			PUBLIC INSPECTION COPY		
	Q	90	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	m J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e		
Depa	artment	of the Treasury	Do not enter social security numbers on this form as it ma		Open to Public Inspection
		enue Service	► Go to www.irs.gov/Form990 for instructions and the late ar year, or tax year beginning OCT 1, 2021 and ending	SEP 30, 2022	
B	Check if	C Name of	organization	D Employer identif	
	applicab				
	Addre chang	ge MAP	International, Inc.		
	Name chang		usiness as	36-25863	
	returr   Final	1700	and street (or P.0. box if mail is not delivered to street address) Room/sui	te E Telephone numbe 800-225-	
	returr_ termi		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	637,787,188.
	ated Amer returr	nded Drunn	swick, GA 31525	H(a) Is this a group r	
			nd address of principal officer: Steven G Stirling	for subordinates	
	pend		as C above	H(b) Are all subordinates i	
11	Fax-ex	empt status: [	X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or 55		a list. See instructions
J١	Nebsi	ite: 🕨 WWW 🗤	map.org	H(c) Group exemption	on number 🕨
		of organization: 🗌	X Corporation Trust Association Other ▶ L Ye	ar of formation: 1965	<b>V</b> State of legal domicile: IL
Pa	art I	Summary			_
é	1	Briefly describ	e the organization's mission or most significant activities: Global Ch	ristian heal	th
anc			ation that works to save lives and pro		
ērn	2		x 🕨 🛄 if the organization discontinued its operations or disposed of mo	1	
Š	3		ting members of the governing body (Part VI, line 1a)		20
ø	4		lependent voting members of the governing body (Part VI, line 1b)		19 52
ties	5		of individuals employed in calendar year 2021 (Part V, line 2a)		237
Activities & Governance	6		of volunteers (estimate if necessary)		0.
Ao			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11		0.
		Net unrelated		Prior Year	Current Year
¢,	8	Contributions	and grants (Part VIII, line 1h)	819,129,261.	
Revenue	9		ce revenue (Part VIII, line 2g)	2,595,981.	
eve	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	222,081.	-126,021.
£	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-34,943.	-150,385.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	821,912,380.	
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	637,108,227.	720,327,510.
	14	Benefits paid t	to or for members (Part IX, column (A), line 4)	0.	
Se			r compensation, employee benefits (Part IX, column (A), lines 5-10)	3,993,926.	
Expenses			undraising fees (Part IX, column (A), line 11e)	1,079,590.	2,268,717.
ă	b		ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ 5, 320, 401.	10 01 0 001	20 120 000
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	10,216,301.	
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	652,398,044.	
<u></u>	19	Revenue less	expenses. Subtract line 18 from line 12		-131,596,110.
Net Assets or -und Balances		Tatal assats (	F	Beginning of Current Year 268,872,217.	End of Year 136,809,005.
Asse Ball	20	Total assets (F	Part X, line 16) (Part X, line 26)	1,702,964.	
Net /	21 22		fund balances. Subtract line 21 from line 20	267,169,253.	
	art II				
		-	I declare that I have examined this return, including accompanying schedules and state	ements, and to the best of m	ly knowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which prepa		/
		A Am	. Muzeur	5/15/202	3

Sign	tion ature of officer		Date									
Here	Jason A Merryman, Vice											
Type or print name and title												
Print/Type preparer's name Preparer's signature Date Check PTIN												
PaidKaylyn A. VarnumKaylyn VMMm04/19/23##												
Preparer	Firm's EIN ► 20-419	3611										
Use Only Firm's address 801 North Orange Avenue, Suite 800												
Orlando, FL 32801 Phone no.407-770-6000												
May the II	RS discuss this return with the preparer shown ab	ove? See instructions	Х. Үе	s No								
132001 12-0	9-21 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Forr	n <b>990</b> (2021)								

Filed electronically with the IRS on May 18, 2023

JUJ (2021)

	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?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
	(Code: )(Expenses \$ 683,214,450. including grants of \$ 655,133,363.) (Revenue \$ 2,490,48 Medicine and Health Supplies - In 2022, MAP International provided
	life-changing medicines and health supplies, positively impacting the
	lives of many. Working with 50 major partners, MAP provided medicine and health supplies in 86 countries. MAP International continued to
	grow and invest in its newer programs, including the Bringing Childre
	Health (BCH) initiative and the Domestic Medicines Program (DMP). MA
	expanded BCH to increase access to pediatric antibiotics, reaching mo
	than 324,000 children across 59 countries. MAP's DMP also grew in 202
	providing more than 167,000 treatments through 51 local free/charitab
	clinic partners across seven states (CA, TN, TX, GA, VA, IL, and AL).
	(Code:) (Expenses \$ 30,439,410. including grants of \$ 29,188,307. ) (Revenue \$ 110,95
	Community Health Development - In 2022, MAP's Community Health
	Development Programs reached more than 10,000 people across Bolivia, Liberia, and Indonesia. In collaboration with local partners in thes
	countries, MAP worked to improve health conditions through a robust
	mobile healthcare clinic (Indonesia), nutrition, immunization and
	vitamin provision for mothers and children (Bolivia), health system
	strengthening for Chagas disease (Bolivia), and access to clean water
	and improved housing for health protection (Liberia). MAP's Communit
	Health Development efforts build on existing local capacity to improv
	healthcare access and quality of care for vulnerable populations.
	(Code:)(Expenses \$ 37,549,164. including grants of \$ 36,005,840.) (Revenue \$ 136,87 Disaster Relief - MAP responded to multiple disaster relief efforts i
	2022, including Ukraine/Russia Conflict, Midwest Tornadoes, Kentucky
	Floods, and Hurricanes Fiona and Ian. MAP continued responses to
	COVID-19. Over 118,000 Disaster Health Kits were shipped to disaster
	and crises around the globe. MAP continued to ship personal protecti
	equipment globally to combat the spread of COVID-19. A total of 17
	countries were served with over \$37 million in aid.
	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
1	Total program service expenses ► 751, 203, 024.
-	
-	Form <b>990</b>

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

MAP International, Inc.

Part III Statement of Program Service Accomplishments

**1** Briefly describe the organization's mission:

Form 990 (2021)

36-2586390 Page 2

Form 990 (2021) 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)?		x	
2	If "Yes," complete Schedule A	1	X	<u> </u>
2	Did the organization equired to complete schedule b, schedule of commutors, see instructions	2		
0	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	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	114		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		x
10	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)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a h	Did the organization maintain an office, employees, or agents outside of the United States?	144		
, N	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	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. See instructions	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			x
<u> </u>	complete Schedule G, Part III	19		X
20a h	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Form **990** (2021)

 
 Form 990 (2021)
 MAP International,

 Part IV
 Checklist of Required Schedules (continued)
 Inc.

<ul> <li>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</li> <li>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>24d</li> <li>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i></li> <li>b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i></li> <li>25b X</li> <li>26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i></li> <li>26 X</li> <li>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</li> </ul>	x x x x
<ul> <li>Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>.</li> <li>Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No," go to <i>line 25a</i>.</li> <li>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</li> <li>Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>E5a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization is prior Forms 990 or 990-E2? <i>If</i> "Yes," <i>complete Schedule L, Part I</i></li> <li>Di the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i></li> <li>Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i></li> <li>Was the organization provide a grant or other assistance to any current or former officer, <i>Intector</i>, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i></li> <li>Yes," <i>complete Schedule L, Part IV</i></li> <li>Yes," <i>complete Schedule L, Part IV</i></li> <li>A family member of any of these persons? <i>If</i> "Yes," <i>comp</i></li></ul>	X X
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J     23     X       24a     Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes," answer lines 24b through 24d and complete Schedule K. If 'No," go to line 25a     24a     24b       b     Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24b     24c       c     Did the organization an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?     24c     24d       25a     Section 501(c)(3), 501(c)(24), 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       25     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       27     Did the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III     26       28     Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II     28a       29     Did the organization report any atmoustices, and was election committee member, or to a 35% controlled	x x x
Schedule J       23       X         24a       Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a       24a       X         b       Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?       24b       24a       X         c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?       24d       24d       24d         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?       24d       24d       24d       24d       24d         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person during the year? 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 fourder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       26       X	x x x
24a       Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a       24a       24a       24b         b       Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?       24b       24c       24b         c       Did the organization mest any proceeds of tax exempt bonds outstanding at any time during the year?       24c       24c       24c         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I       25a       25a         b       Is 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 I       26       27         28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II)       26       27         29       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II)       27       28         29       Did the organization a party to a business transaction with one of the following parties (see t	x x x
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Schedule K. If "No," go to line 25a       24a       24b         b       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b       24b         c       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       24d         d       Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d       24d         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I       25a       25a         b       Is 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       27         27       Did the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part III.       27       28         28       Was the organization report any individual described in line 28a? If "Yes," complete Schedule L, Part II.       28       28         29       A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part II.       28       28 <td>x x x</td>	x x x
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b         c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?       24c         d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d         25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?       25a         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       X         27       Did the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III)       26       X         28       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part III       26       X         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contribut	X X
c       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       24d         d       Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d       24d         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I       25a       25a         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-E2? If "Yes," complete Schedule L, Part I       25b       Xi         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       Xi         27       Did the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III)       26       Xi         28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III)       28       28a       Xi         28       A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.<	x x
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30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	7
	x
	X
<ul> <li>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "Yes," complete</li> </ul>	
Schedule N, Part II 32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	
	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	
Part V, line 1 34 2	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	
36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?         If "Yes," complete Schedule R, Part V, line 2       36	X
<ul> <li>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization</li> </ul>	-
	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	
Note: All Form 990 filers are required to complete Schedule O	
Part V Statements Regarding Other IRS Filings and Tax Compliance	_
Check if Schedule O contains a response or note to any line in this Part V	<u> </u>
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       52	0
1aEnter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a52bEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	
(gambling) winnings to prize winners?	

Form Par	990 (2021)       MAP International, Inc.       36-2586         t V       Statements Regarding Other IRS Filings and Tax Compliance (continued)	390	P	age <b>5</b>			
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		103				
24	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?	2b	х				
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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 Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
ou	any contributions that were not tax deductible as charitable contributions?						
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		X			
D		6b					
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00					
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	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 was required	70					
С		7c		x			
А		70					
	, , , , , , , , , , , , , , , , , , , ,	7e		x			
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		- 23			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>y</u> 7h					
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711					
0		8					
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0					
э а		9a					
		9a 9b					
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90					
10							
	Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b						
	Section 501(c)(12) organizations. Enter:						
11							
a h							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)						
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
а	Note: See the instructions for additional information the organization must report on Schedule O.	15a					
h	Enter the amount of reserves the organization is required to maintain by the states in which the						
b							
•	· · · · · · · · · · · · · · · · · · ·						
	Enter the amount of reserves on hand	140		X			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	ļ				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	46		x			
	excess parachute payment(s) during the year?	15					
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
-	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

Form **990** (2021)

Form	990	(2021)
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### MAP International, Inc.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	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	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on 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			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only	) availa	able
	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, and	d finar	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			

132006 12-09-21

See Schedule O for full list of states

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

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

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

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

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

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and titleAverage hours part week (list any hours bor index organizations used at electriviated index organizations used at electriviated index of electriviated index o	(A)	(B) (C)							(D)	(F)			
hours per week listary hours for listary hours for linehours per effect and a decombination officer and a decombination officer and a decombination from effect and a decombination from effect and a decombination from related organizations (W-2/1099-MISC/ 1099-NEC)compensation from related organizations (W-2/1099-MISC/ 1099-NEC)compensation from related organizations (W-2/1099-MISC/ 1099-NEC)amount of organizations (W-2/1099-MISC/ 1099-NEC)(1) Steven 6, Stirling President & CEO55.00XX315,719.0.25,651.(2) Jodd Allison55.00X131,545.0.14,137.(3) Jason A, Merryman (4) Timp Boatwright55.00X1002,367.0.32,674.(4) Timp Boatwright55.00X111,596.0.17,882.(5) Michael Eidem (7) Amanda Brayman (7) Amanda Brayman (7	Name and title	Average	Je Position		Reportable								
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(1) Steven G. Stirling       55.00       x       x       315,719.       0.       25,651.         (2) Jodi Allison       55.00       x       x       131,545.       0.       14,137.         (3) Jason A. Merryman       55.00       x       102,367.       0.       32,674.         (4) Timmy Boatwright       55.00       x       111,596.       0.       17,882.         (5) Michael Eidem       50.00       x       113,270.       0.       11,672.         (5) Michael Eidem       50.00       x       107,451.       0.       8,946.         (7) Amanda Brayman       50.00       x       107,451.       0.       0.       0.         (8) Susan Roeder       12.00       x       x       0.       0.       0.       0.         (9) Michael Knighton       2.00       x       x       0.       0.       0.       0.         (10) Linda Freeman       5.00       x       x       0.       0.       0.       0.         (11) Peter Limeri       2.00       x       x       0.       0.       0.       0.         (11) Peter Limeri       2.00       x       0.       0.       0.       0.       0. </td <td></td> <td>week</td> <td></td> <td>cer an</td> <td>dad</td> <td>irecto</td> <td>r/trus</td> <td>tee)</td> <td>from</td> <td>from related</td> <td>other</td>		week		cer an	dad	irecto	r/trus	tee)	from	from related	other		
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(1) Steven G. Stirling       55.00       x       x       315,719.       0.       25,651.         (2) Jodi Allison       55.00       x       x       131,545.       0.       14,137.         (3) Jason A. Merryman       55.00       x       102,367.       0.       32,674.         (4) Timmy Boatwright       55.00       x       111,596.       0.       17,882.         (5) Michael Eidem       50.00       x       113,270.       0.       11,672.         (5) Michael Eidem       50.00       x       107,451.       0.       8,946.         (7) Amanda Brayman       50.00       x       107,451.       0.       0.       0.         (8) Susan Roeder       12.00       x       x       0.       0.       0.       0.         (9) Michael Knighton       2.00       x       x       0.       0.       0.       0.         (10) Linda Freeman       5.00       x       x       0.       0.       0.       0.         (11) Peter Limeri       2.00       x       x       0.       0.       0.       0.         (11) Peter Limeri       2.00       x       0.       0.       0.       0.       0. </td <td></td> <td></td> <td>or di</td> <td>ee</td> <td></td> <td></td> <td>ated</td> <td></td> <td>, and a second s</td> <td>·</td> <td></td>			or di	ee			ated		, and a second s	·			
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Sr. Director Marketing & Communicati       X       107,451.       0.       8,946.         (7) Amanda Brayman       50.00       X       51,768.       0.       27,683.         (8) Susan Roeder       12.00       X       X       0.       0.       0.         Chairperson (Began 09/2022)       X       X       0.       0.       0.       0.         (9) Michael Knighton       2.00       X       X       0.       0.       0.       0.         (10) Linda Freeman       5.00       X       X       0.       0.       0.       0.         Secretary       X       X       0.       0.       0.       0.       0.         (11) Linda Freeman       5.00       X       X       0.       0.       0.       0.         Secretary       X       X       0.       0.       0.       0.       0.       0.         (11) Peter Limeri       2.00       X       X       0.       0.       0.       0.         (12) James D. Barfoot       10.00       X       0.       0.       0.       0.       0.       0.         (13) Allen Craig       5.00       X       0.       0.       0.							Х		113,270.	0.	11,672.		
(7) Amanda Brayman       50.00       X       51,768.       0.       27,683.         Asst. Secretary       X       X       51,768.       0.       27,683.         (8) Susan Roeder       12.00       X       X       0.       0.       0.         Chairperson (Began 09/2022)       X       X       0.       0.       0.       0.         (9) Michael Knighton       2.00       X       X       0.       0.       0.       0.         Vice Chair       X       X       0.       0.       0.       0.       0.       0.         (10) Linda Freeman       5.00	(6) Janice Mitchell	50.00											
Asst. Secretary       X       51,768.       0.       27,683.         (8) Susan Roeder       12.00       X       X       0.       0.       0.         Chairperson (Began 09/2022)       X       X       X       0.       0.       0.         (9) Michael Knighton       2.00       X       X       0.       0.       0.         (10) Linda Freeman       5.00       .       .       .       .       .         Secretary       X       X       0.       0.       0.       0.         (11) Peter Limeri       2.00       .       .       .       .       .         Treasurer       X       X       0.       0.       0.       0.       .         (12) James D. Barfoot       10.00       .       .       .       .       .       .         Dir & Chairperson (Ended 09/2022)       X       0.       0.       0.       0.       .       .         (13) Allen Craig       5.00       .       .       .       .       .       .       .         Director (Ended 03/2022)       X       0.       0.       0.       .       .       .         Director       <	Sr. Director Marketing & Communicati						Х		107,451.	0.	8,946.		
(8) Susan Roeder       12.00       X       X       0.       0.       0.         Chairperson (Began 09/2022)       X       X       X       0.       0.       0.         (9) Michael Knighton       2.00       X       X       0.       0.       0.       0.         Vice Chair       X       X       X       0.       0.       0.       0.         (10) Linda Freeman       5.00       X       X       0.       0.       0.       0.         Secretary       X       X       0.       0.       0.       0.       0.       0.         (11) Peter Limeri       2.00       X       X       0.       0.       0.       0.         Treasurer       X       X       0.       0.       0.       0.       0.       0.         (12) James D. Barfoot       10.00       X       0.       0.       0.       0.       0.       0.         (13) Allen Craig       5.00       X       0.       0.       0.       0.       0.         Director (Ended 03/2022)       X       0.       0.       0.       0.       0.       0.	· · · •	50.00											
Chairperson (Began 09/2022)         X         X         X         X         0.					Х				51,768.	0.	27,683.		
(9)         Michael Knighton         2.00         X         X         X         0.		12.00											
Vice Chair         X         X         X         X         0. <th< td=""><td></td><td></td><td>X</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>			X		Х				0.	0.	0.		
(10) Linda Freeman       5.00       X       X       0.       0.       0.         Secretary       X       X       X       0.       0.       0.       0.         (11) Peter Limeri       2.00       X       X       0.       0.       0.       0.         Treasurer       X       X       X       0.       0.       0.       0.         (12) James D. Barfoot       10.00       X       X       0.       0.       0.       0.         Dir & Chairperson (Ended 09/2022)       X       0.       0.       0.       0.       0.         (13) Allen Craig       5.00       X       0.       0.       0.       0.       0.         Director (Ended 03/2022)       X       0.       0.       0.       0.       0.       0.         (14) Michael Erisman       3.00       X       0.       0.       0.       0.       0.	-	2.00								0	0		
Secretary         X         X         X         X         0.			Х		Х				0.	0.	0.		
(11) Peter Limeri       2.00       X       X       0.       0.       0.         Treasurer       X       X       X       0.       0.       0.       0.         (12) James D. Barfoot       10.00       X       X       0.       0.       0.       0.         Dir & Chairperson (Ended 09/2022)       X       0.       0.       0.       0.       0.         (13) Allen Craig       5.00       X       0.       0.       0.       0.       0.         Director (Ended 03/2022)       X       0.       0.       0.       0.       0.       0.         Uithout Erisman       3.00       X       0.       0.       0.       0.       0.	(10) Linda Freeman	5.00								•	•		
Treasurer       X       X       X       0.       0.       0.         (12) James D. Barfoot       10.00       X       0.       0.       0.       0.         Dir & Chairperson (Ended 09/2022)       X       0.       0.       0.       0.       0.         (13) Allen Craig       5.00       X       0.       0.       0.       0.       0.         Director (Ended 03/2022)       X       0.       0.       0.       0.       0.         (14) Michael Erisman       3.00       X       0.       0.       0.       0.			Х		Х				0.	0.	0.		
(12) James D. Barfoot       10.00       X       0.       0.       0.       0.         Dir & Chairperson (Ended 09/2022)       X       0.       0		2.00								0	0		
Dir & Chairperson (Ended 09/2022)         X         0.		10.00	X		Х				0.	0.	0.		
(13) Allen Craig       5.00       X       0.       0.       0.       0.         Director (Ended 03/2022)       X       0.       0.       0.       0.       0.       0.         (14) Michael Erisman       3.00       X       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.       0.		10.00								0	0		
Director (Ended 03/2022)         X         0.			X						0.	0.	0.		
(14) Michael Erisman         3.00         X         0. </td <td></td> <td>5.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td>•</td>		5.00								•	•		
Director X 0. 0. 0.			Х						0.	0.	0.		
		3.00								•	•		
			Х						0.	0.	0.		
(15) Ed Buckley 2.00 -	· · · •	2.00								•	•		
Director X 0. 0. 0.			X						0.	0.	0.		
(16) Lars Hungerford	-	2.00								~	<b>^</b>		
Director X 0. 0. 0.			X						0.	0.	υ.		
(17) Alan Ichikawa 4.00		4.00								•	0		
Director         X         0.         0.         0.           122007, 12,00, 21         Eorm 990 (2021)         Eorm 990 (2021)         Eorm 990 (2021)			Х						0.	υ.			

Form 990 (2021)
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)																
(A)	(B)			(0	C)			(D)	(E)			(F)				
Name and title	Average	(10		Pos				Reportable	Reportable		Es		ed			
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensatio	n	an	nount	of			
	week		cer an I	nd a d I	recto	or/trus	itee)	from	from related			Estimated amount of other ompensation from the organizations (( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (				
	(list any	rector						the	organizations			•				
	hours for related	or di	ee			ated		organization	(W-2/1099-MIS	iC/						
	organizations	ustee	trust		ee	npen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		u u					
	below	dual tr	tional		nploy	st cor	-	1033-1120)								
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				3-					
(18) James Leonard	2.00				_											
Director		X						0.		Ο.			0.			
(19) Abi Oyebode	2.00															
Director		Х						0.		0.			0.			
(20) Glen Reed	2.00															
Director		Х						0.		0.			0.			
(21) Richard Reynolds	2.00									-			-			
Director		X						0.		0.			0.			
(22) John Reid	2.00									~			•			
Director	2 00	X						0.		0.			0.			
(23) Paul D'Antonio	2.00							0		~			0			
Director	2 00	X						0.		0.			0.			
(24) Ron Moolenaar	2.00							0		~			0			
Director	2 00	X						0.		0.			0.			
(25) Douglas Lowe	2.00	v						0		ο.			0			
Director	2.00	X						0.		0.			0.			
(26) Zoe Hicks	2.00	x						0.		ο.			0.			
								13	8 6							
1b Subtotal c Total from continuation sheets to Part V								0.		0.	10	0,0	<u>-</u> .			
								933,716.		0.	13	8 6	•••			
							-		0,0	<u></u>						
2 Total number of individuals (including but n compensation from the organization		1056	iiste	su ai	000	C) WI	101			C			6			
												Yes	No			
<b>3</b> Did the organization list any <b>former</b> officer,	director, trust	ee. I	kev e	empl	love	e. o	r hic	phest compensated emr	lovee on							
line 1a? If "Yes," complete Schedule J for s											3		х			
4 For any individual listed on line 1a, is the su																
and related organizations greater than \$15	•		•					•	5		4	Х				
5 Did any person listed on line 1a receive or a									dual for services							
rendered to the organization? If "Yes," com	-				-						5		Х			
Section B. Independent Contractors																
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from																
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithi	n the organization's tax	year.							
(A)								(B)			(C	;)				
Name and business				_				Description of s	ervices	C	ompe	nsatio	n			
Meyer Partners, LLC, 872		li	jgi	ins	5 ]	Rđ		Fundraising								
Ste 530, Chicago, IL 606								Consultant		1	,21	3,6	67.			
Humanitarian Software, Ll								Logistics So								
PO Box 1170, Clemson, SC				-				and Maintena	ce		24	7,7	80.			
Vanderbeck, Inc., 3410 C		4i.	LTJ	LF	۲d	•			.		4 -					
te 243, Brunswick, GA 31520 IT Support Services 154,157.																

Nell Diallo, 214 Rock Springs Court, NE, Atlanta, GA 30306 Partner Development 123,250. 4CP Prepare Appeals for 320 Kendigs Mill Rd, Owings Mills, MD 21117 Mailing and Postage 108,697. Total number of independent contractors (including but not limited to those listed above) who received more than 2 \$100,000 of compensation from the organization 6

See Part VII, Section A Continuation sheets

Form 990 MAP Inter	rnationa	a1,	, ]	Ind	с.				36-258	6390
Part VII Section A. Officers, Directors, Tru		nplo	oyee			ligh	est			
(A) Name and title	<b>(B)</b> Average hours	(B) (C) Average Position						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
		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
(27) Welby Leaman	2.00									0
Director (Began 09/2022)		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Pa	rt VII									
		Check if Schedule O	contain	s a respor	nse or	note to any lin	e in this Part VIII			X
							<b>(A)</b> Total revenue	Related or exempt	<b>(C)</b> Unrelated business revenue	Revenue excluded
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d f f		ribution grants, a l above n lines 1a- Fee	1b            1c            1d            1d            1f            1f            1g	6: E	319,392. 22,888,322. 12,854,598. 	623,207,714. 2,738,317.			
	g					►	2,738,317.			
	3 4 5	Investment income (includ other similar amounts) Income from investment of Royalties	ding div of tax-ex	vidends, in xempt bor	nterest nd pro	t, and ► pceeds ►	92,289.			92,289.
	b c	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c	(i) Real		(ii) Personal				
	7 a	Net rental income or (loss Gross amount from sales of assets other than inventory Less: cost or other basis	(	(i) Securitie 1 , 708 , 4	es	(ii) Other 13,630.				
Revenue		and sales expenses Gain or (loss) Net gain or (loss)	7c	1,927,3 -218,9	10.	13,030. 600. ►	-218,310.			-218,310.
Other		Gross income from fundraisii including \$ contributions reported on Part IV, line 18 Less: direct expenses	319,39	92 <b>.</b> of ). See	8a 8b	20,600. 177,214.				
	с	Net income or (loss) from Gross income from gamin Part IV, line 19	fundrai ng activi	ising even ities. See		•	-156,614.			-156,614.
	с	Less: direct expenses	gaming less ret	g activities urns	9b					
		Less: cost of goods sold Net income or (loss) from			<b>10b</b> y	Business Code				
Miscellaneous Revenue	11 a b c	Miscellaneous Reven	ue			900099	6,229.			6,229.
Misce Re	d e	All other revenue Total. Add lines 11a-11d Total paragram				····· •	6,229. 625,669,625.	2,738,317.	0.	-276,406.
	12	Total revenue. See instruction	JUS				040,009,040.		, U.	I -2/0,400.

MAP International, Inc.

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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).

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses					
1	Grants and other assistance to domestic organizations		oxperiede	general expenses	expenses					
	and domestic governments. See Part IV, line 21	13,860,824.	13,860,824.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	16,498.	16,498.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	706,450,188.	706,450,188.							
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	808,274.	296,331.	182,088.	329,855.					
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	2,558,193.	1,578,020.	91,193.	888,980.					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	147,478.	99,585.	3,670.	44,223.					
9	Other employee benefits	766,759.		46,867.	250,573.					
10	Payroll taxes	249,726.	148,501.	18,386.	82,839.					
11	Fees for services (nonemployees):									
а	Management									
b	Legal	15,520.		1,309.	10,740.					
С	Accounting	79,470.	17,776.	6,701.	54,993.					
	, .									
е	Professional fundraising services. See Part IV, line 17	2,268,717.			2,268,717.					
f	Investment management fees									
g										
	column (A), amount, list line 11g expenses on Sch 0.)	759,846.	551,814.	208,032.						
12	Advertising and promotion		110 550							
13	Office expenses	1,255,312.	112,578.	28,420.	1,114,314.					
14	Information technology									
15	Royalties		4.5 41.5	10 515	<u> </u>					
16	Occupancy	65,190.	46,415.	12,517.	6,258.					
17	Travel	124,242.	80,552.	11,912.	31,778.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials $\dots$	24.044	02.050	4 5 0 1						
19	Conferences, conventions, and meetings	34,844.	23,868.	4,521.	6,455.					
20	Interest									
21	Payments to affiliates		198,779.	E0 /21						
22	Depreciation, depletion, and amortization	305,905. 120,172.	84,480.	50,431. 23,795.	56,695. 11,897.					
23		120,172.	04,400.	23,195.	11,097.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)									
а	GIK Disposals/Recalls	26,394,653.	26,394,653.							
b	Freight	504,750.	501,815.	300.	2,635.					
c c	Equipment Rental/Repair	198,048.	147,726.	31,004.	19,318.					
d	Supplies	144,829.	85,406.	10,140.	49,283.					
		136,297.		11,024.	90,848.					
25	Total functional expenses. Add lines 1 through 24e		751,203,024.	742,310.	5,320,401.					
26	<b>Joint costs.</b> Complete this line only if the organization	,,	, , , , ,	,	, , ,					
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here images and render and									
12201	0 12-09-21	•	•		Form <b>990</b> (2021)					

AP	International,	Inc.
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		Check if Schedule O contains a response or not	e 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			6,238,590.	1	9,195,674.
	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 or					
		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
ţs	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use			250,223,507.	8	117,611,805.
Ä	9	Prepaid expenses and deferred charges			847,462.	9	1,454,054.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,448,390. 5,031,455.			
	b	Less: accumulated depreciation	10b	5,031,455.	4,558,083.	10c	4,416,935.
	11	Investments - publicly traded securities			7,004,575.	11	4,130,537.
	12	Investments - other securities. See Part IV, line 1		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 equa	al line 3	3)	268,872,217.	16	136,809,005.
	17	Accounts payable and accrued expenses	1,546,809.	17	1,048,205.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
Liat		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines		-	156,155.	05	119,897.
		of Schedule D			1,702,964.		1,168,102.
	26	Total liabilities. Add lines 17 through 25		- N Y	1,702,904.	26	1,100,102.
es		Organizations that follow FASB ASC 958, che	ck ner				
uc nc	07	and complete lines 27, 28, 32, and 33.			154,928,359.	27	58,215,447.
3al	27	Net assets without donor restrictions			112,240,894.	27	77,425,456.
β	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 9			112,240,094.	20	11,425,450.
Ъ		and complete lines 29 through 33.	56, CHE				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sets	29 30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
let	32	Total net assets or fund balances			267,169,253.	32	135,640,903.
~	33	Total liabilities and net assets/fund balances			268,872,217.	33	136,809,005.
					, , .		

Form **990** (2021)

### M Part X Balance Sheet

I	- orm	990	(2021
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	MAP International, Inc.	36-	-2586	390	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,66		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,26		
3	Revenue less expenses. Subtract line 2 from line 1	3	-131			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	267	,16		
5	Net unrealized gains (losses) on investments	5		6	7,7	60.
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	135	64	0,9	03.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			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 on 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			Ι
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			ĺ
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b		

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

# 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-FZ

Attach to Form 550 of Form 550-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

		MAP	Internation	nal, Inc.				3	6-2586390		
Pa	rt I	Reason for Public	Charity Status. (	(All organizations m	nust complete tl	nis part.) S	See instructions.				
The	organ	ization is not a private found									
1	Ŭ	A church, convention of ch									
2		A school described in sect				· · ·					
3	$\square$					γ <sub>b</sub> γ1γΔγi	ii)				
4		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
-		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
5		An organization operated for	or the banafit of a col		wheel or opera	tod by a d	ovorpmontal unit	doscrib	od in		
5		section 170(b)(1)(A)(iv). (C		lege of university t	owned of opera	led by a g		uescrib			
~					alia a atian d'	70/1-1/41/41	4.0				
6		A federal, state, or local gov									
7	Δ	An organization that norma		antial part of its sup	port from a gov	ernmental	I unit or from the g	general	public described in		
_		section 170(b)(1)(A)(vi). (C									
8		A community trust describe									
9		An agricultural research org									
		or university or a non-land-g	grant college of agric	culture (see instruct	ions). Enter the	name, cit	y, and state of the	e colleg	e or		
		university:									
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its	s support from	contributio	ons, membership f	fees, ar	nd gross receipts from		
		activities related to its exen	npt functions, subjec	ct to certain except	ions; and (2) no	more that	n 33 1/3% of its s	upport	from gross investment		
		income and unrelated busin	ness taxable income	e (less section 511 t	ax) from busine	sses acqu	uired by the organ	ization	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclusi	ively to test for pub	olic safety. See	section 50	09(a)(4).				
12		An organization organized a	and operated exclusi	ively for the benefit	of, to perform	the function	ons of, or to carry	out the	e purposes of one or		
		more publicly supported or	ganizations describe	ed in <b>section 509(a</b>	)(1) or section	509(a)(2).	See section 509(	( <b>a)(3).</b> C	Check the box on		
		lines 12a through 12d that	describes the type o	of supporting organ	ization and con	nplete line:	s 12e, 12f, and 12	2g.			
а		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or contr	olled by its sup	ported or	ganization(s), typic	cally by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or e	elect a majority	of the dire	ctors or trustees of	of the s	upporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		<b>Type II.</b> A supporting org	anization supervised	d or controlled in co	nnection with i	s support	ed organization(s)	, by ha	ving		
		control or management o	of the supporting orga	anization vested in	the same perso	ons that co	ontrol or manage t	the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C							
с		Type III functionally inte	grated. A supporting	g organization oper	rated in connec	tion with,	and functionally in	ntegrate	ed with,		
		its supported organization					-	•			
d		Type III non-functionally	v integrated. A supp	orting organization	operated in co	nnection v	with its supported	organi	zation(s)		
		that is not functionally int			-			-			
		requirement (see instruct			-		-				
е		Check this box if the orga						Tvpe III			
-		functionally integrated, or					,.	, i			
f	Ente	er the number of supported of									
		vide the following information									
		i) Name of supported	(ii) EIN	(iii) Type of organiza	in your govern	nization listed ng document?	(v) Amount of mor	netary	(vi) Amount of other		
		organization		(described on lines above (see instruction		No	support (see instrue	ctions)	support (see instructions)		
Tota	1										

132022 01-04-22

Schedule A					ational,	
Part II	Suppor	t Schedule	for Org	anizations	<b>Described</b>	in Section

36-2586390 Page 2

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.)

Galedar year (or fixed year beginning in) >       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         1       Offis, grants, contributions, and there parate to cre expended on its behalf       572, 931, 606.       \$88, 380, 085.       \$85, 910, 314.       \$139, 129, 261.       623, 207, 714.       3189558980.         3       The value of services or facilities       572, 931, 606.       \$88, 380, 085.       \$85, 910, 314.       \$139, 129, 261.       623, 207, 714.       3189558980.         5       The value of services or facilities       572, 931, 606.       \$88, 380, 085.       \$85, 910, 314.       \$19, 129, 261.       623, 207, 714.       3189558980.         5       The portion of total contributions by each person (offer than a governmental unit or publicly supported organization) included on ine 1 thacexceds 2% of the amount shown on lie 11.       1608277776.       16083681204.         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7       Amounts from line 4       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         9       Net income from interest.       117, 433.       158, 206.       112, 162.       223, 207, 714.       3189558980.         12       Coss from the aale of c	Sec	tion A. Public Support	-					
membranip fess received. (Do not include any "unusuig grants.")       572,931,606.       \$88,380,085.       \$85,910,314.       819,129,261.       623,207,714.       3189558980.         2       Tax revenues levide for the organization's benefit and either paid to or expended on its behalf       572,931,606.       \$88,380,085.       \$85,910,314.       819,129,261.       623,207,714.       3189558980.         3       The value of services or facilities turnished by a governmental unit to the organization without charge       572,931,606.       \$88,380,085.       \$85,910,314.       819,129,261.       623,207,714.       3189558980.         4       Total. Add lines 1 through 3       572,931,606.       \$88,380,085.       \$85,910,314.       819,129,261.       623,207,714.       3189558980.         5       The pation of total contributions by each person (other than a governmental unit or publicly supported organization included on list 1 that exceeds 2% of the amount shown on list 1, column (f)       150887775,61.       158,920.       162,0201       (f) Total         Celledary set of inside yas beginning in) by securities loans, enths, royables, and income from similar sources.       117,433.       158,206.       112,162.       223,224.       92,289.       703,314.         9       Net income from similar sources.       117,433.       158,206.       112,162.       223,222.       26,829.       304,079.         11<	Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
Include any "unusual grants.")       572,931,666       \$88,380,085       \$85,910,314.       \$19,129,261.       623,207,714.       3189558980.         2       Tax revenues lovied for the organization of the organization without charge in the organization without charge.       572,931,606.       \$88,380,085.       \$85,910,314.       \$19,129,261.       623,207,714.       3189558980.         3       The value of services or facilities furnished by a governmental unit to the organization without charge.       572,931,606.       \$88,380,085.       \$85,910,314.       \$19,129,261.       623,207,714.       3189558980.         4       Total. Add lines 1 through 3       572,931,606.       \$88,380,085.       \$85,910,314.       \$19,129,261.       623,207,714.       3189558980.         5       Total. Add lines 1 through 3       572,931,606.       \$88,380,085.       \$85,910,314.       \$19,129,261.       623,207,714.       3189558980.         6       Dible support. Solvest time 6 from time 4.       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (d) 2020       (d) 70 total         7       A mounts from mine 4.       572,931,606.       \$88,380,085.       \$85,910,314.       \$19,129,261.       623,207,714.       3189558980.         8       Gross income from initerest, divided by any reverse and beginning in N       (a) 2017       (b) 2018       (b) 2	1	Gifts, grants, contributions, and						
2       Tar versues levied for the organization is behalf         3       The value of services or facilities         turnished by a governmental unit to the organization without charge       572,931,666.         4       Tatal. Add lines 1 through 3         5       The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 thrackeeds 2% of the amount shown on line 11, column (0)         6       Public support. Status with the sceeds 2% of the amount shown on line 11, column (0)         2       Gross incomes from interest, dividend by a governmental unit or publicly supported organization without data governmental unit or publicly support. Additional governmental unit or publicly support. Additis 37, 7, 609, 5, 521, 82, 521, 26, 829, 304, 079, 31300, 563733,								
istants bandit and ethor paid to or expended on its behalf       istants behalf         3 The value of services or facilities furnished by a governmental unit to the organization without charge in the organization included on line 1 that exceeds 2% of the amount show on line 11, column (i)       istants in the inclusion of the organization included on line 1 that exceeds 2% of the amount show on line 11, column (i)       istants inclusion included on line 1 that exceeds 2% of the amount show on line 11, column (i)       istants inclusion included on line 1 that exceeds 2% of the amount show on line 1, column (i)       istants inclusion included on line 1 that exceeds 2% of the amount show on line 1, column (i)       istants inclusion included on line 1 that exceeds 2% of the amount show on line 1, column (i)       istants inclusion included on line 1 that exceeds 2% of the amount show on line 1, column (i)       istants inclusion included on line 1 that exceeds 2% of the amount show on line 1, column (i)       istants inclusion included on line 1 that exceeds 2% of the amount show on line 1, column (i)       istants inclusion included on line 1, column (i)       istants inclusion included on line 1, column (i), istants inclusion includes and income from initiant sources in a line on the sources is a line on the sources is a line on the sources is a line on the organization's first, second, third, fourth, or fifth tax years as section 501(c)(3)       istants is istants in the interest.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part V) line 6, column (i), individed by line 14, column (i), istants is istants organization, istants organization is first, second, third, fourth, or fifth tax years as section 501(c)(3)         312 Gross recoertaps from		include any "unusual grants.")	572,931,606.	588,380,085.	585,910,314.	819,129,261.	623,207,714.	3189558980.
or expended on its behalf         3 The value of services or facilities furnished by a governmental unit to the organization without charge         4 Total. Add lines it through         5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25% of the amount shown on line 11, column (f)         5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included         6 Public support. Suther: the 5 ten line 4.         2 Callendar yset (risk) year beginning in) 7 Amounts from line 4.         6 Orbit is apport. Suther: the 5 ten line 4.         2 Callendar yset (risk) year beginning in) 7 Amounts from line 4.         9 Net income from initirest, dividends, payments received on securities loans, rents, royalties, and income from initirest, dividends, payments received on securities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the saie of capital assets (Explain in Part V) 11 Total support. Add lines 7 through 10 12 Cross receipts from related activities, etc. (see instructions)       12 12, 567, 883.         13 First Syeers. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax years as section 501(c)(3) organization, check this box and stop here.       13         9 Net in come pay preventage for 2020 (line 6, columu (f), divided by line 11, column (f))       14       52, 68 % 50, 70 %         16 Dubic support percentage for 2020. If the organization id not check the box on line 13, end line 14 is	2	Tax revenues levied for the organ-						
3       The value of services or facilities furnished by a governmental unit to the organization without charge       572, 931, 606.       588, 380, 085.       585, 910, 314.       819, 129, 261.       623, 207, 714.       3189558980.         5       The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11.       572, 931, 606.       588, 380, 085.       585, 910, 314.       819, 129, 261.       623, 207, 714.       3189558980.         6       Public support. Stratule is from line 4.       1       1508877776.       1680681204.         Section B. Total Support.       Stratule is from line 4.       1       1680681204.         7       Amounts from line 4.       1       572, 931, 606.       588, 380, 085.       585, 910, 314.       819, 129, 261.       623, 207, 714.       3189558980.         8       Gross income from initiar sources       1       17, 433.       158, 206.       112, 162.       223, 224.       92, 289.       703, 314.         9       Net income from inelated business activities, whether on rot include gain or loss from the sale of capital assets (Explain in Part VI).       1       151, 599.       37, 609.       5, 521.       82, 521.       26, 829.       304, 079.       3189565873.         19       Other income. Do not include gain or loss from the s		ization's benefit and either paid to						
funished by a governmental unit to the organization without charge 572,931,606,588,380,085,585,910,314,819,129,261,623,207,714,3189558980, 572,931,606,588,380,085,585,910,314,819,129,261,623,207,714,3189558980, 572,931,606,588,380,085,585,910,314,819,129,261,623,207,714,3189558980, 1508877776, 6 Public support. Senset live 5 tom live 1 500 and 10,000,000,000,000,000,000,000,000,000,		or expended on its behalf						
the organization without charge       572,931,606       588,380,085       585,910,314       819,129,261       623,207,714       3189558980         5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       1508877776.         6 Public support. Subtact line 5 from line 4       1600681204.         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4       572,931,605.       588,380,085.       585,910,314.       819,129,261.       623,207,714.       3189558980.         8 Gross income from interest, dividends, payments received on securities lensh, rents, royatiles, and income from similar sources, and income from unrelated business activities, whether or not the business is regularly carried on to their income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)       151,599.       37,609.       5,521.       82,521.       26,829.       304,079.         11 Total support Add lines 7 through 10       151,599.       37,609.       5,521.       82,521.       26,829.       304,079.         12 Crose receipts from treated activities, etc. Gee instructions)       12       12,567,883.         13 First 5 years. If the Form 800 is for the organization's first, second, third, fourth, or fifth tax year as a section E01(c)(3)	3	The value of services or facilities						
4       Total. Add lines 1 through 3       572, 931, 606       568, 360, 085       585, 910, 314       819, 129, 261       623, 207, 714       3189558980.         5       The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11, column (f)       1       1508877776.         6       Public support. Sectoral the strenge 1.       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7       Amounts from line 4       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         6       Public support. Sectoral the strenge 1.       572, 931, 606.       588, 380, 085.       585, 910, 314.       819, 129, 261       623, 207, 714.       3189558980.         7       Amounts from line 4       572, 931, 606.       588, 380, 085.       585, 910, 314.       819, 129, 261       623, 207, 714.       3189558980.         8       Gross income from interest, dividing any payments received on securities torans, reng, royatiles, and income from similar sources       117, 433.       158, 206.       112, 162.       223, 224.       92, 289.       703, 314.         10       Other income. Do not include gain or loss from the sale of capital assets (Explain Part VI).       151, 599.       37, 609.       5, 521.       82, 521.		furnished by a governmental unit to						
5 The portion of total contributions by each person (ofter than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       1508877776.         6 Public support, Subtract like 5 from line 4       1600681204.         Section B. Total Support       1600681204.         Calendar year (or fiscal year beginning in) ▶       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4       572, 931, 605       588, 380, 085       585, 910, 314.       819, 129, 261.       623, 207, 714.       3189558980.         8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from unitated business activities, whether or not the business is regularly carried on 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)       151, 599.       37, 609.       5, 521.       82, 521.       26, 829.       304, 079.         11 Total support. Add lines 7 through 10       151, 599.       37, 609.       12       12, 567, 7883.         12 Gross receipts from neilated activities, etc. (see instructions)       12       12, 567, 7883.       12       50.70. %         14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f).       14       52.68.%       50.70. %         15 S0.7.0       %       15       50.70. %		the organization without charge						
by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	4	Total. Add lines 1 through 3	572,931,606.	588,380,085.	585,910,314.	819,129,261.	623,207,714.	3189558980.
governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (f)       1508877776.         6 Public support. Submet line 3 from line 4.       1000000000000000000000000000000000000	5	The portion of total contributions						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       1508877776.         Public support. Bothmactine 5 from line 4.       1508877776.         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020.       (e) 2021       (f) Total         7 Amounts from line 4.       572, 931, 606.       588, 380, 085.       595, 910, 314.       819, 129, 261.       623, 207, 714.       3189558980.         8 Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources activities, whether or not the business is regularly carried on roless from the sale of capital assets (Explain in Part VI)       117, 433.       158, 206.       112, 162.       223, 224.       92, 289.       703, 314.         12       12, 599.       37, 609.       5, 521.       82, 521.       26, 829.       304, 079.         13       Total support, Add lines 7 through 10       151, 599.       37, 609.       5, 521.       82, 521.       26, 829.       304, 079.         14       Total support percentage for 2021 (line 6, column (f), divided by line 11, column (f))       14       52.663.78.         13       First 5 years. If the Form 990 is for the organization of an ot check the box on line 13, and line 14 is 31.7% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifie		by each person (other than a						
on line 1 that exceeds 2% of the amount shown on line 11, column (f)       1508877776, 16 Public support.       16800681204.         Section B. Total Support Calledary set (or fiscal yea beginning in)       (a) 2017       (b) 2018       (c) 2019       (d) 2020.       (e) 2021       (f) Total         7 Amounts from line 4       572, 931, 606.       588, 380, 085.       585, 910, 314.       819, 129, 261.       623, 207, 714.       3189558980.         8 Gross income from miniterest, dividends, payments received on securities loans, rents, royalties, and income from unietated business activities, whether or not the business is regularly carried on to Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       117, 433.       158, 206.       112, 162.       223, 224.       92, 289.       703, 314.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       151, 599.       37, 609.       5, 521.       82, 521.       26, 829.       304, 079.         13 First 5 years. If the Form 990 is for the organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, otheok this box and stop here.       12       12, 567, 883.         14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f).       14       52, 68.9       9								
amount shown on line 11, column (f)       1508877776.         6       Public support. Subtractive 5 from line 4.       16800681204.         Section B. Total Support         7       Amounts from line 4.       572,931,606.588,380,085.585,910,314.819,129,261.623,207,714.3189558980.         8       Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (capital in Part VI).       117,433.158,206.112,162.223,224.92,289.703,314.         10       Other income. Do not include gain or loss from the sale of capital assets (capital in Part VI).       151,599.37,609.5,521.82,521.26,829.304,079.         11       Total support. Add lines 7 through 10       151,599.37,609.5,521.82,521.26,829.304,079.         21       Total support this box and stop here       3190566373.         22       Total support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).       14       52.68 %         31 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)).       14       52.68 %         31 Public support percentage for 2022 (line 6, column (f), divided by line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization did not check the box on								
column (f)       150877776.         6       Public support. Subtract line 5 from line 4       1680681204.         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7       Amounts from line 4       572,931,606       588,380,085.       585,910,314.       819,129,261.       623,207,714.       3189558980.         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       117,433.       158,206.       112,162.       223,224.       92,289.       703,314.         9       Net income from invielated business is regularly carried on in totas from the sale of capital assets (Explain in Part VI.)       151,599.       37,609.       5,521.       82,521.       26,829.       304,079.         11       Total support. Add lines form related activities, etc. (see instructions)       12       12,567,883.         12       fors sreceipts from related activities, etc. (see instructions)       12       12,567,883.         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       organization qualifies as a publicly support ed organization of a public Support Percentage from 2020. Schedule A, Pat II, line 14       15       50.70       %         14       Public sup		on line 1 that exceeds 2% of the						
6       Public support. Subtract line 5 from line 4       1680681204.         Section B. Total Support         Calendar year (or fiscal year beginning in)       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         8       Gross income from interest, dividends, payments received on securities loans, rents, royallies, and income from similar sources       117, 433.       158, 206.       112, 162.       223, 224.       92, 289.       703, 314.         9       Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       151, 599.       37, 609.       5, 521.       82, 521.       26, 829.       304, 079.         11       Total support. Add lines 7 through 10       151, 599.       37, 609.       5, 521.       82, 521.       26, 829.       304, 079.         12       Gross receipts from related activities, etc. (see instructions)       12       12, 567, 883.         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       organization, check this box and stop here         Section C. Computation of Public Support Percentage       14       15       50.70.96         14       Public support percentage for 2021 (lift he organization did not check the box on line 13, and line 14 is 33 1/3%		amount shown on line 11,						
Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4       572,931,606       588,380,085       585,910,314       819,129,261       623,207,714       3189558980         8 Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources       117,433       158,206       112,162       223,224       92,289       703,314         9 Net income from include gain or loss from the sale of capital assets (Explain in Part VI)       151,599       37,609       5,521       82,521       26,829       304,079         11 Total support. Add lines 7 through 10       151,599       37,609       5,521       82,521       26,829       304,079         12       12,567,883       15       50,502       12       12,567,883       12       12,567,883         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       14       52.68 %         14       Public support test - 2021 (line 6, column (f), divided by line 11, column (f))       14       52.68 %         14       Public support test - 2021. If the organization did not check ab ox on line 13, and line 14 is 33 1/3% or more, check this box and stop here.       13         14       Public supp		column (f)						1508877776.
Calendar year (or fiscal year beginning in)       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4       572, 931, 606.       588, 380, 085.       585, 910, 314.       819, 129, 261.       623, 207, 714.       3189558980.         8 Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources       117, 433.       158, 206.       112, 162.       223, 224.       92, 289.       703, 314.         9 Net income from unterated business activities, whether or not the business is regularly carried on into sale of capital assets (Explain in Part VI).       151, 599.       37, 609.       5, 521.       82, 521.       26, 829.       304, 079.         11 Total support. Add lines 7 through 10       151, 599.       37, 609.       5, 521.       82, 521.       26, 829.       304, 079.         12 Gross receipts from related activities, etc. (see instructions)       12       12, 567, 883.       136056373.         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501cl(3) organization, check this box and stop here.       9         Section C. Computation of Public Support Percentage       14       52.68.9       9         14 Public support test - 2021. If the organization did not check ab box on line 13, and line 14 is 33 1/3% ormore, check this box and stop here.								1680681204.
7       Amounts from line 4       572,931,606       588,380,085       585,910,314       819,129,261       623,207,714       3189558980         8       Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources       117,433       158,206       112,162       223,224       92,289       703,314         9       Net income from unrelated business a civities, whether or not the business is regularly carried on is regularly carried on is regularly carried on is set (Explain in Part VI)       151,599       37,609       5,521       82,521       26,829       304,079         11       Total support. Add lines 7 through 10       151,599       37,609       5,521       82,521       26,829       304,079         12       12,567,883       12       12,567,883       3190566373       12       12,567,883         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       14       52.68       %         41       Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))       14       52.68       %         14       Public support test - 2021. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       13								
8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources and income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       117,433.158,206.112,162.223,224.92,289.703,314.         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       151,599.37,609.5,521.82,521.26,829.304,079.         11       Total support. Add lines 7 through 10       151,599.37,609.5,521.82,521.26,829.304,079.         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.         14       Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))       14       52.68 % 50.770 %         15       Public support percentage for 2022 (line 6, column (f), divided by line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization dualifies as a publicly supported organization and stop here. The organization dualifies as a publicly supported organization       IX         17       10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, and line 14 is 30 //3% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, theok thi		,		. ,	. ,		. ,	
dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       117,433.158,206.112,162.223,224.92.289.703,314.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       151,599.37,609.5,521.82,521.26,829.304,079.         11 Total support. Add lines 7 through 10       151,599.37,609.5,521.82,521.26,829.304,079.         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         2 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).       14       52.68.96         13 First 5 years. If the Form 920 Schedule A, Part II, line 14.       50.70.%         16 Ba 31 /3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.       X         17 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization.       X         17 10% -facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances te			572,931,606.	588,380,085.	585,910,314.	819,129,261.	623,207,714.	3189558980.
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9 Net income from unrelated business activities, whether or not the business is regularly carried on       10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       151,599.37,609.5,521.82,521.26,829.304,079.3190566373.         11 Total support. Add lines 7 through 10       151,599.37,609.5,521.82,521.26,829.304,079.         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.         Section C. Computation of Public Support Percentage         14 Public support percentage from 2020 Schedule A, Part II, line 14         15 Public support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         16 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, che			110 400	150 000	110 100	000 004		<b>BOD 014</b>
activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       151,599.37,609.5,521.82,521.26,829.304,079.         11 Total support. Add lines 7 through 10       151,599.37,609.5,521.82,521.26,829.304,079.         12 Gross receipts from related activities, etc. (see instructions)       12       12,567,883.         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       Image: Computation of Public Support Percentage         14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).       14       52.68 %         15 Public support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: Computence of the organization id not check a box on line 13, not line 13, if a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization       Image: Computence of the organization id not check the box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test - 2021. If the organization did not check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check this box and stop here. Explain in Par		and income from similar sources $\dots$	117,433.	158,206.	112,162.	223,224.	92,289.	703,314.
business is regularly carried on         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)         11       Total support. Add lines 7 through 10         12       Gross receipts from related activities, etc. (see instructions)         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage         14       Dublic support percentage from 2020 Schedule A, Part II, line 14         15       50.70         16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, or 17a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a	9							
10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       151,599.37,609.5,521.82,521.26,829.304,079.3190566373.12 Gross receipts from related activities, etc. (see instructions)       12       12       12,567,883.13190566373.12 Gross receipts from related activities, etc. (see instructions)       12       12,567,883.13190566373.12 Gross receipts from related activities, etc. (see instructions)       12       12,567,883.13190566373.12 Gross receipts from related activities, etc. (see instructions)       12       12,567,883.112 Gross receipts from related activities, etc. (see instructions)         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       12       12,567,883.122 Gross receipts from related activities, etc. (see instructions)         14       Public support percentage for 2021 (line 6, column (f), divided by line 11, column (fi))       14       52.68 %         15       Public support percentage from 2020 Schedule A, Part II, line 14       15       50.70 %         16a       33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a       10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the org								
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11 Total support. Add lines 7 through 10       3190566373.         12 Gross receipts from related activities, etc. (see instructions)       12       12, 567,883.         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       organization, check this box and stop here         Section C. Computation of Public Support Percentage       14       52.68 %         14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).       14       52.68 %         15 Public support percentage from 2020 Schedule A, Part II, line 14       15       50.70 %         16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization         b 10% -facts-and-circumstances test. T		•			F F01	00 501		204 070
12       Gross receipts from related activities, etc. (see instructions)       12			151,599.	37,609.	5,521.	82,521.	20,829.	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         organization, check this box and stop here         Section C. Computation of Public Support Percentage         14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))         15 Public support percentage from 2020 Schedule A, Part II, line 14         16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization dualifies as a publicly supported organization         b 10% -facts-and-circumstances test. The organization dualifies as a publicly supported organization       Imate testeteteteeteeteeteeteeteeteeteeteeteet	11						1.1.0	
organization, check this box and stop here       Image: Section C. Computation of Public Support Percentage         14       Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))       14       52.68 %         15       Public support percentage from 2020 Schedule A, Part II, line 14       15       50.70 %         16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: Step here. The organization qualifies as a publicly supported organization         b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: Step here. The organization qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								, 56 / , 883.
Section C. Computation of Public Support Percentage         14       52.68         15       Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))       14       50.70         15       Public support percentage from 2020 Schedule A, Part II, line 14       15       50.70       %         16a 33       1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       IX         b 33       1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       IX         17a       10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	13	-				-		
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	18	•		•				

Schedule A (Form 990) 2021

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

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

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 20	)21	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	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								-
	Amounts included on lines 1, 2, and								-
10	3 received from disgualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year						<del></del>		_
	Add lines 7a and 7b								_
	Public support. (Subtract line 7c from line 6.)								_
		() 0017	(1) 0010	() 0010	( 1) 0000			(0 T ) )	
	endar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 20	)21	(f) Total	_
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b								
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								_
14	First 5 years. If the Form 990 is for the	organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) o	rganizati	on,	
							<u></u>	<b>)</b>	
Sec	ction C. Computation of Public	<u>s Support Pe</u>	ercentage						
15	Public support percentage for 2021 (lir	ne 8, column (f),	divided by line 13,	column (f))		15		%	6
16	Public support percentage from 2020	Schedule A, Par	t III, line 15			16		9	6
See	ction D. Computation of Inves	tment Incom	ne Percentage						
17	Investment income percentage for 202	1 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17		9	6
18	Investment income percentage from 2	020 Schedule A,	Part III, line 17			18		9	6
19a	a 33 1/3% support tests - 2021. If the c	organization did i				33 1/3%, a	nd line 1	7 is not	
	more than 33 1/3%, check this box an	-							
b	<b>33 1/3% support tests - 2020.</b> If the c						3 1/3%, a	and	
	line 18 is not more than 33 1/3%, chec								
20	Private foundation. If the organization								
_	ž – ž								-

Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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

Yes

No

### MAP International, Inc.

## the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,

### one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

Yes No

11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		Yes	No

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

### Section C. Type II Supporting Organizations

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

### Section D. All Type III Supporting Organizations

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

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

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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

# Yes No

2

No

Schedule A	(Form 990)	2021
Part V	Type III	Non-F

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1

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

MAP International, Inc.

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

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		
с	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 <b>Part VI</b> ):			
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-functiona	Ilv integrate	d Type III supporting org	anization (see

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

Schedule A (Form 990) 2021

Schedule A	(Form 990	) 2021

MAP	International,	Inc.
-----	----------------	------

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

Schedule A (Form 990) 2021

MAP International, Inc.

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

Part II, Section B, Line 10:

Other income includes income from miscellaneous revenue and gross

income from fundraising events.

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

### **Schedule of Contributors**

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

OMB No. 1545-0047

2021

Employer identification number

3	6-	- 2	58	6	3	9	0
-	0	-	50	v	-	~	v

MAP	International,	Inc.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

### **General Rule**

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

#### Special Rules

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

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

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

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

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

36-2586390

### MAP International, Inc.

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u> </u>	Name, audress, and Zir + 4	\$_104,318,443.	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>79,170,526.</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					
3		\$ 73,407,842.	Person Payroll Noncash X (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution         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					
5		\$ 41,522,366.	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					
6		\$ <u>40,102,154</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)					

36-2586390

### MAP International, Inc.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Person Payroll 39,763,239. X Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 Person Payroll 31,424,882. X Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 Person Payroll 19,395,399. Noncash X \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 10 Person Payroll X 16,499,747. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 Person Payroll 14,424,131. X Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

36-2586390

### MAP International, Inc.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

i are n			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Medicines and Medical Supplies		
		\$ <u>104,318,443</u> .	09/30/22
(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		
		\$ <u>79,170,526.</u>	09/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	Medicines and Medical Supplies		
		\$\$_73,407,842.	09/30/22
(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		
		\$ <u>47,119,838.</u>	09/30/22
(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		
		\$ <u>41,522,366</u>	09/30/22
(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		
			09/30/22
8453 11-1	1-21		Schedule B (Form 990) (20

Schedule B (Form 990) (2021)

Employer identification number

MAP International, Inc.

36-2586390

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	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
7	Medicines and Medical Supplies		
		<u> </u>	09/30/22
(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		
		\$\$_31,424,882.	09/30/22
(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		
		\$19,395,399.	09/30/22
(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		
		<u> </u>	09/30/22
(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> </u>	09/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	ganization		Employer identification numbe			
MAP Ir	nternational, Inc.		36-2586390			
Part III		) through (e) and the following line e charitable, etc., contributions of <b>\$1,000 c</b>	in section 501(c)(7), (8), or (10) that total more than \$1,000 for the y			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
-		(e) Transfer of g	gift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) i dipose oi gitt					
ŀ		(e) Transfer of g	 gift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
		[				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of g	gift Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
ŀ		(e) Transfer of g	lgift			
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

~~		Supplement	al Einanaial St	otomonto		OMB No. 1545-0047
(Form 990) SCHEDULE D (Form 990) Complete if the organization answer Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11				es" on Form 990,		2021
	tment of the Treasury		Attach to Form 990.			Open to Public Inspection
	al Revenue Service	Go to www.irs.gov/Form9	90 for instructions and t	the latest information.		r identification number
INGII		MAP International,	Inc.			6-2586390
Pa		ations Maintaining Donor Advise		Similar Funds or A	ccounts.	Complete if the
	organizati	on answered "Yes" on Form 990, Part IV, lir		al fi un al a		
			(a) Donor advised	d funds	( <b>b)</b> Funds an	d other accounts
1		end of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4 5		at end of yearion inform all donors and donor advisors in		ld in donor advised fur	do	
5	-	ion's property, subject to the organization's	-			Yes No
6		ion inform all grantees, donors, and donor a				
·	-	poses and not for the benefit of the donor of			-	
	impermissible pri	1	,	, , ,		Yes No
Pa		vation Easements. Complete if the or	ganization answered "Yes	s" on Form 990, Part IV	, line 7.	
1	Purpose(s) of cor	nservation easements held by the organizat	ion (check all that apply).			
	Preservatio	on of land for public use (for example, recrea	ation or education)	Preservation of a hist	orically impo	rtant land area
	Protection	of natural habitat		Preservation of a cert	ified historic	structure
	Preservatio	on of open space				
2	Complete lines 2 day of the tax yea	a through 2d if the organization held a quali ar.	fied conservation contrib	ution in the form of a co		easement on the last at the End of the Tax Year
а	Total number of o	conservation easements			2a	
b	Total acreage res	stricted by conservation easements			2b	
С	Number of conse	Number of conservation easements on a certified historic structure included in (a)				
d		ervation easements included in (c) acquired onal Register			2d	
3	Number of conse	ervation easements modified, transferred, re	eleased, extinguished, or t	terminated by the orga	nization durii	ng the tax
	year 🕨					
4		where property subject to conservation ea				
5	•	ation have a written policy regarding the pe	<b>e</b>			
		nforcement of the conservation easements				
6	Staff and volunte	er hours devoted to monitoring, inspecting,	, handling of violations, ar	nd enforcing conservat	ion easemen	its during the year
7	Amount of expen	uses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation e	asements du	iring the year
	▶\$		-	-		
8	Does each conse	ervation easement reported on line 2(d) abo	ve satisfy the requirement	ts of section 170(h)(4)(l	3)(i)	
	and section 170(	h)(4)(B)(ii)?				Yes No
9	In Part XIII, descr	ibe how the organization reports conservat	ion easements in its rever	nue and expense state	ment and	
	balance sheet, ar	nd include, if applicable, the text of the foot	note to the organization's	s financial statements tl	nat describe	s the
		counting for conservation easements.	· · · · · · · · · · · · · · · · · · ·	0.11	<u></u>	
Ра		ations Maintaining Collections o	•	easures, or Other	Similar A	ssets.
		if the organization answered "Yes" on Form				
па	•	n elected, as permitted under FASB ASC 95	•			
	-	reasures, or other similar assets held for pu			ince of publi	υ U
h		n Part XIII the text of the footnote to its fina n elected, as permitted under FASB ASC 95			sheet wor	ks of
b		asures, or other similar assets held for public				
		ving amounts relating to these items:	o campition, education, of	i i cocaron in funcialit		
	•	uded on Form 990, Part VIII, line 1			▶ \$	
2	• •	n received or held works of art, historical tre				
		ounts required to be reported under FASB A				

b	Assets included in Form 990, Part X
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
132051	10-28-21

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2021

▶ \$

▶ \$

		ernational						86390		age <b>2</b>
Par	t III Organizations Maintaining C		-					<b>ts</b> (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	at make s	significant u	use of its			
	collection items (check all that apply):									
а	Public exhibition	d		hange progra						
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	•		•			se in Par	t XIII.		
5	During the year, did the organization solicit o							٦		1
Der	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi							7		1
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					Amount		
								Amount		
	Beginning balance									
	Additions during the year									
	Distributions during the year									
f 20	Ending balance Did the organization include an amount on Fe					<b>1f</b>		Yes		No
	If "Yes," explain the arrangement in Part XIII.					• • • • • • • • •				]
Par										1
		(a) Current year	(b) Prior year	(c) Two year			ears back	(e) Four	vears	back
10	Beginning of year balance	3,775,170.	3,775,170.		5,170.		75,170.	()	775,	
	Contributions	64,506.		<i>•,,,</i>	-,_,-,-,	•,,,	,	•,	,	
	Net investment earnings, gains, and losses	-36,024.	285,849.	1:	8,957.	13	31,239.		61	144.
	Grants or scholarships		200,019.		2,545.		2,615.		•1,	<u> </u>
	Other expenditures for facilities				_,		-,			
e		28,482.	285,849.	1	6,412.	1:	28,624.		61	144.
f	Administrative expenses	,		_	-,		,		,	
	End of year balance	3,775,170.	3,775,170.	3 77	5,170.	3 7	75,170.	3	775,	170.
2	Provide the estimated percentage of the cur				,_,_,	- / - /	-,	-,	,	
	Board designated or guasi-endowment	• 0000	%	<i>a))</i> field do.						
	Permanent endowment 100.0000	%								
	Term endowment									
•	The percentages on lines 2a, 2b, and 2c sho	, -								
3a	Are there endowment funds not in the posse	•	ation that are held a	ind administe	ered for t	he organiza	ation			
	by:							Г	Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?					<u>``</u>		
4	Describe in Part XIII the intended uses of the							L I		
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a. S	See Form 990	), Part X,	line 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) A	ccumulate	b	(d) Book	value	
		basis (investm		(other)		preciation				
1a	Land		30	5,081.				305	5,08	81.
	Buildings			0,098.	1,9	935,22	25.	3,714		
	Leasehold improvements				-	-				
	Equipment		2,99	6,759.	2,5	706,92	26.	289	9,83	33.
	Other			6,452.		389,30			1,14	
	Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1					4,416	5 <u>,</u> 93	35.

Schedule D (Form 990) 2021

Schedule D (Form 990	) 2021 <b>MAP</b>	International,	Inc.
	/===!		

Part VII         Investments - Other Securities.           Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			-
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11e or 11f See Form 990 Part X line 25	
(a) Description of lightlifty	0111 0111 330, 1 at 10, int		(b) Book value
			(b) DOOK value
(1) Federal income taxes (2) Annuity Reserve Payable			111,116
(2) Annuity Reserve Payable (3) Deferred Rent Liability			8,781
			0,701
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9) 	05)		110 007
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 25.)		119,897.

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

Schedule D (Form 990) 2021 MAP Internationa	al, Inc.		36-	2586390	Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Fi	nancial Statements W	ith Revenue per R	etur	n.	
Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.				
1 Total revenue, gains, and other support per audited financial	statements		1	625,914	<u>,599.</u>
2 Amounts included on line 1 but not on Form 990, Part VIII, line	e 12:				
a Net unrealized gains (losses) on investments	2a	67,760.			
<b>b</b> Donated services and use of facilities	2b				
c Recoveries of prior year grants	2c				
d Other (Describe in Part XIII.)					
e Add lines 2a through 2d			2e		,760.
3 Subtract line 2e from line 1			3	625,846	,839.
4 Amounts included on Form 990, Part VIII, line 12, but not on li					
a Investment expenses not included on Form 990, Part VIII, line	7b 4a				
b Other (Describe in Part XIII.)	4b	-177,214.			
c Add lines 4a and 4b			4c		,214.
5 Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990)	Part I, line 12.)			625,669	,625.
Part XII Reconciliation of Expenses per Audited F	inancial Statements V	Vith Expenses per	Retu	u <b>rn.</b>	
Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.				
1 Total expenses and losses per audited financial statements			1	757,442	,949.
2 Amounts included on line 1 but not on Form 990, Part IX, line					
a Donated services and use of facilities	2a				
b Prior year adjustments			1		
c Other losses			1		
d Other (Describe in Part XIII.)		177,214.	1		
e Add lines 2a through 2d			2e	177	,214.
3 Subtract line 2e from line 1			3	757,265	,735.
Amounts included on Form 990, Part IX, line 25, but not on lin					
a Investment expenses not included on Form 990, Part VIII, line	7b <b>4a</b>			1	
<b>b</b> Other (Describe in Part XIII.)	4b		1		

#### 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

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

### Part XI, Line 4b - Other Adjustments:

Fundraising Event Expenses \$177,214

Part	XII,	Line	2d	_	Other	Ad-	justments:
------	------	------	----	---	-------	-----	------------

### Fundraising Event Expenses \$177,214

d	Other (Describe in Part XIII.)	2d					
	Add lines <b>2a</b> through <b>2d</b>			2e			,760.
3	Subtract line <b>2e</b> from line <b>1</b>		[	3	625	,846	,839.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b	-177,214.				
с	Add lines <b>4a</b> and <b>4b</b>			4c			,214.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	625	,669	,625.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemen	ts Wi	th Expenses per	Retu	ırn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements			1	757	,442	,949.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С	Other losses	2c					
d	Other (Describe in Part XIII.)	2d	177,214.				
е	Add lines <b>2a</b> through <b>2d</b>			2e			<u>,214.</u>
3	Subtract line 2e from line 1			3	757	,265	,735.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
С	Add lines <b>4a</b> and <b>4b</b>			4c			0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			5	757	,265	,735.

SCHEDULE F	Stateme	nt of Act	ivities Outside the Un	ited Sta	ates	OMB No. 1545-004	47	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.							
Department of the Treasury Internal Revenue Service	► Go to	www.irs.gov/Fo	Attach to Form 990. orm990 for instructions and the latest	Open to Public Inspection				
Name of the organization	<b>p</b> 0.010					identification num	ıber	
MAP International, Inc.						36-2586390		
		Activities Ou	tside the United States. Complet	te if the orgar				
Form 990, Part I	,							
-	-		ds to substantiate the amount of its gra the selection criteria used to award the				No	
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and c	ther assistar	ice outside the		
· · _ · _ ·	1		an be duplicated if additional space is n					
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in gram service specific typ (s) in the reg	expenditu for and investmer	ires I nts	
Control America and			Grants for the purpose of					
Central America and the Caribbean	C	0	providing assistance to beneficiaries in the region			454,036,5	= 1 /	
		0	penericiaries in the region			454,038,5	)14.	
			Grants for the purpose of					
East Asia and the			providing assistance to					
Pacific	0	0	beneficiaries in the region			7,203,6	531.	
			_			,		
			Grants for the purpose of					
			providing assistance to					
Europe	C	0	beneficiaries in the region			5,787,2	256.	
Middle East and			Grants for the purpose of providing assistance to					
North Africa	0	0	beneficiaries in the region			15,899,3	221	
		0	penericiaries in the region				. 12	
			Grants for the purpose of					
			providing assistance to					
North America	C	0	beneficiaries in the region			504,2	291.	
			Grants for the purpose of					
Russia and the Newly			providing assistance to					
Independent States	C	0	beneficiaries in the region			20,150,4	105.	
			Grants for the purpose of providing assistance to					
South America	C	0	beneficiaries in the region			50,613,4	al ures d ents gjon 514. 631. 256. 321. 405. 438. 957. 813. 375.	
			Grants for the purpose of					
South Agin			providing assistance to			2 056 6	0 5 7	
South Asia	0		beneficiaries in the region			3,956,9 558,151,8		
<b>3 a</b> Subtotal <b>b</b> Total from continuation						550,151,0		
sheets to Part I	C	) (				148,298,3	375.	
c Totals (add lines 3a								
and 3b)	0					706 450 1	188	

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

chedule F (Form 990) Part I Continuation	MAP Inte		<b>1</b> , IIIC • <b>1</b> .(Schedule F (Form 990), Part I, line 3)	36-2586390 Page			
(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	<b>(f)</b> Total expenditures for region		
			Grants for the purpose of providing assistance to		140 121 05		
ub-Saharan Africa	0		beneficiaries in the region Cash Grants for Health		148,131,97		
South America	0		Promotion & Community Development		64,60		
			Cash Grants for Health Promotion & Community				
ub-Saharan Africa	0	0	Development Cash Grants for Health		91,41		
Cast Asia and the Pacific	0		Promotion & Community Development		10,37		
otals					148,298,37		

Page 2

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> 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.		142,401,015.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		140,735,524.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	٥.		24 813 066	Medical Supplies	Value
						,,		
		Central America					Medicines and	Fair Market
		and the Caribbean	Conoral Curnert	0.		22 470 055	Medical Supplies	Value
		and the caribbean	General Support	0.		23,478,855.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		22,751,117.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		22,211,366.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		22,128,657.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	٥.		16,113,346.	Medical Supplies	Value
			recognized as charities by the					
			or counsel has provided a sec	tion 501(c)(3) ec	quivalency letter	►		23
3 Enter total number of	other organizations of	or entities				🕨		1

Schedule F (Form 990) 2021

MAP International, Inc. 36-2586390 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) Central America Medicines and Fair Market and the Caribbean General Support 14,624,739.Medical Supplies 0. Value Central America Medicines and Fair Market and the Caribbean General Support 0. 5,894,858.Medical Supplies Value Central America Medicines and Fair Market 5,235,901.Medical Supplies and the Caribbean General Support 0. Value Central America Medicines and Fair Market and the Caribbean General Support 0. 3,492,601.Medical Supplies Value Medicines and Fair Market Central America and the Caribbean General Support 0. 3,168,455.Medical Supplies Value Central America Medicines and Fair Market and the Caribbean General Support 0. 1,670,159.Medical Supplies Value Central America Medicines and Fair Market and the Caribbean General Support 0. 372,029.Medical Supplies Value Medicines and Central America Fair Market Ο. 293,846.Medical Supplies and the Caribbean General Support Value Central America Medicines and Fair Market 169,169.Medical Supplies and the Caribbean General Support 0. Value

MAP International, Inc. 36-2586390 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) Central America Medicines and Fair Market and the Caribbean General Support 141,726.Medical Supplies 0. Value Central America Medicines and Fair Market and the Caribbean General Support 0. 121,866.Medical Supplies Value Medicines and Central America Fair Market 87,587.Medical Supplies and the Caribbean General Support 0. Value Central America Medicines and Fair Market and the Caribbean General Support 0. 86,205.Medical Supplies Value Medicines and Fair Market Central America and the Caribbean General Support 0. 84,965.Medical Supplies Value Central America Medicines and Fair Market and the Caribbean General Support 0. 83,084.Medical Supplies Value Central America Medicines and Fair Market and the Caribbean General Support 0. 80,357.Medical Supplies Value Central America Medicines and Fair Market Ο. 75,178.Medical Supplies and the Caribbean General Support Value Central America Medicines and Fair Market 61,110.Medical Supplies and the Caribbean General Support 0. Value

Schedule F (Form 990)		International			36-25			Page <b>2</b>
	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1
1 (a) Name 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)
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		60,178.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		59,001.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		55,270.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		50,018.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		48,204.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		30,848.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	٥.		29,135.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		29,046.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		26,917.	Medical Supplies	Value

Schedule F (Form 990)		International			36-25			Page <b>2</b>
Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	. (Schedule F (Form 9	90), Part II, line	1)	1
1 (a) Name 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	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		26,558.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		25,622.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.	,	24,229.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		20 752.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		19,541.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	٥.		17,725.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		17,556.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		17,554.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.	,	16,679.	Medical Supplies	Value

Schedule F (Form 990)		nternational			36-25			Page <b>2</b>
Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
							Maddalara and	Tada Manhat
		Central America and the Caribbean	General Support	0.		16 262.	Medicines and Medical Supplies	Fair Market Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		15,973.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		15,033.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		12,426.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		12,322.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		11,957.	Medical Supplies	Value
		Central America				44.425	Medicines and	Fair Market
		and the Caribbean	General Support	0.		11,135.	Medical Supplies	Value
		Central America and the Caribbean	General Support	0.		11 128	Medicines and Medical Supplies	Fair Market Value
						,-20.		
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		10,741.	Medical Supplies	Value

chedule F (Form 990)		nternational			36-25			Page <b>2</b>
	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	e United States	. (Schedule F (Form 9	90), Part II, line	1)	1
1 (a) Name of organization	<b>(b)</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)
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		10,473.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		10,023.	Medical Supplies	Value
		Central America				0 700	Medicines and	Fair Market
		and the Caribbean	General Support	0.		9,706.	Medical Supplies	Value
								Dada Manhat
		Central America and the Caribbean	Conoral Support	0.		0 204	Medicines and	Fair Market
		and the caribbean	General Support	0.	•	9,294.	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.		8,905.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		8,645.	Medical Supplies	Value
		Central America	Conoral Support			0 4 4 7	Medicines and	Fair Market Value
		and the Caribbean	General Support	0.		8,447.	Medical Supplies	vaiue
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		8 447.	Medical Supplies	Value

Schedule F (Form 990)		nternational			36-25			Page 2
	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	e United States	. (Schedule F (Form 9	90), Part II, line	1)	1
1 (a) Name 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, FM\ appraisal, other)
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		8,402.	Medical Supplies	Value
		Central America				0.064	Medicines and	Fair Market
		and the Caribbean	General Support	0.	•	8,264.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		7 841	Medical Supplies	Value
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		7,064.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		6,964.	Medical Supplies	Value
		Central America and the Caribbean	General Support	0.		6,886.	Medicines and Medical Supplies	Fair Market Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		6,490.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		5,865.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		5 748	Medical Supplies	Value

Schedule F (Form 990)		nternational			36-25			Page <b>2</b>
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
1 (a) Name of organization	<b>(b)</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)
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		5,294.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		8,200.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		19,175.	Medical Supplies	Value
		Central America					Medicines and	Fair Market
		and the Caribbean	General Support	0.		1,157,701.	Medical Supplies	Value
		East Asia and the					Medicines and	Fair Market
		Pacific	General Support	0.		4,334,578.	Medical Supplies	Value
		East Asia and the					Medicines and	Fair Market
		Pacific	General Support	0.		1,577,349.	Medical Supplies	Value
		East Asia and the	_				Medicines and	Fair Market
		Pacific	General Support	0.		980,809.	Medical Supplies	Value
		East Asia and the	Conoral Current	_		66 701	Medicines and	Fair Market
		Pacific	General Support	0.		00,721.	Medical Supplies	Value
		East Asia and the					Medicines and	Fair Market
		Pacific	General Support	0.				Value
		Factitic	Peneral Support	U.		40,094.	Medical Supplies	value

Schedule F (Form 990)		nternational			36-25			Page <b>2</b>
Part II Continuation o 1 (a) Name of organization	f Grants and Other (b) IRS code section and EIN (if applicable)	(a) Pagian	ations or Entities Outside the (d) Purpose of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line (g) Amount of non-cash assistance	1) (h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		East Asia and the Pacific	General Support	0.		21,644.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		10,872.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		9,513.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		9,382.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		6,495.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.			Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		5,504.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	General Support	0.		5,140.	Medicines and Medical Supplies	Fair Market Value
		Europe	General Support	0.		1,081,674.	Medicines and Medical Supplies	Fair Market Value

Schedule F (Form 990)	(Form 990) MAP International, Inc.				36-2586390				
Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside th	e United States.	Schedule F (Form 9	90), Part II, line	1)		
1 (a) Name of organizatio	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		Europe	General Support	0.		3,267,849,	Medicines and Medical Supplies	Fair Market Value	
		Europe	General Support	0.		6,634.	Medicines and Medical Supplies	Fair Market Value	
		Europe	General Support	0.		5,446.	Medicines and Medical Supplies	Fair Market Value	
		Europe	General Support	0.		1,080,653,	Medicines and Medical Supplies	Fair Market Value	
		Europe	General Support	0.		314,791.	Medicines and Medical Supplies	Fair Market Value	
		Middle East and North Africa	General Support	0.		7,739.	Medicines and Medical Supplies	Fair Market Value	
		Middle East and North Africa	General Support	0.		336,224,	Medicines and Medical Supplies	Fair Market Value	
		Middle East and North Africa	General Support	0.		4,635,589	Medicines and Medical Supplies	Fair Market Value	
		Middle East and North Africa	General Support	0.		142,076.	Medicines and Medical Supplies	Fair Market Value	

Schedule F (Form 990)		International			36-25			Page <b>2</b>
Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	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, FMV appraisal, other)
		Middle East and					Medicines and	Fair Market
		North Africa	General Support	0.		124,901.	Medical Supplies	Value
		Middle East and					Medicines and	Fair Market
		North Africa	General Support	0.		13,747.	Medical Supplies	Value
		Middle East and					Medicines and	Fair Market
		North Africa	General Support	0.		311,124.	Medical Supplies	Value
		Middle East and					Medicines and	Fair Market
		North Africa	General Support	0.		4,566,156.	Medical Supplies	Value
		Middle East and					Medicines and	Fair Market
		North Africa	General Support	0.		5,757.	Medical Supplies	Value
		Middle East and					Medicines and	Fair Market
		North Africa	General Support	0.		5,648,781.	Medical Supplies	Value
		Middle East and					Medicines and	Fair Market
		North Africa	General Support	0.		74,897.	Medical Supplies	Value
							Medicines and	Fair Market
		North America	General Support	0.		196,031.	Medical Supplies	Value
							Medicines and	Fair Market
		North America	General Support	0.		117,015.	Medical Supplies	Value

Schedule F (Form 990)	(Form 990) MAP International, Inc.				36-2586390				
	of Grants and Other	Assistance to Organization	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	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
							Medicines and	Fair Market	
		North America	General Support	0.		31,816.	Medical Supplies	Value	
		North America	General Support	0.		18 661	Medicines and Medical Supplies	Fair Market Value	
		Noith America	General Support	0.		10,001.	Medical Supplies	Value	
							Medicines and	Fair Market	
		North America	General Support	0.		14,396.	Medical Supplies	Value	
							Medicines and	Fair Market	
		North America	General Support	0.		12,721.	Medical Supplies	Value	
		North Amorica	Concuel Guppont	0.		11 202	Medicines and	Fair Market	
		North America	General Support	0.	•	11,202.	Medical Supplies	Value	
							Medicines and	Fair Market	
		North America	General Support	0.		6,464.	Medical Supplies	Value	
		Russia and the							
		Newly Independent					Medicines and	Fair Market	
		States	General Support	0.		1,543,770.	Medical Supplies	Value	
		Russia and the							
		Newly Independent				04 404	Medicines and	Fair Market	
		States	General Support	0.	·	84,494.	Medical Supplies	Value	
		Russia and the							
		Newly Independent					Medicines and	Fair Market	
		States	General Support	0.		63,206,	Medical Supplies	Value	

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Part II	Continuation o	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
<b>1</b> (a) Name	e of organization	(b) IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			Russia and the Newly Independent					Medicines and	Fair Market
			States	General Support	0.		29 089	Medical Supplies	Value
							25,005.		Vuiue
			Russia and the						
			Newly Independent					Medicines and	Fair Market
			States	General Support	٥.		19,162.	Medical Supplies	Value
			Russia and the						
			Newly Independent					Medicines and	Fair Market
			States	General Support	٥.		425,469.	Medical Supplies	Value
			Russia and the						
			Newly Independent					Medicines and	Fair Market
			States	General Support	0.		5,895.	Medical Supplies	Value
			Russia and the						
			Newly Independent					Medicines and	Fair Market
			States	General Support	٥.		1 975 751	Medical Supplies	Value
							1,575,751		
			Russia and the						
			Newly Independent					Medicines and	Fair Market
			States	General Support	٥.		1,527,476.	Medical Supplies	Value
			Russia and the						
			Newly Independent					Medicines and	Fair Market
			States	General Support	٥.		1,086,137.	Medical Supplies	Value
			Russia and the						
			Newly Independent	Conoral Suprant	_			Medicines and	Fair Market
			States	General Support	0.		84,055.	Medical Supplies	Value
			Russia and the						
			Newly Independent					Medicines and	Fair Market
			States	General Support	٥.		9,971,780.	Medical Supplies	

Schedule F (Form 990)	MAP I	nternational	, Inc.		36-25	86390		Page <b>2</b>
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	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Russia and the						
		Newly Independent					Medicines and	Fair Market
		States	General Support	0.		686 077	Medical Supplies	Value
		Russia and the						
		Newly Independent					Medicines and	Fair Market
		States	General Support	0.		1,969,522.	Medical Supplies	Value
							Medicines and	Fair Market
		South America	General Support	٥.		32,500,702.	Medical Supplies	Value
							Medicines and	Fair Market
		South America	General Support	0.		16,897,642.	Medical Supplies	Value
							Medicines and	Fair Market
		South America	General Support	0.		196,619.	Medical Supplies	Value
		Gauth Amandara	General Gunnent			169 901	Medicines and	Fair Market
		South America	General Support	0.		167,721.	Medical Supplies	Value
							Medicines and	Fair Market
		South America	General Support	0.		111 699	Medical Supplies	Value
			Constat Sapport	, ···		···,	Learcar Suppries	
							Medicines and	Fair Market
		South America	General Support	0.		105.005.	Medical Supplies	Value
						, , , , , , , , , , , , , , , , , , , ,		
							Medicines and	Fair Market
		South America	General Support	٥.		93,709.	Medical Supplies	Value

Schedule F (Fc	orm 990)	MAP I	nternationa	l, Inc.		36-25	86390		Page <b>2</b>
Part II Co	ontinuation o	f Grants and Other	Assistance to Organi	zations or Entities Outside th	e United States	(Schedule F (Form 9	90), Part II, line	1)	
<b>1</b> (a) Name of c	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)
			South America	General Support	0.		79,247.	Medicines and Medical Supplies	Fair Market Value
			South America	General Support	0.		39,133.	Medicines and Medical Supplies	Fair Market Value
			South America	General Support	0.		29,854.	Medicines and Medical Supplies	Fair Market Value
			South America	General Support	0.		25,832.	Medicines and Medical Supplies	Fair Market Value
			South America	General Support	0.		23,700.	Medicines and Medical Supplies	Fair Market Value
			South America	General Support	0.		17,048.	Medicines and Medical Supplies	Fair Market Value
			South America	General Support	0.		11,701.	Medicines and Medical Supplies	Fair Market Value
			South America	General Support	0.		9,814.	Medicines and Medical Supplies	Fair Market Value
			South America	General Support	0.		8,076.	Medicines and Medical Supplies	Fair Market Value

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Part II Continuation	of Grants and Other	Assistance to Organ	izations or Entities Outside t	he United States	. (Schedule F (Form 9		1)	i
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)
							Medicines and	Fair Market
		South America	General Support	0.		7,830.	Medical Supplies	Value
							Medicines and	Fair Market
		South America	General Support	0.		6,932.	Medical Supplies	Value
							Medicines and	Fair Market
		South America	General Support	0.		6,410.	Medical Supplies	Value
							<b>M</b> - 44 - 4	Reder Merchert
		South America	General Support	0.		6 306.	Medicines and Medical Supplies	Fair Market Value
		South America	General Support	0.		5 850	Medicines and Medical Supplies	Fair Market Value
		boutin America				5,005.	medical Supplies	Value
		Couth American	General Gumment			F 770	Medicines and	Fair Market
		South America	General Support	0.		5,770.	Medical Supplies	Value
							Medicines and	Fair Market
		South America	General Support	0.		5,105.	Medical Supplies	Value
							Medicines and	Fair Market
		South Asia	General Support	0.		2,820,678.	Medical Supplies	Value
							Medicines and	Fair Market
		South Asia	General Support	0.		1,044,375.	Medical Supplies	Value

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	of Grants and Other	Assistance to Organiz	ations or Entities Outside th	e United States.	(Schedule F (Form 9		1)	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)
							Medicines and	Fair Market
		South Asia	General Support	0.		15,874.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		42,984,572.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	19,000.	Wire	37,361,705.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		13,355,129.	Medical Supplies	Value
		Sub-Saharan Africa	General Support	0.		12,266,382.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		6,390,210.	Medicines and Medical Supplies	Fair Market Value
						· · ·		
		Sub-Saharan Africa	General Support	0.		6 176 115	Medicines and Medical Supplies	Fair Market Value
						0,1,0,110,		
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		3,906,763.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		3,620,619.	Medical Supplies	Value

Schedule F (Form 990)	MAP I	international	l, Inc.		36-25	86390		Page <b>2</b>
Part II Continuation	of Grants and Other	Assistance to Organiz	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	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> 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.		3,394,951.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	٥.		3,007,270.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		2,095,564.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		1,632,672.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		1,375,654.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		1,253,173.	Medical Supplies	Value
						, ,		
		Sub-Saharan Africa	General Support	0.		1 171 040	Medicines and Medical Supplies	Fair Market Value
						_,,,.	Supplied	
		Sub-Saharan Africa	General Support	0.		1 340 860	Medicines and Medical Supplies	Fair Market Value
			Severar pubborc	0.		I, JIZ, 002.	Medical Supplies	hatne
		Sub-Saharan		_		0.01 0.00	Medicines and	Fair Market
		Africa	General Support	0.		801,098.	Medical Supplies	Value

Schedule F (Form 990)					36-25	86390		Page <b>2</b>
Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside th	e 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	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		786,133.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		399,622.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		289,349.	Medical Supplies	Value
						,		
		Sub-Saharan Africa	General Support	0.		186 240	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Conoral Gupport	0.			Medicines and Medical Supplies	Fair Market
		AIIICa	General Support	0.		105,050.	Medical Supplies	Value
		Sub-Saharan				100 500	Medicines and	Fair Market
		Africa	General Support	0.		129,562.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		97,039.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		90,281.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		87,855.	Medical Supplies	Value

Schedule F (Form 990)					36-25	86390		Page <b>2</b>
Part II Continuation	of Grants and Other	Assistance to Organiz	zations or Entities Outside th	e 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	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	٥.		84,934.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		75,442.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		73,076.	Medical Supplies	Value
						,		
		Sub-Saharan Africa	General Support	0.		72 354	Medicines and Medical Supplies	Fair Market Value
						,		
		Sub-Saharan Africa	Conoral Support	0.		70 602	Medicines and Medical Supplies	Fair Market Value
		AIIICa	General Support	0.		70,003.	Medical Supplies	Value
		Sub-Saharan				=	Medicines and	Fair Market
		Africa	General Support	0.		70,032.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		65,088.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		58,882.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		54,350.	Medical Supplies	Value

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Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside th	e 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	<b>(g)</b> 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.		43,639.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		42,268.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		39,367.	Medical Supplies	Value
						,		
		Sub-Saharan Africa	General Support	0.		37 839	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	General Support	0.		26 000	Medicines and Medical Supplies	Fair Market Value
		AIIICa		0.		30,900.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		35,713.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		34,225.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		33,770.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		27,485.	Medical Supplies	Value

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Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside th	e 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	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		25,237.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		22,320.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		21,961.	Medical Supplies	Value
						/ -		
		Sub-Saharan Africa	General Support	0.		21 323	Medicines and Medical Supplies	Fair Market Value
						11,010.		
		Sub-Saharan	General Gumment	0.		20.075	Medicines and	Fair Market
		Africa	General Support	0.		20,975.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		18,149.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		18,051.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		17,744.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		16,779.	Medical Supplies	Value

Schedule F (Form 990)					36-25	86390		Page <b>2</b>
Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside th	e 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	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	٥.		16,014.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		15,973.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		15,202.	Medical Supplies	Value
						,		
		Sub-Saharan Africa	General Support	0.		15 162	Medicines and Medical Supplies	Fair Market Value
						,		
		Sub-Saharan Africa	General Support	0.		15 075	Medicines and Medical Supplies	Fair Market Value
		AIIICa		0.		15,075.	Medical Supplies	Value
		Sub-Saharan				44.050	Medicines and	Fair Market
		Africa	General Support	0.		14,350.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		13,888.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		13,747.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		13,406.	Medical Supplies	Value

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Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	e 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, FMV, appraisal, other)
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		12,256.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		12,226.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		11,507.	Medical Supplies	Value
						,		
		Sub-Saharan Africa	General Support	0.		12 144	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Conoral Cupport	0.		11 0/5	Medicines and Medical Supplies	Fair Market
		AIIICa	General Support	0.		11,045.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		10,992.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		10,738.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		10,723.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		10,277.	Medical Supplies	Value

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Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	e 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	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	General Support	0.		9,948.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan				0.000	Medicines and	Fair Market
		Africa	General Support	0.		9,290.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		6,410.	Medical Supplies	Value
		Sub-Saharan Africa	General Support	0.		8,874.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		7,550.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		8,033.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		7,316.	Medical Supplies	Value
		Sub-Saharan Africa	General Support	0.		7 7/5	Medicines and Medical Supplies	Fair Market
		niiica	Penerar Support	0.		7,245.	medical supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		7,138.	Medical Supplies	Value

Schedule F (Form 990)	MAP I	nternational	, Inc.		36-25	86390		Page <b>2</b>
Part II Continuation	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	e United States.	Schedule F (Form S	90), Part II, line	1)	
1 (a) Name 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					Medicines and	Fair Market
		Africa	General Support	0.		6,390.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		6,027.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		5,453,	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		5,361.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		5,284.	Medical Supplies	Value
		Sub-Saharan					Medicines and	Fair Market
		Africa	General Support	0.		5,005.	Medical Supplies	Value
		East Asia and the						
		Pacific	General Support	10,375.	Wire	0.		
		South America	General Support	64,610.	Wire	0.		
		Sub-Saharan						
		Africa	General Support	48,994.	Wire	0.		

Schedul	e F (Form 990)	MAP I	nternational	, Inc.	36-2586390 Page							
Part II	Continuation o	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)				
<b>1</b> (a) Nar	ne of organization	<b>(b)</b> IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of	(g) Amount of	(h) Description	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)			
			Sub-Saharan Africa	General Support	23,427.	Wire	0.					

Schedule F (Form 990) 2021 Part III Grants and Other Assista	MAP Internati				6-2586390	
Part III can be duplicated if			dies. complete	Tes	01110111000,110	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	<b>(g)</b> Description of noncash assistance
Health Promotion	Central America and the Caribbean	51	0.		1,247,070.	Medicines and Medical Supplies
Health Promotion	East Asia and the Pacific	7	o.		105,452.	Medicines and Medical Supplies
Health Promotion	Europe	1	. 0.		7,082.	Medicines and Medical Supplies
Health Promotion	Middle East and North Africa	4	0.		31,328.	Medicines and Medical Supplies
Health Promotion	North America	4	0.			Medicines and Medical Supplies
Health Promotion	Russia and the Newly Independent States	6	0.			Medicines and Medical Supplies
Health Promotion	South America	12	e 0.			Medicines and Medical Supplies
Health Promotion	Sub-Saharan Africa	80			2,152,832.	Medicines and Medical
			1			

Schedule F (Form 990) 2021

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

FMV

FMV

FMV

FMV

FMV

FMV

FMV

FMV

			International,	Inc.
Part IV	Foreign Forn	าร		

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund</i> (see <i>Instructions for Form 8621</i> )	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

## Part V Supplemental Information

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

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	Suppleme	ental Information Regarding	, Func	Irais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	2021
Department of the Treasury		Attach to Form 990	) or For	m 99	0-EZ.			Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for instr	ruction	s and	the latest informat	ion.		Inspection
Name of the organizatio								entification number
		ernational, Inc.					36-258	
	complete this par	<ul> <li>Complete if the organization answer t.</li> </ul>	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E	EZ filers are not
<ul> <li>a X Mail solicita</li> <li>b X Internet and</li> <li>c X Phone solic</li> <li>d X In-person so</li> <li>2 a Did the organization key employees listic</li> <li>b If "Yes," list the 10</li> </ul>	tions I email solicitations itations blicitations on have a written o ted in Form 990, P D highest paid indir	s <b>f</b> Solicita <b>g</b> X Special or oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of i tion of i l fundra l (incluc professi	non-g gover ising ling o onal 1	overnment grants nment grants events fficers, directors, true fundraising services?	stees	X Ye	
compensated at le	east \$5,000 by the	e organization.						
(i) Name and address of individual or entity (fundraiser)		(ii) Activity		Did aiser istody rol of itions?	(iv) Gross receipts from activity	to (or retained fundraiser listed in col. (		(vi) Amount paid to (or retained by) organization
Meyer Partners, LL	C - 8725		Yes	No				
West Higgins Rd Su		Fundraising Consulting		Х	3,159,351.		1,561,098	1,598,253.
Veritus Group, LLC	- P.O. Box							
18294, Asheville,		Fundraising Consulting		х	1,839,853.		56,220	. 1,783,633.
GiveBridge, Inc								
Monroe St, Ste 900	, Chicago,	Face to Face Fundraising		X	193,745.		651,399	-457,654.
Total					5,192,949.		2,268,717	
<ol> <li>List all states in wh or licensing.</li> </ol>	ich the organizatio	on is registered or licensed to solicit	contrib	ution	s or has been notified	d it is	exempt from	registration

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

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

			(a) Event #1 Bill Foege Awards	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through col. (c))
D			(event type)	(event type)	(total number)	coi. <b>(c)</b> )
ובגבוחם	1	Gross receipts	339,992.			339,992
	2	Less: Contributions	319,392.			319,392
	3	Gross income (line 1 minus line 2)	20,600.			20,600
	4	Cash prizes				
2	5	Noncash prizes				
20100	6	Rent/facility costs				
חווברו באחבוואבא	7	Food and beverages	71,133.			71,133
	8 9	Entertainment Other direct expenses				106,081
	-	Direct expense summary. Add lines 4 throug			<b></b>	177,214
- 1		Net income summary. Subtract line 10 from			•	-156,614
'a	rt I	II Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.	1			i
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
+	1	Gross revenue				
30	2	Cash prizes				
חוובתו בעתבו ואבא	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
+	<u> </u>		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line	7 from line 1 column (d)		►	
	Ent Is t	er the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain:	ucts gaming activities: activities in each of these			Yes N
b		re any of the organization's gaming licenses r	avokad euspandad art	erminated during the tax	vear?	Yes N

Sch	nedule G (Form 990) 2021	MAP	International,	Inc.	36-25	8639	0 Page <b>3</b>
11	Does the organization conduct g					Yes	No
				per of a partnership or other entity formed			
	to administer charitable gaming	?			[	Yes	🗌 No
13	Indicate the percentage of gami						
á	a The organization's facility				L·	13a	%
						I3b	%
14	Enter the name and address of	he person	who prepares the organization	on's gaming/special events books and reco	ords:		
	Name						
	Address ►						
15a	a Does the organization have a co	ntract with	n a third party from whom the	organization receives gaming revenue?		Yes	🗌 No
	If "Yes." enter the amount of ga	mina rever	nue received by the organizati	on $\blacktriangleright$ \$ and the am	ount		
-	of gaming revenue retained by t						
	If "Yes," enter name and addres						
	Name 🕨						
	Address ►						
16	Gaming manager information:						
	Name 🕨						
	Gaming manager compensation	<b>•</b>					
	Carning manager compensation	• • <u> </u>					
	Description of services provided	▶					
	Director/officer	□ Em	ployee Inde	pendent contractor			
17	Mandatory distributions:						
		er state lav	w to make charitable distribut	ions from the gaming proceeds to			
					[	Yes	🗌 No
I				ted to other exempt organizations or spen			
	organization's own exempt activ						
Pa			-	quired by Part I, line 2b, columns (iii) and (v	); and Part	III, lines 9	9, 9b, 10b,
	15D, 15C, 16, and 17D, a	as applicat	ble. Also provide any additiona	al information. See instructions.			
Sc	hedule G, Part I	, Line	e 2b, List of T	en Highest Paid Fundr	aisers	:	
	-	<u> </u>					
(i	) Name of Fundra	lser:	GiveBridge, In	с.			
(i	.) Address of Fund	draise	er: 525 W Monro	e St, Ste 900, Chicag	o, IL	606	61
Pa	rt I, Line 2b, Co	olumn	(v):				
Ρu	rsuant to the wr	itten	contract with	GiveBridge, Inc., the	Organ	izat	ion
	Ind GiveBridge, Indraising service			the tax year for face f this investment is			
			THE ODJECTIVE O	I CHIE INVESCMENT IS			000\ 0004
1320	083 10-21-21				Schedule		n 990) 2021

Part IV Supplemental Information (continued)

sustainable donor base through monthly recurring donations to MAP

International.

Schedule G, Part II:

The Bill Foege Global Health Awards is an annual event hosted by the

Organization to recognize people and organizations whose contributions

to the progress of global health measure substantially. The purpose of

the event is to gather the leaders of the global health community as

well as to raise awareness of the Organization within the global health

community.

In addition to the contributions that are raised at the above event

(and that are reported on this Schedule G), attendees often become

regular contributors to the Organization throughout the year as a

result of the information that they receive at this event.

SCHEDULE I (Form 990) Department of the Treasury	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.									
Internal Revenue Service		Go to www.i	rs.gov/Form990 fo	r the latest infor	mation.		Inspection			
Name of the organization MAP Inter	national,	Inc.					Employer identification number $36-2586390$			
Part I General Information on Grants a	nd Assistance									
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pro-</li> </ol>	stance? ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			X Yes No			
Part II Grants and Other Assistance to recipient that received more than	-				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
Convoy Of Hope 1 Convoy Dr Springfield, MO 65802	68-0051386	501(c)(3)	0.	12,858,486.	FMV	Medicines and Medical Supplies	General Support and Disaster Relief			
Hope Clinic Of Mckinney 103 E Lamar St Mckinney, TX 75069	81-3813928	501(c)(3)	0.	107,628.	FMV	Medicines and Medical Supplies	General support			
Coastal Community Health Services 106 Shoppers Way Ste 114 Brunswick, GA 31525	46-1859206	501(c)(3)	0.	101,687.	FMV	Medicines and Medical Supplies	General support			
Mckinney Medical Center, Inc. 218 Quarterman St Waycross, GA 31501	58-2101260	501(c)(3)	0.	101,603.	FMV	Medicines and Medical Supplies	General support			
Urban Health And Wellness 777 Cleveland Ave Sw Ste 209 Atlanta, GA 30315	81-3845426	501(c)(3)	0.	79,488.	FMV	Medicines and Medical Supplies	General support			
Miracle Making Ministries Inc Po Box 10044 Augusta, GA 30903	58-2358627	501(c)(3)	0.	56,443.	FMV	Medicines and Medical Supplies	General support			
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>	-	-					25.			

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

Schedule I (Form 990) MAP IIICEL	macronar	, INC.				J	0-200090 Page
Part II Continuation of Grants and Other	Assistance to De	mestic Organization	is and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(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 noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Good Samaritan Health Center						Medicines and	
1015 Donald Lee Hollowell Pkwy Nw						Medical	
Atlanta, GA 30318	58-2373395	501(c)(3)	0.	41,866.	FMV	Supplies	General support
Ethne Health						Medicines and	
980 Rowland St Ste 4190						Medical	
Clarkston, GA 30021	82-3920554	501(c)(3)	0.	38,888.	FMV	Supplies	General support
Mercy Medical Ministry						Medicines and	
1702 Catherine Ct Ste 1A						Medical	
Auburn, AL 36830	63-1228501	501(c)(3)	0.	24,616.	FMV	Supplies	General support
Good Samaritan Health Centers Of						Medicines and	
Gwinnett – 5949 Buford Hwy –						Medical	
Norcross, GA 30071	27-0080400	501(c)(3)	0.	23,867.	FMV	Supplies	General support
Project Hope						Medicines and	
1220 19Th St Nw Ste 800						Medical	General Support and
Washington, DC 20036	53-0242962	501(c)(3)	0.	51,151.	FMV	Supplies	Disaster Relief
Brunswick Job Corps Center						Medicines and	
4401 Glynco Pkwy						Medical	_
Brunswick, GA 31525	87-0365322	501(c)(3)	0.	11,654.	FMV	Supplies	General support
St Marys Health Wagon						Medicines and	
Po Box 7070						Medical	
Wise, VA 24293	04-3739083	501(c)(3)	0.	10,988.	FMV	Supplies	General support
Skylark Clinic Inc						Medicines and	
3548 Community Rd						Medical	
Brunswick, GA 31520	58-1967329	501(c)(3)	0.	10,422.	FMV	Supplies	General support
J.C. Lewis Primary Health Care						Medicines and	
Center, Inc 125 Fahm St -						Medical	
Savannah, GA 31401	27-0380035	501(c)(3)	0.	7,857.	FMV	Supplies	General support
	27 0300033	551(6/(5/	· ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, <b>-</b> •	P.4551100	Peneral Support

Schedule I (Form 990)

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Part II Continuation of Grants and Other			s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(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 noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Islamic Medical Association Of						Medicines and	
North America Inc - 101 W 22Nd St						Medical	
Ste 104 - Lombard, IL 60148	36-4166125	501(c)(3)	0.	6,425.	FMV	Supplies	General support
M-Power Ministries						Medicines and	
4022 4Th Ave S						Medical	
Birmingham, AL 35222	31-1639601	501(c)(3)	0.	6,152.	FMV	Supplies	General support
For Ngo Inc						Medicines and	
3061 Deanna Way						Medical	
Lawrenceville, GA 30044	03-0443891	501(c)(3)	0.	5,698.	FMV	Supplies	General support
Morningstar Children And Family						Medicines and	
Services - 1 Youth Estate Dr -						Medical	
Brunswick, GA 31525	58-2314421	501(c)(3)	0.	5,143.	FMV	Supplies	General support
Baptist Village						Medicines and	
2650 Carswell Ave						Medical	
Waycross, GA 31503	58-0687594	501(c)(3)	0.	149,486.	FMV	Supplies	General support
Warriors 22						Medicines and	
179 Emanuel Loop Rd						Medical	
Brunswick, GA 31523	81-3254268	501(c)(3)	0.	30,164.	FMV	Supplies	Coronavirus Response
Remote Area Medical						Medicines and	
2200 Stock Creek Blvd						Medical	
Rockford, TN 37853	58-1647546	501(c)(3)	0.	21,514.	FMV	Supplies	Coronavirus Response
Advocator Tra						Medicines and	
Advocates, Inc. 290 Elwood Davis Rd Ste 101						Medical	
Liverpool, NY 13088	16-1453716	501(c)(3)	0.	14,870.	FMV	Supplies	Coronavirus Response
				,			
The Ups Foundation						Medicines and	
55 Glenlake Parkway Ne B3 F3						Medical	
Atlanta, GA 30328	13-6099176	501(c)(3)	٥.	30,198.	FMV	Supplies	Disaster Relief

36-2586390 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (b) EIN (c) IRC section (a) Name and address of (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance assistance (book, FMV, appraisal, other) Medicines and Toolbank Usa Inc 410 Englewood Ave Se Medical Supplies Atlanta, GA 30315 90-0386790 501(c)(3) 0. 8,651.FMV Disaster Relief

36-2586390

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Medicines and Medical Supplies	7	0.	16,498.	FMV	General Support
Part IV         Supplemental Information. Provide the information	required in Part I, lir	ne 2; Part III, column	ı (b); and any other a	dditional information.	
Part I, Line 2:					
The Organization monitors the act	civities a	nd the use	e 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.

SC	HEDULE J	Compensation Information	I	OMB No.	1545-00	47		
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	20	71			
•	,	Compensated Employees		20		1		
Dene	transit of the Transition	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publ	ic		
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nam	e of the organization		Employer i			mber		
		MAP International, Inc.	36-2	58639	0			
Pa	rt I Questions	Regarding Compensation						
					Yes	No		
1a		te box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,					
		ne 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or ch	°						
	X Travel for comp							
	Tax indemnification and gross-up payments							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
D		n line 1a are checked, did the organization follow a written policy regarding payment or		416	Х			
2		ovision of all of the expenses described above? If "No," complete Part III to explain		1b		-		
2	-	s, including the CEO/Executive Director, regarding the items checked on line 1a?		2	х			
	trustees, and onicen			2				
3	Indicate which if an	y, of the following the organization used to establish the compensation of the organization?	s					
•		tor. Check all that apply. Do not check any boxes for methods used by a related organization						
		tion of the CEO/Executive Director, but explain in Part III.						
	X Compensation							
		ompensation consultant IX Compensation survey or study						
	X Form 990 of oth		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 rela							
а	Receive a severance	payment or change-of-control payment?		4a		Х		
b	Participate in or rece	ive payment from a supplemental nonqualified retirement plan?		4b		Х		
с	Participate in or rece	ive payment from an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of line	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
		(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed or	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	contingent on the re							
а	The organization?			5a		X		
b		tion?		<b>5b</b>		X		
		5b, describe in Part III.						
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
	contingent on the ne					v		
a	The organization?			6a		X X		
b		tion?		6b				
_		6b, describe in Part III.	_					
7	-	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment		_		v		
~		es 5 and 6? If "Yes," describe in Part III		7		X		
8	8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
•		tion described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9		the organization also follow the rebuttable presumption procedure described in						
		53.4958-6(c)?		9	n 000			
LHA	For Paperwork Re	duction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forr	11 990	12021		

### 36-2586390

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) Steven G. Stirling	(i)	266,374.	13,390.	35,955.	23,084.	2,567.	341,370.	0.	
President & CEO	(ii)	0.	0.	0.	0.	0.			
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(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

Schedule J (Form 990) 2021

#### Part III Supplemental Information

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

splits his time working from both the Brunswick headquarters office and the

Organization's global health office in Atlanta.

The Organization's Executive Committee approved an increase the CEO's

taxable compensation in the form of a housing allowance in recognition of

the fact that the CEO incurs duplicative housing expenses in connection

with this dual working arrangement. The housing allowance benefit was

appropriately treated as additional reportable compensation to the CEO.

The housing allowance benefit, together with the CEO's overall compensation

arrangements, were reviewed and approved by an independent Executive

Committee of the Board pursuant to the compensation-setting process further

described in Schedule O.

## SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047 2021

**Open to Public** 

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/Formers.gov/Fo

rm990 for instructions and the latest informatic

Inspection Employer identification number 36-2586390

Name of the	organization
-------------	--------------

Go to www	w.irs.gov/For	m990 for ins	structions a	and the late	est informatio	on.

	MAP International, Inc. 36-25						5863	390	
Pa	rt I Types of Property								
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) Method of det cash contribu		•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	13	203,111.	Hi-Lo	ow Avera	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	x	97		Datio	nated D	AFT 7		
20	Drugs and medical supplies		97	612,651,487.	ESUII	liated F	MV		
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25 00	Other ()								
26 07	Other ()								
27	Other ()								
<u>28</u> 29	Other  () Number of Forms 8283 received by the organi	l zation durin	l a tha tax year for a						
23	for which the organization completed Form 82							17	
	for which the organization completed form of	00,1 art v, L		23			,	Yes	No
30a	During the year, did the organization receive b	v contributi	on any property re	oorted in Part L lines 1 throu	ah 28 th	atit [		103	110
000	must hold for at least three years from the dat	•	• • • •		-				
							30a		х
b	exempt purposes for the entire holding period?       30a         b If "Yes," describe the arrangement in Part II.       If "Yes," describe the arrangement in Part II.						000		
31							31	x	
	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?							х	
b	o If "Yes," describe in Part II.								
33									
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	(Form	990)	2021

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

Schedule M, Part I, Column (b):

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

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Form 990) repartment of the Treasury Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.				
Name of the organizatio	Employer identification number 36-2586390				
Form 990, Pa	rt VI, Section A, Line 1:				
The Executiv	e Committee consists of the Board Chairman, B	oard 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021 10211 11-121 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:

The Organization receives donations of pharmaceuticals and medical

supplies for use in relieving suffering for those in need throughout

the world through its various program activities. Certain noncash
132212 11-11-21
Schedule O (Fo

Schedule O (Form 990) 2021	Page <b>2</b>				
Name of the organization MAP International, Inc.	Employer identification number 36-2586390				
contributions are donor-restricted for specific geographic regions.					
Noncash contributions are recognized as revenue at estimated fair value					
on the date the gifts are received and are recognized as expenses when					
they are shipped from the Organization's warehouse or the date upon					
which the Organization no longer exercises practical control over those					
items. The Organization's policy is to distribute donated					
pharmaceuticals and medical supplies and not monetize non	cash				
contributions.					

The Organization only records the value of noncash contributions over which it exercises variance power. In general, management estimates the fair value of donated pharmaceuticals using "wholesale acquisition cost," listed in reference materials including First Databank and IBM Micromedex RED BOOK ("RED BOOK"), which are widely-used drug and pricing reference guides for the pharmaceutical industry in the United States. Management may apply discounts to the prices in First Databank and RED BOOK depending on the gift's condition or other factors. For gifts in-kind of pharmaceuticals and medical supplies that are sold in the United States market, the Organization has determined that the U.S. is the principal or most advantageous market for purposes of estimating fair value. If prices for a particular item are not available in First Databank or RED BOOK, MAP estimates fair value using other online pricing sources. The Organization considers the valuation practices used for noncash contributions to be consistent with industry standards.

Schedule O (Form 990) 2021	Page 2			
Name of the organization MAP International, Inc.	Employer identification number 36-2586390			
As a part of the Organization's charitable purpose, the O	rganization			
limits receipts of medicines and medical supplies to only	those that			
the Organization intends to distribute to the proper reci	pients to both			
save lives and promote health. The amount included on Fo	rm 990, Part			
IX, Line 24a consists primarily of medicines and medical	supplies that			
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.				