program Services	Health Promotion & Community Development	263,179.
Sub-Saharan Africa	0		Program Services	Health Promotion & Community Development	49,016.
Sub-Saliarali Arrica	0	U	FIOGRAM SELVICES	Community Development	49,010.
Totals					191,536,669.

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>(b)</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					Medicines and	Fair market
		and the Caribbean	General Support	0.		244,687,284.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.			Medical Supplies	value
			- <del>-</del>			, , , = .		
		Central America and the Caribbean	Conoral Cupport	0.			Medicines and	Fair market value
		and the Caribbean	General Support	0,		19,744,774.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		17,955,508.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		17,274,539.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.			Medical Supplies	value
		Central America and the Caribbean	Conoral Cupport	0			Medicines and	Fair market
		and the Caribbean	general subboic	0.		11,054,590.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		4,808,305.	Medical Supplies	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	
3	Enter total number of other organizations or entities	

Schedule F (Form 990) 2020

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Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		1,058,306.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		1,023,801.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		488,613.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		431,531.	Medical Supplies	value
						•		
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		271.430.	Medical Supplies	value
						,		
		Central America and the Caribbean	General Support	0.		263 071	Medicines and Medical Supplies	Fair market value
			conclui support			200,072.	Jacob Supplies	
		Central America and the Caribbean	Conoral Cupport	0.		236 486	Medicines and Medical Supplies	Fair market value
		and the carribbean	Scherar Buppore			250, 400.	Hedredi Buppiles	Varue
		Central America	Gamana 1 Gun			167 000	Medicines and	Fair market
		and the Caribbean	General Support	0.		107,883.	Medical Supplies	value
		Central America	_				Medicines and	Fair market
		and the Caribbean	General Support	0.		148,555.	Medical Supplies	value

Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1 age
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Pagion	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		47,574.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		147,294.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		108,861.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		99,350.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		85,284.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		85,050.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		51,064.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		46,064.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		43,308.	Medical Supplies	value

Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	. (Schedule F (Form 9	990), Part II, line	1)	i age
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Pagion	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		38,092.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		36,665.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		29,511.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		26,035.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		23,934.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		21,683.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		19,860.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		15,234.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		12,198.	Medical Supplies	value

chedule F (Form 990)	TITAL 1		· , IIIC •		<u> </u>	00370		Page
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</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, FN appraisal, other)
		Central America				11 225	Medicines and	Fair market
		and the Caribbean	General Support	0.		11,335.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		10,730.	Medical Supplies	value
		Central America and the Caribbean	Conoral Cupport	0.		0 865	Medicines and Medical Supplies	Fair market value
		and the caribbean	General Support	0.		9,003.	medical supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		9,516.	Medical Supplies	value
		Central America and the Caribbean	Conoral Cupport	0.		8 723	Medicines and Medical Supplies	Fair market value
		and the caribbean	General Support	0.		0,723.	medical supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		8,061.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		7 771	Medical Supplies	value
			The state of the s			,,,,,		
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		6,469.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		5 836	Medical Supplies	value

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	. (Schedule F (Form 9	990), Part II, line	1)	1 age
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		5,604.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		9,202.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		13,702.	Medical Supplies	value
		Central America and the Caribbean	Conoral Cupport	0.		0 520	Medicines and Medical Supplies	Fair market value
		and the Calibbean	General Support	0.		9,550.	medical supplies	value
		Central America and the Caribbean	General Support	0.		15,519.	Medicines and Medical Supplies	Fair market value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		11,363.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		7,188.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		20,589.	Medical Supplies	value
		Central America	Conoral Curport	0.		16 202	Medicines and	Fair market
		and the Caribbean	Peneral Subbonc	<u> </u>		10,203.	Medical Supplies	value

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	. (Schedule F (Form 9	990), Part II, line	1)	ı age
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		9,462.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		8,934.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		6,300.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		32,939.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		25,650.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		24,863.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		21,260.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		13,307.	Medical Supplies	value
		Central America					Medicines and	Fair market
		and the Caribbean	General Support	0.		11,086.	Medical Supplies	value

MAP International, Inc.

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside th	e United States.	. (Schedule F (Form 9	990), Part II, line	1)	r age
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		East Asia and the					Medicines and	Fair market
		Pacific	General Support	0.		2,235,915.	Medical Supplies	value
		East Asia and the					Medicines and	Fair market
		Pacific	General Support	0.		1,323,006.	Medical Supplies	value
		East Asia and the					Medicines and	Fair market
		Pacific	General Support	0.			Medical Supplies	value
		East Asia and the					Medicines and	Fair market
		Pacific	General Support	0.			Medical Supplies	
		East Asia and the					Medicines and	Fair market
		Pacific	General Support	0.			Medical Supplies	value
							Medicines and	Fair market
		Europe	General Support	0.		1,624,031.	Medical Supplies	value
							Medicines and	Fair market
		Europe	General Support	0.			Medical Supplies	value
		Middle East and					Medicines and	Fair market
		North Africa	General Support	0.		330,954.	Medical Supplies	value
		Middle East and					Medicines and	Fair market
		North Africa	General Support	0.			Medical Supplies	

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	ı age i
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		Middle East and					Medicines and	Fair market
		North Africa	General Support	0.		240,954.	Medical Supplies	value
		Middle East and					Medicines and	Fair market
		North Africa	General Support	0.		224,005.	Medical Supplies	value
		Middle East and					Medicines and	Fair market
		North Africa	General Support	0.		195,089.	Medical Supplies	value
		Middle East and					Medicines and	Fair market
		North Africa	General Support	0.		176,403.	Medical Supplies	value
		Middle East and					Medicines and	Fair market
		North Africa	General Support	0.		169,267.	Medical Supplies	value
		Middle East and					Medicines and	Fair market
		North Africa	General Support	0.		166,107.	Medical Supplies	value
		Middle East and					Medicines and	Fair market
		North Africa	General Support	0.		17,688.	Medical Supplies	value
		Middle East and					Medicines and	Fair market
		North Africa	General Support	0.		8,793.	Medical Supplies	value
		Middle East and					Medicines and	Fair market
		North Africa	General Support	0.		7,194.	Medical Supplies	value

Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
							Medicines and	Fair market
		North America	General Support	0.		404,337.	Medical Supplies	value
							Medicines and	Fair market
		North America	General Support	0.		89,991.	Medical Supplies	value
							Medicines and	Fair market
		North America	General Support	0.		86,724.	Medical Supplies	value
							Medicines and	Fair market
		North America	General Support	0.		26,561.	Medical Supplies	value
							Medicines and	Fair market
		North America	General Support	0.		8,142.	Medical Supplies	value
		Vanish Amandan	G1 G				Medicines and	Fair market
		North America	General Support	0.		8,061.	Medical Supplies	value
		South Asia	General Support	0.			Medicines and Medical Supplies	Fair market value
		boden Asia	General Support	· · ·		10,103.	medical Supplies	varue
		South Asia	General Support	0.			Medicines and Medical Supplies	Fair market value
						_,,_,		
							Medicines and	Fair market
		South Asia	General Support	0.			Medical Supplies	

MAP International, Inc.

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Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or	Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(0	l) 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, FN appraisal, other)
		L	_					Medicines and	Fair market
		South Asia	General	Support	0.		191,673.	Medical Supplies	value
								Medicines and	Fair market
		South Asia	General	Support	0.		106,509.	Medical Supplies	value
								Medicines and	Fair market
		South Asia	General	Support	0.		34 607.	Medical Supplies	value
								Medicines and	Fair market
		South Asia	General	Support	0.		17,439.	Medical Supplies	value
								Medicines and	Fair market
		South Asia	General	Support	0.		6,182.	Medical Supplies	value
		Russia and the						W- 41 - 1 4	7-4
		Newly Independent States	General	Support	0.		14 308 029	Medicines and Medical Supplies	Fair market value
		beaces	benerar	Bupport	, ·		14,500,025.	Hedredi Buppiles	Varue
		Russia and the							
		Newly Independent						Medicines and	Fair market
		States	General	Support	0.		2,731,230.	Medical Supplies	value
		Buggia and the							
		Russia and the Newly Independent						Medicines and	Fair market
		States	 General	Support	0.		7,550.	Medical Supplies	value
							,		
		Russia and the							
		Newly Independent						Medicines and	Fair market
		States	General	Support	0.		110,699.	Medical Supplies	value

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Part II	Continuation of	Grants and Other	Assistance to Organiza	itions or E	ntities Outside the	United States.	Schedule F (Form 9	990), Part II, line	1)	<del>1</del>
1		(b) IRS code section		(d)	Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name o	of organization	and EIN (if applicable)	(c) Region	(-,	grant	1	cash disbursement	non-cash	of non-cash	valuation (book, FMV,
		and Env (ii applicable)			grant	Or Casir grant	Casii disbuisement	assistance	assistance	appraisal, other)
			Russia and the							
			Newly Independent						Medicines and	Fair market
				0	Cummant	0.			Medical Supplies	1
			States	General	suppor c	0.		28,500.	medical supplies	value
			Russia and the							
			Newly Independent						Medicines and	Fair market
			States	General	Support	0.		13,162.	Medical Supplies	value
			Russia and the							
			Newly Independent						Medicines and	Fair market
				General	Support	0.			Medical Supplies	value
			beaces	General	Баррогс	٠.		3,011.	medical supplies	Value
									Medicines and	Fair market
			South America	General	Support	0.		49,483,437.	Medical Supplies	value
									Medicines and	Fair market
			South America	General	Support	0.		302 526.	Medical Supplies	value
			700011 11111011100	55115141	246626			002,020.	nourour supplies	
										L
				_		_			Medicines and	Fair market
			South America	General	Support	0.		218,217.	Medical Supplies	value
									Medicines and	Fair market
			South America	General	Support	0.		103,611.	Medical Supplies	value
								,		
									Medicines and	Fair market
			Couth Amorrica	Conoma 1	Cupport	_				
			South America	General	support	0.		/5,/17.	Medical Supplies	value
									Medicines and	Fair market
			South America	General	Support	0.		71,427.	Medical Supplies	value

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
							Medicines and	Fair market
		South America	General Support	0.		57,047.	Medical Supplies	value
							Medicines and	Fair market
		South America	General Support	0.		382,806.	Medical Supplies	value
							Medicines and	Fair market
		South America	General Support	0.		38,444.	Medical Supplies	value
							Medicines and	Fair market
		South America	General Support	0.		17,251.	Medical Supplies	value
							Medicines and	Fair market
		South America	General Support	0.		10,285.	Medical Supplies	value
							Medicines and	Fair market
		South America	General Support	0.		9,135.	Medical Supplies	value
							Medicines and	Fair market
		South America	General Support	0.		7,035.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		9,089.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		8,486.	Medical Supplies	value

Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
I a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		14,069.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		14,069.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		7,168.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		3/9,/14.	Medical Supplies	value
		Sub-Saharan Africa	General Support	0.			Medicines and Medical Supplies	Fair market value
						,		
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		5,167.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		1,595,054.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		19,619,943.	Medical Supplies	value
		Sub-Saharan		_			Medicines and	Fair market
		Africa	General Support	0.		30,016.	Medical Supplies	value

MAP International, Inc.

Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		94,374.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		5,532.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		3,036,389.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		18,033.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		63,461.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		4,284,943.	Medical Supplies	value
		Sub-Saharan Africa	General Support	0.			Medicines and Medical Supplies	Fair market value
		AIIICa	General Support	0.		23,002.	medical Supplies	value
		Sub-Saharan Africa	General Support	0.			Medicines and Medical Supplies	Fair market value
				· · ·		2,112.	Zappilob	
		Sub-Saharan Africa	General Support	0.			Medicines and Medical Supplies	Fair market value

MAP International, Inc.

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Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</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, FN appraisal, other)
								L
		Sub-Saharan Africa	Gamanal Gummant			E7 3E7	Medicines and Medical Supplies	Fair market value
		AIFICA	General Support	0.		57,357.	medical supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		5,123,684.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		51 679.	Medical Supplies	value
						, , , , , ,		
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		96,435.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		1,835,369.	Medical Supplies	value
		Sub-Saharan	g			27.764	Medicines and	Fair market
		Africa	General Support	0.		37,764.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		8,507.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		3 791 743.	Medical Supplies	value
						,,,,		
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		636,544.	Medical Supplies	value

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		670,573.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		159,640.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		67,683.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		6,064,895.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		5,170.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		238,176.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		18,494.	Medical Supplies	value
		Sub-Saharan	Gamanal Guna				Medicines and	Fair market
		Africa	General Support	0.		7,079,898.	Medical Supplies	value
		Sub-Saharan	g			F 0.40	Medicines and	Fair market
		Africa	General Support	0.		5,849.	Medical Supplies	value

Part II Continuation of	t II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan					Medicines and	Fair market		
		Africa	General Support	0.		6,799.	Medical Supplies	value		
						•				
							L	L		
		Sub-Saharan Africa	General Support	0.			Medicines and Medical Supplies	Fair market value		
		Airica	General Support	0.	•	184,5/1.	medical Supplies	value		
		Sub-Saharan					Medicines and	Fair market		
		Africa	General Support	0.	,	107,833.	Medical Supplies	value		
		Sub-Saharan					Medicines and	Fair market		
		Africa	General Support	0.		21 611.	Medical Supplies	value		
						,				
		Sub-Saharan					Medicines and	Fair market		
		Africa	General Support	0.		1,416,115.	Medical Supplies	value		
		Sub-Saharan					Medicines and	Fair market		
		Africa	General Support	0.		123,040.	Medical Supplies	value		
		ank askanan					W- 41 -1 4	n		
		Sub-Saharan Africa	General Support	0.		13 536	Medicines and Medical Supplies	Fair market value		
		nii i ca	deneral bappore	<del> </del>	<u>'</u>	13,330.	realeal bappiles	Varue		
		Sub-Saharan					Medicines and	Fair market		
		Africa	General Support	0.		1,050,971.	Medical Supplies	value		
		Sub-Saharan					Medicines and	Fair market		
		Africa	General Support	0.		10,905.	Medical Supplies	value		

Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		27,252.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		14,650.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		6,621.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		33,915.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		27,123.	Medical Supplies	value
		Sub-Saharan Africa	General Support	0.			Medicines and Medical Supplies	Fair market value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.			Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		100,842.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		5,008.	Medical Supplies	value

MAP International, Inc.

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Part II	Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)		
1 (a) Nam	ne of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> 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.			Medicines and Medical Supplies	Fair market value	
			AIIICa	General Support	0.		3,922,401.	medical supplies	Value	
			Sub-Saharan					Medicines and	Fair market	
			Africa	General Support	0.		10,424,381.	Medical Supplies	value	
								[	L	
			Sub-Saharan	g				Medicines and	Fair market	
			Africa	General Support	0.		8,126,119.	Medical Supplies	value	
			Sub-Saharan					Medicines and	Fair market	
			Africa	General Support	0.		13,637.	Medical Supplies	value	
			Sub-Saharan					Medicines and	Fair market	
			Africa	General Support	0.		39,710.	Medical Supplies	value	
			Sub-Saharan					Medicines and	Fair market	
			Africa	General Support	0.		1,102,154.	Medical Supplies	value	
			Sub-Saharan	_	_			Medicines and	Fair market	
			Africa	General Support	0.		1,515,714.	Medical Supplies	value	
			Sub-Saharan					Medicines and	Fair market	
				General Support	0.			Medical Supplies	value	
			Sub-Saharan					Medicines and	Fair market	
			Africa	General Support	0.		32,913,315.	Medical Supplies	value	

MAP International, Inc.

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		13,007.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		8,274.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		6,337.	Medical Supplies	value
		Sub-Saharan	_	_			Medicines and	Fair market
		Africa	General Support	0.		79,722.	Medical Supplies	value
		Sub-Saharan Africa	Gamanal Gunnant	0.			Medicines and Medical Supplies	Fair market
		AIFICA	General Support	٠.		4,762,994.	medical supplies	value
		anh anh						Bala manlask
		Sub-Saharan Africa	General Support	0.		44,726,298.	Medicines and Medical Supplies	Fair market value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.			Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		38,506.	Medical Supplies	value
		Sub-Saharan					Medicines and	Fair market
		Africa	General Support	0.		33,978.	Medical Supplies	value

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Part II	Continuation o	f Grants and Other	Assistance to Organiza	tions or E	Intities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name	e of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d	Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Sub-Saharan						Medicines and	Fair market
			Africa	General	Support	0.		9,912.	Medical Supplies	value
			Sub-Saharan						Medicines and	Fair market
			Africa	General	Support	0.		14,960.	Medical Supplies	value
			South America	General	Support	44,376.	Wire	0.		
			South America	General	Support	218,793.	Wire	0.		
			Sub-Saharan							
			Africa	General	Support	49,014.	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	f additional space is neede	d.					
(a) Type of grant or assistance	<b>(b)</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)
	Central America					Medicines and Medical	
Health Promotion	and the Caribbean	15	0.		360,439.	Supplies	FMV
						Medicines and Medical	
Health Promotion	Europe	1	0.		5,974.	Supplies	FMV
	Middle East and				10.410	Medicines and Medical	
Health Promotion	North Africa	1	0.		10,410.	Supplies	FMV
						Medicines and Medical	
Health Promotion	North America	1	0.		38,808.	Supplies	FMV
	Russia and the Newly Independent					Medicines and Medical	
Health Promotion	States	3	0.		175,365.	Supplies	FMV
Health Promotion	South America	2	0.			Medicines and Medical Supplies	FMV
	Sub-Saharan					Medicines and Medical	
Health Promotion	Africa	28	0.		725,743.	Supplies	FMV

# Schedule F (Form 990) 2020 Part IV Foreign Forms

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

Schedule F (Form 990) 2020

### 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 monitors the activities and the use of grants through
periodic reviews of quarterly financial reports from the recipient
organization on the use of the grant. Grant recipients who receive over
\$50,000 in assistance also require periodic site visits to review program
activity and financial controls. Grant recipients who receive over
\$100,000 in assistance, in addition to the above, are also required to
provide independent audited financial statements to the Organization.
Part I, line 3:
The expenditures reported in Part I, Line 3, column (f) are reported
using the accrual method of accounting.

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

MAP International, Inc.

Employer identification number 36-2586390

	cernacional, inc.				30 2300	
Part I Fundraising Activities required to complete this pa	Complete if the organization answ	vered "Y	es" oı	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not
1 Indicate whether the organization ra	ised funds through any of the follow					
a X Mail solicitations			-	overnment grants		
<b>b</b> X Internet and email solicitation	s <b>f</b> Solicit	ation of	gover	nment grants		
c X Phone solicitations	g X Specia	al fundra	ising	events		
<b>d</b> X In-person solicitations						
2 a Did the organization have a written	or oral agreement with any individu	al (includ	ding o	fficers, directors, true	stees, or	
key employees listed in Form 990, I	Part VII) or entity in connection with	profess	ional f	undraising services?	X Yes	☐ No
<b>b</b> If "Yes," list the 10 highest paid ind	ividuals or entities (fundraisers) purs	suant to	agree	ements under which	the fundraiser is to b	oe .
compensated at least \$5,000 by the	e organization.					
(i) Name and address of individual		(iii)	Did	(iv) Gross receipts	(v) Amount paid	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	fundr have co or con	ustody trol of	from activity	to (or retained by) fundraiser	to (or retained by)
, , , , , , , , , , , , , , , , , , ,		contribu	itions?		listed in col. (i)	organization
Veritus Group, LLC - P.O. Box	Fundraiging Congulting	Yes	No	2 422 040	90 645	2 252 205
18294, Asheville, NC 28814 Meyer Partners, LLC - 8725	Fundraising Consulting	+	Х	3,433,940.	80,645.	3,353,295.
West Higgins Rd Suite #530,			17	246 555	000 045	650 300
vest Higgins Rd Suite #550,	Fundraising Consulting		Х	346,555.	998,945.	-652,390.
Total			<b>•</b>	3,780,495.	1,079,590.	2,700,905.
<b>3</b> List all states in which the organizati or licensing.	on is registered or licensed to solici	t contrib	utions	s or has been notified	d it is exempt from re	egistration
AL, AK, AZ, AR, CA, CO, CT,	DC.FL.GA.HI.IL.KS	.KY.	LA.	ME.MD.MA.M	I.MN.MS.MO	.NH.NJ.NM
NY, NC, OH, OK, OR, PA, RI,						7-17-17-1
· · · · · · · · · · · · · · · · · · ·	· · · · ·	-				

Schedule G (Form 990 or 990-EZ) 2020 MAP International, Inc. 36-2586390 Page 2 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 Bill Foege Patron Party None (add col. (a) through Awards Auction col. (c)) (event type) (event type) (total number) 169,500. 178,351. 1 Gross receipts 8,851. 169,500. 3,000. 172,500. 2 Less: Contributions 5,851. 5,851. 3 Gross income (line 1 minus line 2) ..... 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 114,006. 9 Other direct expenses 117,464 10 Direct expense summary. Add lines 4 through 9 in column (d) -111,613 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?

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

**b** If "No," explain:

**b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2020 MAP International, Inc. 36-	-2586	390	Page 3
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>b</b> An outside facility			%
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>b</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>b</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, I	ines 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 Fundraise	rg:		
beneatie of rare if him his or rem mignese rara ranaranse			
(i) Name of Fundraiser: Meyer Partners, LLC			
(1) Name of fundataiser. Reyer furthers, the			
(i) Address of Fundraiser:			
8725 West Higgins Rd Suite #530, Chicago, IL 60631			
Part I, Line 2b, Column (v):			
Pursuant to the written contract with Meyer Partners, LLC, the			
Organization paid Meyer Partners, LLC \$12,000 per month (\$132.0	JUU C	uri	nα

the tax year) in basic compensation for fundraising services. The

remaining \$866,945 in payments to Meyer Partners, LLC during the tax year

represent additional compensation payments for the digital creative

production of acquisition mailings (consisting of 1.2 million pieces of

mail sent to prospective donors), as well as related expense

reimbursements for print production, mailing list rental, and postage

expenses incurred in connection with the Organization's fundraising

activities.

#### Schedule G, Part II:

The Bill Foege 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 funds for this event were in the form of Sponsorship Donations sent directly to MAP. The event was held virtually in 2021 so there were no non-deductible portions of the donations.

The Patron Party Auction was an event held to promote and build awareness around MAP International. Friends of the Organization donated a variety of items that were then auctioned off with the Organization receiving the proceeds of the event.

#### SCHEDULE I (Form 990)

# **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 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

MAP International, Inc.

Employer identification number 36-2586390

Part I General Information on Grants a	nd Assistance	-						
Does the organization maintain records to	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	ty for the grants or as	sistance, and the selec	tion	
criteria used to award the grants or assis								
2 Describe in Part IV the organization's pro	ocedures for moni	toring the use of grant	funds in the United	d States.				
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	c Governments. C	omplete if the org	anization answered "	Yes" on Form 990, Part	t IV, line 21, for any	
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
Convoy of Hope						Medicines and		
330 S. Patterson Ave						Medical	Coronavirus Response and	
Springfield, MO 65810	68-0051386	501(c)(3)	0.	956,548.	FMV	Supplies	General Support	
ToolBank USA 3800 Camp Creek Pkwy, Bldg 2400 Ste	<b>;</b>					Medicines and Medical		
Atlanta, GA 30331	90-0386790	501(c)(3)	0.	189,497.	FMV	Supplies	Disaster Relief	
Project Hope 255 Carter Hall Ln Millwood, VA 22646	53-0242962	501(c)(3)	0.	171,401.	FMV	Medicines and Medical Supplies	Disaster Relief	
The Lodge at Bethany 77 Bethany Way Statesboro, GA 30458	58-2344742	501(c)(3)	0.	82,197.	FMV	Medicines and Medical Supplies	Coronavirus Response	
Save the Children 501 Kings Highway East Ste 400 Fairfield, CT 06825	06-0726487	501(c)(3)	0.	34,797.	FMV	Medicines and Medical Supplies	Coronavirus Response and Disaster Relief	
Coastal Community Health Services 106 Shppers Way Ste 1 Brunswick, GA 31515	46-1859206		0.	21,560.	<u> </u>	Medicines and Medical Supplies	Coronavirus Response and General Support	
<ul><li>2 Enter total number of section 501(c)(3) a</li><li>3 Enter total number of other organizations</li></ul>								

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mary Bryant Home for the Blind and						Medicines and	
isually Impaired - 2960 Stanton						Medical	
St - Springfield, IL 62703	37-0673464	501(c)(3)	0.	15,648.	FMV	Supplies	Coronavirus Response
Sthne Health						Medicines and	
122 E Ponce de Leon Ave Ste 5						Medical	
Clarkston, GA 30021	82-3920554	501(c)(3)	0.	9,125.	FMV	Supplies	General support
Tree of Life Healthcare						Medicines and	
340A Main St						Medical	
Hudson Falls, NY 12839	30-0791060	501(c)(3)	0.	8,832.	FMV	Supplies	General support
St. Joseph's/Candler Health						Medicines and	
System, Inc 1302 Drayton St -						Medical	
Savannah, GA 31401	58-2288758	501(c)(3)	0.	6,410.	EM7	Supplies	General support
Savaillaii, GA 51401	30-2200730	501(0)(3)	· ·	0,410.	FHV	Supplies	General support
Skylark						Medicines and	
3548 community Rd						Medical	
Brunswick, GA 31520	58-1967329	501(c)(3)	0.	6,011.	FMV	Supplies	General support
Bolingbrook Christian Health						Medicines and	
Center - 151 E Briarcliff Rd -						Medical	
Bolingbrook, IL 60440	36-4401468	501(c)(3)	0.	5,617.	FMV	Supplies	General support
- ,				,			
					1		

\$100,000 in assistance, in addition to the above, are also required to

provide independent audited financial statements to the Organization.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
art IV Supplemental Information. Provide the informa	tion required in Part I, lin	e 2; Part III, colum	n (b); and any other a	dditional information.	
art I, Line 2:					
ne Organization monitors the	activities a	nd the use	e of grants	through	
eriodic reviews of quarterly	financial re	ports from	m the recip	ient	
rganization on the use of the					
50,000 in assistance also req					
ctivity and financial control					

### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

► Attach to Form 990.

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

Open to Public

Name of the organization

Department of the Treasury

Internal Revenue Service

Part I

MAP International, Inc.

**Questions Regarding Compensation** 

Employer identification number 36-2586390

OMB No. 1545-0047

Inspection

			Yes	No			
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel  Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees						
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х				
2	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?	2	Х				
3	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.						
	X Compensation committee X Written employment contract						
	Independent compensation consultant  X Compensation survey or study						
	X Approval by the board or compensation committee						
4	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:						
а	a Receive a severance payment or change-of-control payment?						
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?							
С	c Participate in or receive payment from an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	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:						
а	The organization?	5a		Х			
	Any related organization?	5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:						
а	The organization?	6a		Х			
	Any related organization?	6b		Х			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Populations section 52 4059 6(a)2	0	1	l			

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

Schedule J (Form 990) 2020

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(U)	reported as deferred on prior Form 990
(1) Steven G. Stirling	(i)	257,300.	7,725.	55,775.	10,382.	14,084.	345,266.	0.
President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(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 additional benefit to be provided to the CEO 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 requirement/arrangement. The Organization's Executive Committee also approved an increase in taxable compensation to offset a portion of the tax burden associated with the housing allowance benefit. Both the housing allowance benefit and related gross-up payment were appropriately treated as additional reportable compensation to the CEO. These additional benefits, 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.

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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

Pai	rt I Types of Property				•				
		(a) Check if applicable	(b)  Number of contributions or items contributions	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	_	ts	
4	Art Marka of ort		literns contributed	Form 990, Part VIII, line 1g					
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		1.0	200 404					
9	Securities - Publicly traded	X	16	3/6,424.	Hi-Low Aver	age			
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	Х	105	791,166,114.	Estimated F	'MV			
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ( )								
26	·							-	
27	Other () Other ()								
28	Other ( )								
29	Number of Forms 8283 received by the organi	zation durin	a the tay year for e	contributions					
29	for which the organization completed Form 82						24		
	101 Which the organization completed 1 01111 02	.00, Fait V, L	Jonee Acknowledg	Jennent 29			Yes		
20-	During the year did the ergenization receive h	v oontributie	an any proporty rou	norted in Dort Library 1 through	ab 00 that it		res	No	
Sua	During the year, did the organization receive b								
	must hold for at least three years from the dat		•	•		00		Х	
	exempt purposes for the entire holding period	?				30a			
	o 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? 31 X								
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?					32a		X	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	ecked,				
	describe in Part II.								

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# **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

MAP International, Inc.

**Employer identification number** 36-2586390

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. 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

Name of the organization

MAP International, Inc.

Employer identification number 36-2586390

to take appropriate actions as required by the policy.

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

The compensation of the CEO is reviewed by the Executive Committee of the Board of Directors who do not have a conflict of interest with respect to the CEO. This independent Executive Committee utilizes comparability data and contemporaneously substantiates its deliberations and decisions.

Following the Executive Committee's review of the CEO's compensation, the Executive Committee recommends a compensation amount for the CEO to the Organization's full Board of Directors for approval. The CEO is responsible for setting the compensation of the Organization's other key executives. In setting such compensation, the CEO utilizes comparability data and contemporaneously substantiates his decisions.

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 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:

Noncash contributions ("gifts in-kind"), including donated

pharmaceuticals and medical supplies, are recognized as revenue at

their estimated fair value on the date the gifts are received. The

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

Organization only records the value of noncash contributions over which it exercises variance power. In general, the Organization's management estimates the fair value of donated pharmaceuticals using "wholesale acquisition cost, "listed in reference materials including the IBM Micromedex RED BOOK, a widely-used drug and pricing reference guide for the pharmaceutical industry in the United States. The Organization's Management may apply discounts to the prices in the 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 fair value. If prices for a particular item are not available in the RED BOOK, the Organization estimates fair value using other online pricing sources. The Organization considers the valuation practices used for noncash contributions to be consistent with industry standards. The Organization's policy is to distribute donated pharmaceuticals and medical supplies, and those items 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.

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

MAP International, Inc.	36-2586390
were contributed in a prior year that the Organization or	iginally
intended to distribute, but was unable to distribute to r	ecipients
prior to the Organization's internal expiration date, typ	ically 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 the	reof, assumes
responsibility for the oversight of the audit of its fina	ncial
statements and the selection of an independent accountant	. This
process has not changed from the prior year.	