

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning OCT 1, 2024 and ending SEP 30, 2025

B Check if applicable: C Name of organization MAP International, Inc. D Employer identification number 36-2586390
E Telephone number (800) 225-8550
G Gross receipts \$ 1,381,597,582.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527
J Website: www.map.org
K Form of organization: Corporation Trust Association Other
L Year of formation: 1965 M State of legal domicile: IL

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... Global Christian health organization that works to save lives and promote health. 2 Check this box if the organization discontinued its operations... 3-7a Activities & Governance. 8-12 Revenue. 13-19 Expenses. 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer Amanda Whitmire, CFO, Sr VP Finance Date 02/23/2026
Paid: Preparer's name Michele M. Wales, CPA Preparer's signature Date 01/20/26 Check if self-employed PTIN P00428093
Preparer Use Only: Firm's name Batts Morrison Wales & Lee, P.A. Firm's EIN 20-4193611
Firm's address 801 North Orange Avenue, Suite 800 Orlando, FL 32801 Phone no. 407-770-6000

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 1,234,159,532. including grants of \$ 1,167,163,222.) (Revenue \$ 3,103,088.) Medicine and Health Supplies - In 2025, MAP International provided life-changing medicine and health supplies, positively impacting the lives of many.

4b (Code:) (Expenses \$ 57,908,786. including grants of \$ 54,809,692.) (Revenue \$ 145,602.) Community Health Development - In 2025, MAP's Community Health Development Programs reached more than one million people across Bolivia, Liberia, Indonesia, Burkina Faso, and Vietnam.

4c (Code:) (Expenses \$ 45,722,883. including grants of \$ 43,239,640.) (Revenue \$ 114,963.) Disaster Relief and Recovery - MAP responded to multiple emergency response efforts in 2025, including continued support in Ukraine, natural disaster relief in the United States and abroad, as well as responses in South Sudan and the Dominican Republic among others.

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

4e Total program service expenses 1,337,791,201.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 18; 1b Enter the number of voting members included on line 1a... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 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? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; 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? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
Amanda Whitmire - 800-225-8550
4700 Glynco Parkway, Brunswick, GA 31525

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Steven G. Stirling President Emeritus	40.00					X	439,421.	0.	29,378.	
(2) Jodi Allison Sr VP Global Giving	55.00					X	181,450.	0.	35,737.	
(3) Amanda Whitmire CFO & Sr. VP Finance	55.00			X			184,823.	0.	24,958.	
(4) Janice Mitchell Bryant Sr. Dir. Marketing & Communications	50.00					X	136,069.	0.	38,406.	
(5) Timmy Boatwright VP Operations	55.00					X	145,956.	0.	23,985.	
(6) Michael Eidem Director Philanthropy	50.00					X	133,614.	0.	17,601.	
(7) Amanda Brayman Asst. Secretary	50.00			X			81,536.	0.	38,771.	
(8) Chris Palombo President & CEO	55.00	X		X			100,960.	0.	14,938.	
(9) Michael Erisman Director (End. 09/25)	2.00	X					1,500.	0.	0.	
(10) Michael Knighton Chairperson	5.00	X		X			0.	0.	0.	
(11) Tim Baker Secretary	5.00	X		X			0.	0.	0.	
(12) Zoe Hicks Treasurer	5.00	X		X			0.	0.	0.	
(13) Welby Leaman Vice Chair	2.00	X					0.	0.	0.	
(14) Tom Turbiak Director	2.00	X					0.	0.	0.	
(15) Dorcas Onyango Director	2.00	X					0.	0.	0.	
(16) Austin Esogbue Director	2.00	X					0.	0.	0.	
(17) Tanya Bryant Director	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Ron Moolenaar Director	2.00	X						0.	0.	0.
(19) Paul D'Antonio Director	2.00	X						0.	0.	0.
(20) Don Abramo Director	2.00	X						0.	0.	0.
(21) Jonathan Kim Director	2.00	X						0.	0.	0.
(22) Greg Martin Director	2.00	X						0.	0.	0.
(23) Jeff Tull Director (Beg. 09/25)	2.00	X						0.	0.	0.
(24) Peter Leibold Director (Beg. 09/25)	2.00	X						0.	0.	0.
(25) Chris Lamm Director (Beg. 09/25)	2.00	X						0.	0.	0.
(26) Mark Weaver Director (Beg. 09/25)	2.00	X						0.	0.	0.
1b Subtotal								1,405,329.	0.	223,774.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,405,329.	0.	223,774.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 11

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Meyer Partners, LLC, 8725 West Higgins Rd Ste 530, Chicago, IL 60631	Fundraising Consultant	225,155.
Batts Morrison Wales & Lee, P.A. 801 N Orange Ave Ste 800, Orlando, FL 32801	Audit, tax, & advisory services	119,670.
Vanderbeck Inc, 3410 Cypress Mill Rd Ste #243, Brunswick, GA 31520	IT Consultants	104,256.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

See Part VII, Section A Continuation sheets

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	339,095.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1375084854.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1362540228.				
	h Total. Add lines 1a-1f			1375423949.			
Program Service Revenue	2 a Handling & Service Fee	Business Code					
		900099	3,363,653.	3,363,653.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			3,363,653.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		391,384.			391,384.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	2,389,213.	1,500.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	2,270,373.	2,591.			
	c Gain or (loss)	7c	118,840.	-1,091.			
	d Net gain or (loss)			117,749.		117,749.	
8 a Gross income from fundraising events (not including \$ 339,095. of contributions reported on line 1c). See Part IV, line 18	8a		21,225.				
b Less: direct expenses	8b	284,208.					
c Net income or (loss) from fundraising events			-262,983.		-262,983.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a Miscellaneous Revenue	Business Code					
		900099	6,658.			6,658.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			6,658.				
12 Total revenue. See instructions			1379040410.	3,363,653.	0.	252,808.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,696,849.	20,696,849.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	36,526.	36,526.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1244479179.	1244479179.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	722,537.	180,634.	305,625.	236,278.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	305,108.	76,277.	152,554.	76,277.
7 Other salaries and wages	4,110,421.	1,967,838.	207,340.	1,935,243.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	243,949.	132,530.	7,215.	104,204.
9 Other employee benefits	777,626.	389,322.	67,944.	320,360.
10 Payroll taxes	348,294.	168,524.	39,021.	140,749.
11 Fees for services (nonemployees):				
a Management				
b Legal	12,415.	2,661.	2,314.	7,440.
c Accounting	87,000.	18,649.	16,215.	52,136.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	212,870.			212,870.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,515,152.	370,413.	322,063.	822,676.
12 Advertising and promotion				
13 Office expenses	618,370.	31,080.	63,061.	524,229.
14 Information technology				
15 Royalties				
16 Occupancy	518,065.	255,519.	111,428.	151,118.
17 Travel	202,117.	43,035.	21,449.	137,633.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	519,322.	281,385.	104,692.	133,245.
23 Insurance	135,228.	67,614.	29,750.	37,864.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a GIK Disposals/Recalls	67,110,042.	67,110,042.		
b Freight	1,183,139.	1,166,839.		16,300.
c Supplies	172,221.	81,749.	8,091.	82,381.
d Equipment Rental/Repair	105,462.	80,280.	11,120.	14,062.
e All other expenses	338,990.	154,256.	71,473.	113,261.
25 Total functional expenses. Add lines 1 through 24e	1344450882.	1337791201.	1,541,355.	5,118,326.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,495,408.	1	4,621,229.
	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 former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	303,825,016.	8	337,075,166.
	9 Prepaid expenses and deferred charges	781,641.	9	1,064,197.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,166,460.		
	b Less: accumulated depreciation	10b 6,288,853.	10c	11,877,607.
	11 Investments - publicly traded securities	7,799,128.	11	8,412,777.
	12 Investments - other securities. See Part IV, line 11	453,804.	12	676,981.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	329,584,637.	16	363,727,957.	
Liabilities	17 Accounts payable and accrued expenses	1,097,331.	17	1,202,773.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,687,353.	23	3,741,406.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	94,434.	25	88,355.
	26 Total liabilities. Add lines 17 through 25	5,879,118.	26	5,032,534.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	28,181,169.	27	32,934,534.
	28 Net assets with donor restrictions	295,524,350.	28	325,760,889.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	323,705,519.	32	358,695,423.
	33 Total liabilities and net assets/fund balances	329,584,637.	33	363,727,957.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,379,040,410.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,344,450,882.
3	Revenue less expenses. Subtract line 2 from line 1	3	34,589,528.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	323,705,519.
5	Net unrealized gains (losses) on investments	5	400,376.
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	358,695,423.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	819129261	623207714	1016598293	931483830	1375423949	4765843047
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	819129261	623207714	1016598293	931483830	1375423949	4765843047
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)						2211214132
6 Public support. Subtract line 5 from line 4.						2554628915

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	819129261	623207714	1016598293	931483830	1375423949	4765843047
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	223,224	92,289	445,712	347,124	391,384	1499733
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.)	82,521	26,829	43,358	37,092	27,883	217,683
11 Total support. Add lines 7 through 10						4767560463
12 Gross receipts from related activities, etc. (see instructions)					12	14,252,856
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	53.58	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	56.16	%
16a 33 1/3% support test - 2024. 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			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. 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			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
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	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt 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 - <i>provide details in Part VI</i>)	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 organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

MAP International, Inc.

Employer identification number

36-2586390

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>447,103,801.</u>	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>131,362,945.</u>	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>106,157,535.</u>	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>88,880,002.</u>	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>70,238,310.</u>	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>59,318,552.</u>	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>57,386,361.</u>	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>40,110,104.</u>	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>34,610,541.</u>	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	Medicines and Medical Supplies _____ _____ _____	\$ <u>447,103,801.</u>	<u>09/30/25</u>
<u>2</u>	Medicines and Medical Supplies _____ _____ _____	\$ <u>131,362,945.</u>	<u>09/30/25</u>
<u>3</u>	Medicines and Medical Supplies _____ _____ _____	\$ <u>106,157,535.</u>	<u>09/30/25</u>
<u>4</u>	Medicines and Medical Supplies _____ _____ _____	\$ <u>88,880,002.</u>	<u>09/30/25</u>
<u>5</u>	Medicines and Medical Supplies _____ _____ _____	\$ <u>70,238,310.</u>	<u>09/30/25</u>
<u>6</u>	Medicines and Medical Supplies _____ _____ _____	\$ <u>59,318,552.</u>	<u>09/30/25</u>

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	Medicines and Medical Supplies _____ _____ _____	\$ <u>57,386,361.</u>	<u>09/30/25</u>
8	Medicines and Medical Supplies _____ _____ _____	\$ <u>40,110,104.</u>	<u>09/30/25</u>
9	Medicines and Medical Supplies _____ _____ _____	\$ <u>34,610,541.</u>	<u>09/30/25</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

MAP International, Inc.

Employer identification number

36-2586390

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,775,170.	3,775,170.	3,775,170.	3,775,170.	3,775,170.
b Contributions			33,276.	64,506.	
c Net investment earnings, gains, and losses	506,152.	491,395.	-17,464.	-36,024.	285,849.
d Grants or scholarships	57,439.	52,558.	15,812.		
e Other expenditures for facilities and programs				28,482.	285,849.
f Administrative expenses	448,713.	438,837.			
g End of year balance	3,775,170.	3,775,170.	3,775,170.	3,775,170.	3,775,170.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		305,081.		305,081.
b Buildings		13,741,124.	2,788,890.	10,952,234.
c Leasehold improvements				
d Equipment		3,711,098.	3,103,008.	608,090.
e Other		409,157.	396,955.	12,202.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				11,877,607.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Annuity Reserve Payable	88,355.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	88,355.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1379726000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	400,376.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	285,214.
e	Add lines 2a through 2d	2e	685,590.
3	Subtract line 2e from line 1	3	1379040410.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1379040410.

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

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

1	Total expenses and losses per audited financial statements	1	1344736000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	285,118.
e	Add lines 2a through 2d	2e	285,118.
3	Subtract line 2e from line 1	3	1344450882.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1344450882.

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 2d - Other Adjustments:

Fundraising Expenses Netted Against Fundraising Revenue	284,208.
Rounding Difference	1,006.
Total to Schedule D, Part XI, Line 2d	285,214.

Part XII, Line 2d - Other Adjustments:

Fundraising Expenses Netted Against Fundraising Revenue	284,208.
Rounding Difference	910.
Total to Schedule D, Part XII, Line 2d	285,118.

Parts XI & XII, Line 2d - Rounding Difference

The amounts included in the Organization's audited financial statements are rounded to the nearest thousand dollars and the amounts included in this return are rounded to the nearest dollar. Therefore, a rounding difference is included in Parts XI and XII of Schedule D to reconcile the amounts shown in the audited financial statements with the amounts shown in Form 990.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean	0	0	Grant Making		669,047,008.
East Asia and the Pacific	0	0	Grant Making		4,678,572.
Europe (Including Iceland & Greenland)	0	0	Grant Making		1,484,038.
Middle East and North Africa	0	0	Grant Making		98,523,175.
North America	0	0	Grant Making		1,065,118.
Russia and Neighboring States	0	0	Grant Making		34,928,250.
South Asia	0	0	Grant Making		4,117,362.
Sub-Saharan Africa	0	0	Grant Making		393,918,629.
3 a Subtotal	0	0			1207762152.
b Total from continuation sheets to Part I	0	0			36,717,025.
c Totals (add lines 3a and 3b)	0	0			1244479177.

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

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Program Services Non-Cash	0.		354635148	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		121153027	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		74964947	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		32277762	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		25937188	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		18382219	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		11418994	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		9368062.	Medicines and Medical Supplies	Fair Market Value

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 177

3 Enter total number of other organizations or entities 4

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Program Services Non-Cash	0.		6800412.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		4615515.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		2476701.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		1247057.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		689,186.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		428,810.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		172,298.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		123,611.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		122,558.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Program Services Non-Cash	0.		117,389.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		104,612.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		100,080.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		85,673.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		81,144.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		47,905.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		41,577.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		41,052.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		30,918.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Program Services Non-Cash	0.		30,602.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		30,506.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		30,380.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		28,139.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		26,829.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		22,033.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		21,708.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		21,295.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		21,225.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Program Services Non-Cash	0.		19,050.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		18,868.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		17,281.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		16,366.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		15,569.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		15,506.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		14,999.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		14,096.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		12,946.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Program Services Non-Cash	0.		12,423.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		11,255.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		10,711.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		10,459.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		10,349.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		10,312.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		10,089.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		9,816.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		9,760.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Program Services Non-Cash	0.		9,606.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		8,613.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		8,398.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		8,336.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		8,229.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		8,209.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		7,886.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		7,575.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		7,462.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Program Services Non-Cash	0.		7,458.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		7,310.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		6,282.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		5,620.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		5,597.	Medicines and Medical Supplies	Fair Market Value
		Central America and the Caribbean	Program Services Non-Cash	0.		5,162.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	Program Services Non-Cash	0.		2158162.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	Program Services Non-Cash	0.		742,942.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	Program Services Non-Cash	0.		509,069.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Program Services Non-Cash	0.		156,407.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	Program Services Non-Cash	0.		110,894.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	Program Services Non-Cash	0.		105,357.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	Program Services Non-Cash	0.		38,388.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	Program Services Non-Cash	0.		30,731.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	Program Services Non-Cash	0.		12,333.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	Program Services Non-Cash	0.		11,968.	Medicines and Medical Supplies	Fair Market Value
		East Asia and the Pacific	Program Services Non-Cash	0.		5,131.	Medicines and Medical Supplies	Fair Market Value
		Europe (Including Iceland & Greenland)	Program Services Non-Cash	0.		357,861.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland & Greenland)	Program Services Non-Cash	0.		319,002.	Medicines and Medical Supplies	Fair Market Value
		Europe (Including Iceland & Greenland)	Program Services Non-Cash	0.		12,828.	Medicines and Medical Supplies	Fair Market Value
		Middle East and North Africa	Program Services Non-Cash	0.		58529509	Medicines and Medical Supplies	Fair Market Value
		Middle East and North Africa	Program Services Non-Cash	0.		14327664	Medicines and Medical Supplies	Fair Market Value
		Middle East and North Africa	Program Services Non-Cash	0.		13991761	Medicines and Medical Supplies	Fair Market Value
		Middle East and North Africa	Program Services Non-Cash	0.		4759560.	Medicines and Medical Supplies	Fair Market Value
		Middle East and North Africa	Program Services Non-Cash	0.		3695863.	Medicines and Medical Supplies	Fair Market Value
		Middle East and North Africa	Program Services Non-Cash	0.		1387814.	Medicines and Medical Supplies	Fair Market Value
		Middle East and North Africa	Program Services Non-Cash	0.		341,800.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	Program Services Non-Cash	0.		216,930.	Medicines and Medical Supplies	Fair Market Value
		Middle East and North Africa	Program Services Non-Cash	0.		44,303.	Medicines and Medical Supplies	Fair Market Value
		Middle East and North Africa	Program Services Non-Cash	0.		24,137.	Medicines and Medical Supplies	Fair Market Value
		North America	Program Services Non-Cash	0.		425,336.	Medicines and Medical Supplies	Fair Market Value
		North America	Program Services Non-Cash	0.		108,009.	Medicines and Medical Supplies	Fair Market Value
		North America	Program Services Non-Cash	0.		101,666.	Medicines and Medical Supplies	Fair Market Value
		North America	Program Services Non-Cash	0.		31,009.	Medicines and Medical Supplies	Fair Market Value
		North America	Program Services Non-Cash	0.		23,247.	Medicines and Medical Supplies	Fair Market Value
		North America	Program Services Non-Cash	0.		9,771.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Program Services Non-Cash	0.		8,033.	Medicines and Medical Supplies	Fair Market Value
		North America	Program Services Non-Cash	0.		8,031.	Medicines and Medical Supplies	Fair Market Value
		North America	Program Services Non-Cash	0.		7,225.	Medicines and Medical Supplies	Fair Market Value
		Russia and Neighboring States	Program Services Non-Cash	0.		31270278	Medicines and Medical Supplies	Fair Market Value
		Russia and Neighboring States	Program Services Non-Cash	0.		1645939.	Medicines and Medical Supplies	Fair Market Value
		Russia and Neighboring States	Program Services Non-Cash	0.		185,529.	Medicines and Medical Supplies	Fair Market Value
		Russia and Neighboring States	Program Services Non-Cash	0.		47,892.	Medicines and Medical Supplies	Fair Market Value
		Russia and Neighboring States	Program Services Non-Cash	0.		11,765.	Medicines and Medical Supplies	Fair Market Value
		South America	Program Services Non-Cash	0.		34717596	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Program Services Non-Cash	0.		831,724.	Medicines and Medical Supplies	Fair Market Value
		South America	Program Services Non-Cash	0.		314,226.	Medicines and Medical Supplies	Fair Market Value
		South America	Program Services Non-Cash	0.		23,155.	Medicines and Medical Supplies	Fair Market Value
		South America	Program Services Non-Cash	0.		19,163.	Medicines and Medical Supplies	Fair Market Value
		South America	Program Services Non-Cash	0.		17,922.	Medicines and Medical Supplies	Fair Market Value
		South America	Program Services Non-Cash	0.		14,469.	Medicines and Medical Supplies	Fair Market Value
		South America	Program Services Non-Cash	0.		10,075.	Medicines and Medical Supplies	Fair Market Value
		South America	Program Services Non-Cash	0.		9,935.	Medicines and Medical Supplies	Fair Market Value
		South America	Program Services Non-Cash	0.		6,837.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Program Services Non-Cash	0.		6,006.	Medicines and Medical Supplies	Fair Market Value
		South Asia	Program Services Non-Cash	0.		2964716.	Medicines and Medical Supplies	Fair Market Value
		South Asia	Program Services Non-Cash	0.		341,330.	Medicines and Medical Supplies	Fair Market Value
		South Asia	Program Services Non-Cash	0.		297,338.	Medicines and Medical Supplies	Fair Market Value
		South Asia	Program Services Non-Cash	0.		17,565.	Medicines and Medical Supplies	Fair Market Value
		South Asia	Program Services Non-Cash	0.		6,251.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		81570226	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		61876829	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		33813375	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Program Services Non-Cash	0.		30090260	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		29264168	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		22080986	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		22020610	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		19272278	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		13140421	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		8751875.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		6982708.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		6354253.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Program Services Non-Cash	0.		4805057.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		4143745.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		3555689.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		2940953.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		2283202.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		1658810.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		1575883.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		1548760.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		977,970.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Program Services Non-Cash	0.		650,517.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		588,393.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		577,828.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		568,319.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		469,329.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		285,181.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		270,104.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		230,090.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		189,468.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Program Services Non-Cash	0.		103,389.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		95,268.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		85,539.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		82,240.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		70,554.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		63,762.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		47,705.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		23,980.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		23,234.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Program Services Non-Cash	0.		21,209.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		19,511.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		18,880.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		17,695.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		15,980.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		13,760.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		13,005.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		12,247.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		11,444.	Medicines and Medical Supplies	Fair Market Value

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Program Services Non-Cash	0.		10,432.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		8,933.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		7,461.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		7,417.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		7,200.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		6,712.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Non-Cash	0.		6,139.	Medicines and Medical Supplies	Fair Market Value
		Sub-Saharan Africa	Program Services Cash	293,651.	Wire	0.		
		Sub-Saharan Africa	Program Services Cash	323,946.	Wire	0.		

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Health Promotion	Central America and the Caribbean	177	0.		2915653.	Medicines and Medical Supplies	FMV
Health Promotion	East Asia and the Pacific	38	0.		777,460.	Medicines and Medical Supplies	FMV
Health Promotion	Europe (Including Iceland & Greenland)	5	0.		793,296.	Medicines and Medical Supplies	FMV
Health Promotion	Middle East and North Africa	11	0.		1199682.	Medicines and Medical Supplies	FMV
Health Promotion	North America	10	0.		329,303.	Medicines and Medical Supplies	FMV
Health Promotion	Russia and Neighboring States	8	0.		1766240.	Medicines and Medical Supplies	FMV
Health Promotion	South America	39	0.		640,555.	Medicines and Medical Supplies	FMV
Health Promotion	South Asia	22	0.		489,328.	Medicines and Medical Supplies	FMV
Health Promotion	Sub-Saharan Africa	193	0.		29880945	Medicines and Medical Supplies	FMV

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

Part I, Line 2:

The Organization conducts an extensive review of grantee organizations prior to providing any grants or assistance. Such review consists of confirming the legitimacy of the grantee organization and good standing with related governments of registration, and ensuring that the organization is positioned to use the grant for its intended purpose. Non-cash grants are predominantly made to 34 foreign and domestic agency organizations, representing almost 96% of total non-cash grant activity in 2025. The Organization monitors the use of these non-cash grants through periodic site visits wherein the use is visually validated and records are examined, as well as through conducting site visits with managing offices to ensure the processes and mission are being conducted in accordance with the Organization's intended purpose. Further information related to the distribution and use of non-cash grants is made available to the Organization, as needed.

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

Part I, line 3:

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

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Meyer Partners, LLC - 8725 W Higgins Rd, Ste 530, Chicago, Veritus Group, LLC - P.O. Box 18294, Asheville, NC 28814	Fundraising Consulting		X	1,993,511.	205,800.	1,787,711.
	Fundraising Consulting		X	389,901.	7,070.	382,831.
Total				2,383,412.	212,870.	2,170,542.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Awards Banquet (event type)	Golf Tournament (event type)	None (total number)	
Revenue	1	Gross receipts	322,560.	37,760.	360,320.
	2	Less: Contributions	301,335.	37,760.	339,095.
	3	Gross income (line 1 minus line 2)	21,225.		21,225.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes		870.	870.
	6	Rent/facility costs			
	7	Food and beverages	81,062.	3,100.	84,162.
	8	Entertainment			
	9	Other direct expenses	172,146.	27,030.	199,176.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			284,208.
11	Net income summary. Subtract line 10 from line 3, column (d)			-262,983.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name _____

Address _____

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(i) Name of Fundraiser: **Meyer Partners, LLC**

(i) Address of Fundraiser: **8725 W Higgins Rd, Ste 530, Chicago, IL 60631**

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

In a prior year, the Organization entered into an agreement with Meyer Partners LLC for the provision of professional fundraising services. In accordance with the agreement, direct expenses such as travel, shipping, and other out of pocket expenses are billed separately to the Organization at cost. During the year ended September 30, 2025, such costs totaled \$771,012.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

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	(f) 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.	18,311,798.	FMV	Medicines and Medical Supplies	General support- Relief Activities
Mission Arlington Medical Clinic 210 W. South St. Arlington, TX 76010	75-2354962	501(c)(3)	0.	642,600.	FMV	Medicines and Medical Supplies	General support
Tree of Life Healthcare 808 21st St Columbus, GA 31904	30-0791060	501(c)(3)	0.	147,126.	FMV	Medicines and Medical Supplies	General support
Karis Community Health 256 Broad St. SW Cleveland, TN 37311	47-2204923	501(c)(3)	0.	124,529.	FMV	Medicines and Medical Supplies	General support
Medical Outreach Ministries 5741 Carmichael Pkwy Montgomery, AL 36117	63-1204645	501(c)(3)	0.	111,072.	FMV	Medicines and Medical Supplies	General support
McKinney Medical Center, Inc. 218 Quarterman St. Waycross, GA 31501	58-2101260	501(c)(3)	0.	109,714.	FMV	Medicines and Medical Supplies	General support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 60.

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ethne Health 4122 E Ponce de Leon Ave., Ste 5 Clarkston, GA 30021	82-3920554	501(c)(3)	0.	75,449.	FMV	Medicines and Medical Supplies	General support
Common Good Medical 103 E. Lamar St. McKinney, TX 75070	81-3813928	501(c)(3)	0.	75,381.	FMV	Medicines and Medical Supplies	General support
Houston County Volunteer Medical Clinic - 125 Russell Pkwy - Warner Robins, GA 31088	20-1859450	501(c)(3)	0.	74,134.	FMV	Medicines and Medical Supplies	General support
Brunswick Job Corps Center 4401 Glynco Pkwy Brunswick, GA 31525	87-0365322	501(c)(3)	0.	64,781.	FMV	Medicines and Medical Supplies	General support
Bethesda Community Clinic 111 Mountainbrook Dr. #100 Canton, GA 30115	27-4923001	501(c)(3)	0.	61,392.	FMV	Medicines and Medical Supplies	General support
Matthew 25: Ministries 11060 Kenwood Rd Blue Ash, OH 45242	31-1348100	501(c)(3)	0.	48,037.	FMV	Medicines and Medical Supplies	General support
Second Harvest of Coastal Georgia 2591 Sidney Lanier Dr Brunswick, GA 31525	58-1442013	501(c)(3)	0.	47,036.	FMV	Medicines and Medical Supplies	General support
Vecinos 3971 Little Savannah Rd Cullowhee, NC 28723	57-1192063	501(c)(3)	0.	37,324.	FMV	Medicines and Medical Supplies	General support
Rapha Clinic of West Georgia 253 East Hwy 78 Temple, GA 30179	27-1188932	501(c)(3)	0.	30,105.	FMV	Medicines and Medical Supplies	General support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban Clinic of Atlanta 859 Metropolitan Parkwy SW Atlanta, GA 30310	81-3845426	501(c)(3)	0.	29,476.	FMV	Medicines and Medical Supplies	General support
Hope Clinic of Garland 800 S. 6th St. Ste 100 Garland, TX 75040	75-2960314	501(c)(3)	0.	29,436.	FMV	Medicines and Medical Supplies	General support
College of Coastal Georgia 1 College Park Dr Brunswick, GA 31525	58-6072323	501(c)(3)	0.	27,346.	FMV	Medicines and Medical Supplies	General support
St. Michael's Medical Clinic 1005 W.18th St. Anniston, AL 36201	82-5246184	501(c)(3)	0.	27,335.	FMV	Medicines and Medical Supplies	General support
Place of Hope Clinic 5405 Jonesboro Rd Lake City, GA 30260	58-2656313	501(c)(3)	0.	27,282.	FMV	Medicines and Medical Supplies	General support
Good News 810 Pine St. Gainesville, GA 30501	58-2058853	501(c)(3)	0.	26,845.	FMV	Medicines and Medical Supplies	General support
Bethesda Health Clinic 409 W. Ferguson Tyler, TX 75702	26-0036674	501(c)(3)	0.	26,358.	FMV	Medicines and Medical Supplies	General support
San Jose Clinic 117 Lane Dr. Rosenberg, TX 77471	76-0373703	501(c)(3)	0.	26,059.	FMV	Medicines and Medical Supplies	General support
Druid Park Community Health Center 1018 Druid Park Ave Augusta, GA 30904	58-2358627	501(c)(3)	0.	25,487.	FMV	Medicines and Medical Supplies	General support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rock Springs Clinic 211 Rock Springs Rd Milner, GA 30257	26-4485460	501(c)(3)	0.	21,869.	FMV	Medicines and Medical Supplies	General support
Skylark 3548 Community Rd Brunswick, GA 31520	58-1967329	501(c)(3)	0.	20,497.	FMV	Medicines and Medical Supplies	General support
Mosaic Health Center 3700 Market St. Building B Clarkston, GA 30021	46-1402143	501(c)(3)	0.	20,356.	FMV	Medicines and Medical Supplies	General support
International Relief Teams 3545 Camino Del Rio South Ste A San Diego, CA 92108	33-0412751	501(c)(3)	0.	20,340.	FMV	Medicines and Medical Supplies	General support
The Vitamin Bridge 500 S Denton Tap Rd Ste 200 Coppell, TX 75019	84-1846483	501(c)(3)	0.	17,792.	FMV	Medicines and Medical Supplies	General support
El Milagro Clinic 901 Evermont Ave. McAllen, TX 78503	74-2784427	501(c)(3)	0.	16,866.	FMV	Medicines and Medical Supplies	General support
Changed Lives Mobile Clinic 1308 26th Avenue North Birmingham, AL 35204	26-0872042	501(c)(3)	0.	14,774.	FMV	Medicines and Medical Supplies	General support
The Mercy Ministries 714-1 NW Broad St. Lyons, GA 30436	27-1107136	501(c)(3)	0.	12,554.	FMV	Medicines and Medical Supplies	General support
Community Health Center of West Palm Beach - 5205 Greenwood Ave. Ste 213 - West Palm Beach, FL 33407	26-3611337	501(c)(3)	0.	12,161.	FMV	Medicines and Medical Supplies	General support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Beersheba Springs Medical Clinic 19592 State Hwy 56 Beersheba Springs, TN 37305	26-4579813	501(c)(3)	0.	11,747.	FMV	Medicines and Medical Supplies	General support
Temple Community Clinic 1508 W Ave J Temple, TX 76504	74-2634500	501(c)(3)	0.	11,072.	FMV	Medicines and Medical Supplies	General support
The Good Samaritan Health Center 1015 Donald Lee Hollowell Pkwy. Atlanta, GA 30318	58-2373395	501(c)(3)	0.	11,009.	FMV	Medicines and Medical Supplies	General support
Westside Free Clinic 201 E Sunset Rd El Paso, TX 79922	92-2338609	501(c)(3)	0.	10,909.	FMV	Medicines and Medical Supplies	General support
St. Clair Community Health Clinic 205 Edwin Holladay Place Augusta, GA 30904	85-0632695	501(c)(3)	0.	9,651.	FMV	Medicines and Medical Supplies	General support
Good Samaritan Health Centers of Gwinnett - 5949 Buford Hwy., - Norcross, GA 30071	27-0080400	501(c)(3)	0.	9,566.	FMV	Medicines and Medical Supplies	General support
Cook Community Clinic 14230 Hunters Road Huntersville, NC 28078	04-3723062	501(c)(3)	0.	9,343.	FMV	Medicines and Medical Supplies	General support
Bolingbrook Christian Health Center - 151 E.Briarcliff Rd. - Bolingbrook, IL 60440	36-4401468	501(c)(3)	0.	9,156.	FMV	Medicines and Medical Supplies	General support
Whitefoord Health Center 1401 Hosea Williams Dr. Atlanta, GA 30317	58-2180056	501(c)(3)	0.	9,019.	FMV	Medicines and Medical Supplies	General support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
J.C. Lewis Primary Health Care Center, Inc. - 5 Mall Annex - Savannah, GA 31406	27-0380035	501(c)(3)	0.	8,643.	FMV	Medicines and Medical Supplies	General support
Troup Cares 301 Medical Dr Ste 501 LaGrange, GA 30240	20-8176300	501(c)(3)	0.	8,062.	FMV	Medicines and Medical Supplies	General support
Hope Medical Clinic 8101 Cameron Rd, Ste 101 Austin, TX 78759	45-4931906	501(c)(3)	0.	7,987.	FMV	Medicines and Medical Supplies	General support
Healing Hands Health Center 245 Midway Medical Park Bristol, TN 37620	62-1677000	501(c)(3)	0.	7,075.	FMV	Medicines and Medical Supplies	General support
TOMAGWA Healthcare Ministries 455 School St. #30 Tomball, TX 77375	76-0280324	501(c)(3)	0.	7,024.	FMV	Medicines and Medical Supplies	General support
Keep Golden Isles Beautiful 1229 Newcastle St. Brunswick, GA 31520	58-2393363	501(c)(3)	0.	6,986.	FMV	Medicines and Medical Supplies	General support
Heal the City Clinic 609 S. Carolina Amarillo, TX 79106	46-5694050	501(c)(3)	0.	6,125.	FMV	Medicines and Medical Supplies	General support
Project Hope 1220 19th St NW, Ste 800 Washington, DC 20036	53-0242962	501(c)(3)	37,500.	6,115.	FMV	Medicines and Medical Supplies	General support
Health For All 3030 E 29th St. #111 Bryan, TX 77802	74-2624477	501(c)(3)	0.	6,052.	FMV	Medicines and Medical Supplies	General support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Christ Clinic 1040 Schlipf Rd, Ste 217 Katy, TX 77493	90-0789318	501(c)(3)	0.	5,952.	FMV	Medicines and Medical Supplies	General support
Camino Health Center 133 Stetson Dr. Charlotte, NC 28262	56-2015959	501(c)(3)	0.	5,560.	FMV	Medicines and Medical Supplies	General support
Sri Lanka Association of Washington DC - 7214 Oak Haven Circle Apt 104 - Windsor Mill, MD 21244	52-2329355	501(c)(3)	0.	5,522.	FMV	Medicines and Medical Supplies	General support
Good Health Ministries 214 North Ralph St. Claxton, GA 30417	90-0062595	501(c)(3)	0.	5,500.	FMV	Medicines and Medical Supplies	General support
Coastal Community Health Services 106 Shoppers Way Ste 1 Brunswick, GA 31515	46-1859206	501(c)(3)	0.	5,488.	FMV	Medicines and Medical Supplies	General support
Woman to Woman Health Center 525 N Ervay Dallas, TX 75201	25-1902817	501(c)(3)	0.	5,478.	FMV	Medicines and Medical Supplies	General support
Christus St. Mary's Clinic 2002 S. Wayside Bldg B. Houston, TX 77023	76-0422435	501(c)(3)	0.	5,466.	FMV	Medicines and Medical Supplies	General support
Grace Village Medical Clinic 4002 East Ponce de Leon Ave Clarkston, GA 30021	03-0443891	501(c)(3)	0.	5,323.	FMV	Medicines and Medical Supplies	General support
Christian Medical & Dental Associations - 2604 Highway 421 - Bristol, TN 37621	36-2284267	501(c)(3)	22,153.	0.			Scholarship Funding

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Scholarships for medical students to serve in mission hospitals overseas	13	36,526.	0.		

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

Part I, Line 2:

The Organization conducts an extensive review of grantee organizations prior to providing any grants or assistance. Such review consists of confirming the legitimacy of the grantee organization and good standing with related governments of registration, and ensuring that the organization is positioned to use the grant for its intended purpose. Non-cash grants are predominantly made to 34 foreign and domestic agency organizations, representing almost 96% of total non-cash grant activity in 2025. The Organization monitors use of these non-cash grants through periodic site visits wherein use is visually validated and records examined, as well as through conducting site visits with managing offices to ensure processes and mission are being conducted in accordance with the Organization's intended purpose. Further information of distribution and use of non-cash grants is made available to the Organization, as needed.

Cash grants made by the Organization are reviewed and monitored based on materiality. Cash grant recipients who receive more than \$50,000 in assistance are required to submit quarterly financial reports for review

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

MAP International, Inc.

Employer identification number

36-2586390

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Steven G. Stirling President Emeritus	(i)	295,834.	28,920.	114,667.	23,922.	5,456.	468,799.	77,500.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Jodi Allison Sr VP Global Giving	(i)	172,222.	8,460.	768.	12,683.	23,054.	217,187.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Amanda Whitmire CFO & Sr. VP Finance	(i)	178,055.	6,345.	423.	13,800.	11,158.	209,781.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Janice Mitchell Bryant Sr. Dir. Marketing & Communications	(i)	129,014.	6,508.	547.	11,581.	26,825.	174,475.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Timmy Boatwright VP Operations	(i)	137,655.	6,649.	1,652.	11,792.	12,193.	169,941.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Michael Eidem Director Philanthropy	(i)	125,691.	5,975.	1,948.	10,633.	6,968.	151,215.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 1a:

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

The Organization maintained offices in both Brunswick, Georgia and Atlanta, Georgia through December 2024. At times, working out of the Atlanta office made 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. The CEO's duties include oversight of the Organization's operations and financial management, which required his presence in Brunswick at the Organization's headquarters office. Therefore, at the direction of the Organization's Board and for the benefit of the Organization, the CEO split his time working from both the Brunswick headquarters office and the Organization's remote office in Atlanta, Georgia. In order to accommodate this need, the Organization's Executive Committee approved a housing allowance in recognition of the CEO's duplicative housing expenses in connection with this dual working arrangement. The housing allowance benefit was appropriately treated as additional reportable compensation to the CEO and was paid through February 2024. After that date, travel was reimbursed in lieu of the housing allowance, while the Organization maintained a remote office in Atlanta, Georgia. At that time, given the nature and structure of the management team, it was determined that needed travel would be reimbursed in lieu of the monthly housing allowance. Since December 2024, the headquarters in Brunswick, GA is the only office maintained by the Organization. These arrangements, together with the CEO's overall compensation arrangements, were reviewed and approved by an independent Executive Committee of the Board pursuant to the compensation-setting process further described in Schedule O.

Part I, Line 4b:

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

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.

described in Schedule O. Under the arrangement, \$25,000 was approved in December 2021, \$27,500 was approved in December 2022, \$25,000 was approved in December 2023, and \$35,000 was approved in November 2024. An additional 4.5 weeks of paid time off were approved as part of the arrangement, and were used during January through March of 2025. The amounts approved in December of 2021, 2022, 2023, and November of 2024 are being reported in this Form 990, Schedule J, Part II, Column B(iii). The \$25,000 approved in 2021, \$27,500 approved in 2022, and \$25,000 approved in 2023 were reported on prior years' returns on Schedule J, Part II, Column C. The \$35,000 approved in 2024 and the additional PTO are included as compensation to disqualified persons on this Form 990, Part IX, Line 6. All amounts noted above have been paid to Mr. Stirling in accordance with the deferred compensation arrangement during the fiscal year ended September 30, 2025. Except for the additional PTO which will be included as reportable income in the 2025 calendar year, all amounts above have been included as reportable income in the 2024 calendar year.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	17	267,986.	Hi-Low Average
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	99	1,362,272,242.	Estimated FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **4**

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
 b If "Yes," describe the arrangement in Part II.
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 b If "Yes," describe in Part II.
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

MAP International, Inc.

Employer identification number

36-2586390

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

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

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

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

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

The Organization's conflict of interest policy is distributed to each member of the Organization's governing body, its officers, and its key employees who provide a disclosure statement. Such disclosure statement indicates that they have received, read, understood and agreed to comply with the policy, and certifying that: (1) they have no relationships or interests that present a conflict of interest, or (2) they have one or more conflicts of interest that have been fully disclosed as required by the policy and have been properly administered in conformity with the policy. The Organization's President is tasked with obtaining updated disclosure statements from each Board member annually. Any previously undisclosed conflicts of interest are forwarded to appropriate Organization officials to take appropriate actions as required by the policy.

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

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

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

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

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

Name of the organization MAP International, Inc.	Employer identification number 36-2586390
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governing documents, conflict of interest policy, financial statements and Form 990 are available by mail upon request.

Form 990, Part VII, Section A, Line 1a:

During the 2024 calendar year, Michael Erisman was compensated for his participation in HR leadership training for the benefit of the Organization.

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

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

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

Form 990, Part IX, Line 24a:

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

Form 990, Part XII, Line 2c:

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