

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization ORDER OF MALTA WORLDWIDE RELIEF , MALTESER INTERNATIONAL AMERICAS		D Employer identification number 26-3701623
	Doing business as		E Telephone number 646-794-3457
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1011 FIRST AVENUE - #1322		G Gross receipts \$ 9,070,949.
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022			
F Name and address of principal officer: JOHN E. MCINERNEY III 1011 FIRST AVENUE #1322, NEW YORK, NY 10022			H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			H(b) Are all subordinates included? Yes No
J Website: ▶ ORDEROFMALTARELIEF.ORG			If "No," attach a list. See instructions
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			H(c) Group exemption number ▶
L Year of formation: 2008			M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MALTESER INTERNATIONAL AMERICAS IS DEDICATED TO HUMANITARIAN AID DELIVERY IN THE WAKE OF DISASTER. *		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	43
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,039,581.	Current Year 8,758,839.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	842.	159.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	73,202.	311,951.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,113,625.	9,070,949.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,221,035.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		903,122.	1,557,789.
16 a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 237,413.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,507,015.	2,148,403.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,631,172.	4,384,581.
19 Revenue less expenses. Subtract line 18 from line 12	482,453.	4,686,368.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,527,675.	End of Year 6,306,407.
	21 Total liabilities (Part X, line 26)	131,222.	223,586.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,396,453.	6,082,821.

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		Date		
	JOHN E. MCINERNEY III, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	BARRY WECHSLER			<input type="checkbox"/>	[REDACTED]
Preparer Use Only	Firm's name ▶ EISNER ADVISORY GROUP LLC			Firm's EIN ▶ [REDACTED]	
	Firm's address ▶ 1375 BROADWAY NEW YORK, NY 10018			Phone no. 212-944-4433	

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:
ORDER OF MALTA WORLDWIDE RELIEF MALTESER INTERNATIONAL AMERICAS (MIA),
INC. IS AN EMERGENCY RELIEF AND DEVELOPMENT ORGANIZATION WHOSE PRIMARY
FOCUS IS HUMANITARIAN RELIEF IN THE WAKE OF DISASTERS, BOTH NATURAL
AND MAN-MADE, THROUGHOUT THE WESTERN HEMISPHERE. IN ADDITION, MIA *

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
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 3,999,625. including grants of \$ 678,389.) (Revenue \$ 9,070,949.)
THE ORGANIZATION COLLECTED DONATIONS AND GRANTS FROM INDIVIDUALS,
FOUNDATIONS AND GOVERNMENT AGENCIES TO SUPPORT MIA'S PROJECTS WHICH
PROVIDE EMERGENCY RELEIF IN CRISES SUCH AS NATURAL DISASTERS, EPIDEMICS
AND CONFLICTS, AND WHICH DELIVER PROGRAMS THAT ENABLE PEOPLE TO LEAD A
HEALTHY LIFE WITH DIGNITY. SOME FUNDS COLLECTED IN THE U.S. HAVE, ON
OCCASION, BEEN TRANSFERRED TO MALTESER INTERNATIONAL, WHICH USES THE
FUNDS TO OBTAIN MATCHING GRANTS FROM GOVERNMENT AGENCIES TO PROVIDE
IMMEDIATE DISASTER RESPONSE AND PREPAREDNESS AS WELL AS VITAL
HEALTHCARE AND NUTRITION PROGRAMS TO VULNERABLE PEOPLE IN NORTH
AMERICA, LATIN AMERICA, THE CARIBBEAN AND AROUND THE GLOBE. THE
FINANCIALS OF MIA CAPTURED IN THIS 990 REPORT REFLECT ONLY THOSE FUNDS
COLLECTED FROM INDIVIDUALS AND INSTITUTIONAL DONORS IN NORTH AMERICA *

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

4e Total program service expenses **▶ 3,999,625.**

**ORDER OF MALTA WORLDWIDE RELIEF ,
MALTESER INTERNATIONAL AMERICAS**

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

**ORDER OF MALTA WORLDWIDE RELIEF ,
MALTESER INTERNATIONAL AMERICAS**

Part IV Checklist of Required Schedules *(continued)*

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

**ORDER OF MALTA WORLDWIDE RELIEF ,
MALTESER INTERNATIONAL AMERICAS**

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X	X	
b	If "Yes," enter the name of the foreign country ► COLOMBIA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17		
If "Yes," complete Form 6069.			

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		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	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	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
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ AL, AK, AR, CA, CO, CT, DE, FL, GA, HI, IL, KS**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
RAVI TRIPPTAP - (646) 794-3457
1011 FIRST AVENUE, #1322, NEW YORK, NY 10022

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

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

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

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

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

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) RAVI C. TRIPTRAP EXECUTIVE DIRECTOR	50.00	X		X				74,352.	0.	0.
(2) JOHN E. MCINERNEY III PRESIDENT	15.00	X		X				0.	0.	0.
(3) CAMILLE M. KELLEHER TREASURER	3.00	X						0.	0.	0.
(4) ROMAN J. CIECWIERZ DIRECTOR	2.00	X						0.	0.	0.
(5) EDWARD J. DELANEY DIRECTOR	3.00	X						0.	0.	0.
(6) KENNETH M. HURLEY DIRECTOR	1.00	X						0.	0.	0.
(7) MARISSA DEL ROSARIO-BLACKETT DIRECTOR	10.00	X						0.	0.	0.
(8) WAYNE T. RUTH DIRECTOR	1.00	X						0.	0.	0.
(9) THOMAS A. WESSELS DIRECTOR	10.00	X						0.	0.	0.
(10) PAUL L. HERNDON DIRECTOR	1.00	X						0.	0.	0.
(11) CLEMENS GRAF VON MIRBACH-HARFF DIRECTOR	2.00	X						0.	0.	0.

ORDER OF MALTA WORLDWIDE RELIEF ,
MALTESER INTERNATIONAL AMERICAS

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					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,537,412.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,221,427.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			8,758,839.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		159.			159.	
	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				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
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 OTHER INCOME	Business Code	900099	261,194.	261,194.		
	b PPP LOAN FORGIVENESS		900099	48,100.	48,100.		
	c INCOME FROM EXCHANGE R		900099	2,657.	2,657.		
	d All other revenue						
	e Total. Add lines 11a-11d			311,951.			
12 Total revenue. See instructions			9,070,949.	311,951.	0.	159.	

**ORDER OF MALTA WORLDWIDE RELIEF ,
MALTESER INTERNATIONAL AMERICAS**

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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 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	678,389.	678,389.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	74,532.	74,532.		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,366,270.	1,317,992.	48,278.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	94,395.	40,922.	20,865.	32,608.
10 Payroll taxes	22,592.	17,716.	4,876.	
11 Fees for services (nonemployees):				
a Management	367,611.	300,411.		67,200.
b Legal				
c Accounting	18,586.		18,586.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
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.)	20,646.	20,391.	255.	
12 Advertising and promotion	162,881.	25,276.		137,605.
13 Office expenses	11,249.	7,628.	3,621.	
14 Information technology				
15 Royalties				
16 Occupancy	76,159.	63,959.	12,200.	
17 Travel	397,634.	397,634.		
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	4,629.	4,629.		
23 Insurance	21,407.	5,651.	15,756.	
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 PROJECT EXPENSES	671,755.	671,755.		
b REPAIRS & MAINTENANCE	136,988.	131,459.	5,529.	
c MISCELLANEOUS	136,124.	131,891.	4,233.	
d PAYROLL PROCESSING FEES	103,533.	99,818.	3,715.	
e All other expenses SEE SCH O	19,201.	9,572.	9,629.	
25 Total functional expenses. Add lines 1 through 24e	4,384,581.	3,999,625.	147,543.	237,413.
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 if following SOP 98-2 (ASC 958-720)

**ORDER OF MALTA WORLDWIDE RELIEF ,
MALTESER INTERNATIONAL AMERICAS**

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	547,611.	1	159,980.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	717,017.	3	5,753,394.	
	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		8		
	9 Prepaid expenses and deferred charges	6,062.	9	9,068.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 23,145.			
	b Less: accumulated depreciation	10b 11,958.	15,816.	10c	11,187.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	241,169.	15	372,778.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,527,675.	16	6,306,407.		
Liabilities	17 Accounts payable and accrued expenses	18,395.	17	17,957.	
	18 Grants payable	64,727.	18	205,629.	
	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		23		
	24 Unsecured notes and loans payable to unrelated third parties	48,100.	24	0.	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	131,222.	26	223,586.	
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	411,402.	27	736,892.	
	28 Net assets with donor restrictions	985,051.	28	5,345,929.	
	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	1,396,453.	32	6,082,821.	
	33 Total liabilities and net assets/fund balances	1,527,675.	33	6,306,407.	

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	9,070,949.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,384,581.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,686,368.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,396,453.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	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	6,082,821.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1480985.	1019703.	1745656.	4039581.	8758839.	17044764.
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	1480985.	1019703.	1745656.	4039581.	8758839.	17044764.
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)						
6 Public support. Subtract line 5 from line 4.						17044764.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	1480985.	1019703.	1745656.	4039581.	8758839.	17044764.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					159.	159.
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.)	879.		4,630.	74,044.	311,951.	391,504.
11 Total support. Add lines 7 through 10						17436427.
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2021 (line 6, column (f), divided by line 11, column (f))	14	97.75 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.18 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. 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

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	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>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>	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?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	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>	2a	
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>	2b	
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>	3a	
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>	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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE:

OTHER INCOME	2021	2020	2019	2018	2017	TOTAL
	\$311,951	\$74,044	\$4,630	\$0	\$879	\$391,504

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization ORDER OF MALTA WORLDWIDE RELIEF, MALTESER INTERNATIONAL AMERICAS Employer identification number 26-3701623

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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.

Table with 2 columns: Revenue, Assets. Rows include: 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. 1b 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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 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 | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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				
b Buildings				
c Leasehold improvements				
d Equipment		23,145.	11,958.	11,187.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,187.

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, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) RESTRICTED CASH	372,778.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	372,778.

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	9,282,644.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	211,695.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	211,695.
3	Subtract line 2e from line 1	3	9,070,949.
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	9,070,949.

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	4,596,276.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	211,695.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	211,695.
3	Subtract line 2e from line 1	3	4,384,581.
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	4,384,581.

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 X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)

(3) OF THE INTERNAL REVENUE CODE AND THEREFORE HAS MADE NO PROVISION FOR

FEDERAL INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. IN

ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE

SERVICE NOT TO BE A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION

509(A) OF THE INTERNAL REVENUE CODE. MANAGEMENT HAS EVALUATED ALL INCOME

TAX POSITIONS, AND CONCLUDED THAT NO DISCLOSURES RELATING TO UNCERTAIN TAX

POSITIONS ARE REQUIRED IN THE FINANCIAL STATEMENTS. THE ORGANIZATION'S

FEDERAL AND NEW YORK STATE EXEMPT ORGANIZATION RETURNS ARE SUBJECT TO

EXAMINATION BY THE APPROPRIATE JURISDICTIONS. THE ORGANIZATION BELIEVES

IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization
**ORDER OF MALTA WORLDWIDE RELIEF ,
MALTESER INTERNATIONAL AMERICAS**

Employer identification number
26-3701623

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
CARIBBEAN	1	1	HUMANITARIAN AID	PROGRAM RELATED	150,002.
EUROPE	1	4	HUMANITARIAN AID	PROGRAM RELATED	121,156.
SOUTH AMERICA	1	118	HUMANITARIAN AID	PROGRAM RELATED	3,118,862.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	6	HUMANITARIAN AID	PROGRAM RELATED	260,573.
GUATEMALA, CENTRAL AMERICA	0	0	HUMANITARIAN AID	PROGRAM RELATED	0.
3 a Subtotal	3	129			3,650,593.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	3	129			3,650,593.

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

Schedule F (Form 990) 2021

ORDER OF MALTA WORLDWIDE RELIEF ,
MALTESER INTERNATIONAL AMERICAS

26-3701623

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)
		SOUTH AMERICA	HUMANITARIAN AID	9,465.	WIRE TRANSFER	0.		
		SOUTH AMERICA	HUMANITARIAN AID	94,560.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	HUMANITARIAN AID	474,750.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	HUMANITARIAN AID	44,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA	HUMANITARIAN AID	55,000.	WIRE TRANSFER	0.		

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

3 Enter total number of other organizations or entities ▶ _____

ORDER OF MALTA WORLDWIDE RELIEF ,
MALTESER INTERNATIONAL AMERICAS

26-3701623

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)
CONTRACTED SERVICES	CARIBBEAN	1	18,412.	WIRE TRANSFER	0.		
CONTRACTED SERVICES	SOUTH AMERICA	119	1410676.	WIRE TRANSFER	0.		
CONTRACTED SERVICES	EUROPE	1	51,450.	WIRE TRANSFER	0.		

Part IV Foreign Forms

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

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

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

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

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

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **ORDER OF MALTA WORLDWIDE RELIEF ,
MALTESER INTERNATIONAL AMERICAS**

Employer identification number
26-3701623

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 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 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		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

ORDER OF MALTA WORLDWIDE RELIEF ,
MALTESER INTERNATIONAL AMERICAS

26-3701623

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) RAVI C. TRIPPTRAP EXECUTIVE DIRECTOR	(i)	74,352.	0.	0.	0.	0.	74,352.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

ORDER OF MALTA WORLDWIDE RELIEF ,
MALTESER INTERNATIONAL AMERICAS

Employer identification number
26-3701623

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION

ORDER OF MALTA WORLDWIDE RELIEF MALTESER INTERNATIONAL AMERICAS, INC.

(MIA) IS THE 501 (C) (3) AFFILIATE OF MALTESER INTERNATIONAL (MI), THE

GLOBAL HUMANITARIAN RELIEF ORGANIZATION OF THE SOVEREIGN ORDER OF

MALTA, A 900-YEAR OLD LAY RELIGIOUS ORDER. WE ARE A FAITH-BASED,

CATHOLIC, NON-GOVERNMENTAL ORGANIZATION. WE BRIDGE THE GAP BETWEEN

EMERGENCY HUMANITARIAN RELIEF AND SUSTAINABLE DEVELOPMENT.

OUR VISION: PROTECT THE DIGNITY, HEALTH, AND WELL BEING OF PEOPLE IN

CRISIS, MINDING THE FUTURE OF OUR COMMON HOME.

WE BELIEVE THAT EVERY PERSON, REGARDLESS OF ETHNICITY, RELIGION OR

POLITICAL PERSUASION, HAS THE RIGHT TO LIVE A HEALTHY LIFE WITH

DIGNITY, AND WE WORK TO ENSURE THAT VULNERABLE AND MARGINALIZED PEOPLE

HAVE A CHANCE TO DO SO.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOCUSES ON SUSTAINABLE DEVELOPMENT IN THE AFTERMATH OF THOSE DISASTERS.

SEE SCHEDULE O FOR FURTHER INFORMATION.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

MIA'S MISSION IS TO PROVIDE EMERGENCY RELIEF IN CRISES SUCH AS NATURAL

DISASTERS, EPIDEMICS, AND CONFLICTS, AND DELIVER PROGRAMS THAT ENABLE

PEOPLE TO LEAD A HEALTHY LIFE WITH DIGNITY. WE STRIVE TO:

- EXCEL AT OFFERING INCLUSIVE HUMANITARIAN AND DEVELOPMENT ASSISTANCE

IN FRAGILE AND CRISIS SETTINGS. WE HELP AFFECTED COMMUNITIES TO BUILD

RESILIENCE AGAINST THE EFFECTS OF CONFLICT, CRISES, AND CLIMATE

Name of the organization	ORDER OF MALTA WORLDWIDE RELIEF , MALTESER INTERNATIONAL AMERICAS	Employer identification number	26-3701623
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CHANGE, AND TO BUILD LASTING PEACE.

- SERVE AND EMPOWER PEOPLE AFFECTED BY CRISES AND DISPLACEMENT, ESPECIALLY THE MOST VULNERABLE, MARGINALIZED AND FORGOTTEN - REGARDLESS OF THEIR BELIEFS OR IDENTITIES.

- NURTURE HEALTH AS A HOLISTIC STATE OF FULL PHYSICAL, MENTAL AND SOCIAL WELLBEING CONNECTED TO WATER, SANITATION AND HYGIENE; FOOD AND NUTRITION SECURITY; SHELTER, AND ENVIRONMENTAL HEALTH.

- TRUST LOCAL ACTORS AND AFFECTED PEOPLE TO FIND INNOVATIVE SOLUTIONS TO THEIR CHALLENGES AND EMPOWER THEM TO MAKE CHOICES THAT PUT THESE INTO PRACTICE.

- USE OUR EXPERTISE AND THE ORDER OF MALTA'S INTERNATIONAL NETWORK TO ADVOCATE FOR SUSTAINABLE POSITIVE CHANGE.

IN 2021, MIA'S WORK WAS FOCUSED PRIMARILY IN SIX COUNTRIES (COLOMBIA, VENEZUELA, HAITI, MEXICO, PERU, AND THE UNITED STATES), TOUCHING THE LIVES OF OVER 300,000 INDIVIDUALS. TOTAL PROGRAMS DELIVERED IN 2021 TOTALED \$14.4MN, HIGHER THAN THE \$3.99MM OF PROGRAM EXPENSES REPORTED IN THE 990. THE DIFFERENCE PRIMARILY REPRESENTS GRANTS FROM INSTITUTIONS SUCH AS THE GERMAN GOVERNMENT, THE UN HIGH COMMISSIONER FOR REFUGEES AND THE EUROPEAN INVESTMENT BANK, SOME OF WHICH COMES IN THE FORM OF MATCHING GRANTS. GRANTS FROM THESE AND OTHER NON-U.S. INSTITUTIONS ARE TRANSFERRED DIRECTLY TO MIA'S LOCAL ACCOUNT IN THE COUNTRY IN WHICH THE PROJECT BEING FUNDED IS LOCATED AND ARE NOT INCLUDED IN THE SCOPE OF THIS 990 REPORT. THESE PROJECTS ARE,

Name of the organization	ORDER OF MALTA WORLDWIDE RELIEF , MALTESER INTERNATIONAL AMERICAS	Employer identification number	26-3701623
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NEVERTHELESS, SUBJECT TO REGULAR AUDITS BY THE GRANTOR ORGANIZATIONS TO ENSURE PROGRAM ENFORCEMENT AND COMPLIANCE. THIS IS A TESTAMENT NOT ONLY OF MIA'S ABILITY TO LEVERAGE AND MULTIPLY DONOR IMPACT, BUT ALSO OF ITS EXCELLENT GOVERNANCE, COST EFFICIENCY AND HIGHEST ETHICAL STANDARDS.

MIA'S PROJECTS ARE CONCENTRATED IN FOUR MAIN AREAS: PROVIDING CULTURALLY SENSITIVE HEALTHCARE; WATER, SANITATION AND HYGIENE (WASH); FOOD AND NUTRITION SECURITY; DISASTER RISK MANAGEMENT AND CLIMATE CHANGE ADAPTATION. CURRENTLY, MIA IS RESPONSIBLE FOR PROJECTS IN COLOMBIA, VENEZUELA, HAITI, PERU AND MEXICO. SOME OF MIA'S KEY PROJECTS ARE DESCRIBED BELOW:

REFUGEE & MIGRANT HEALTHCARE

BPRM: DIRECT BENEFICIARIES: 41,000

USD \$ 5,301,431 GRANT PERIOD: 09/21/2021 - 08/31/2023

THANKS TO THE FINANCIAL SUPPORT OF THE UNITED STATES BUREAU OF POPULATION, REFUGEES AND MIGRATION (BPRM), THIS PROGRAM AIMS AT BRIDGING THE GAPS IN PRIMARY AND SECONDARY HEALTHCARE, INCLUDING MENTAL HEALTH, FOR VENEZUELAN REFUGEES, MIGRANTS AND COLOMBIAN RETURNEES IN THE LA GUAJIRA DEPARTMENT, INCLUDING MUNICIPALITIES OF RIOHACHA, MAICAO, FONSECA, SAN JUAN DEL CESAR, MANUAURE AND DIBULLA. THIS PROJECT IS CARRIED OUT IN CONJUNCTION WITH OUR LOCAL PARTNER, ANASHIWAYA INSTITUCIN PRESTADORA DE SALUD INDGENA, AN INDIGENOUS, WOMAN-LED HEALTHCARE PROVIDER IN LA GUAJIRA COLOMBIA. WE HAVE PROVIDED 15,950 MEDICAL CONSULTATIONS AND 4,438 MENTAL HEALTH CONSULTATIONS TO DATE, TRAINED MORE THAN 60 HEALTHCARE PROFESSIONALS ON PROVIDING HEALTH SERVICES TO THE LOCAL POPULATION, AND 117 PEOPLE HAVE BEEN TRAINED IN IDENTIFYING MENTAL HEALTH DISORDERS BEST PRACTICES.

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GFFO: DIRECT BENEFICIARIES: 60,650

EUR 4,000,000 GRANT PERIOD: 06/01/2021 - 05/31/2023

SPONSORED BY THE GERMAN FEDERAL FOREIGN OFFICE, THIS PROGRAM PROVIDES NUTRITION AND HEALTHCARE FOR VULNERABLE GROUPS IMPACTED BY CRISIS, MIGRATION AND MALNUTRITION IN MULTIPLE TOWNSHIPS IN NORTHEAST COLOMBIA. PRIMARY SERVICES PROVIDED INCLUDE MEDICAL AND PSYCHOLOGICAL CONSULTATIONS, PRENATAL CHECKS, NUTRITION SERVICES, AND DISTRIBUTION OF MEDICAL SUPPLIES. TO DATE, WE HAVE CONDUCTED 31,150 MEDICAL CONSULTATIONS AND 6,600 MENTAL HEALTH CONSULTATIONS. WE HAVE DISTRIBUTED FOOD AND HYGIENE KITS TO MORE THAN 100 PREGNANT WOMEN, AND HAVE GIVEN ACCESS TO PRE AND POST-NATAL CARE TO MORE THAN 900 WOMEN. WE HAVE ALSO FACILITATED WORKSHOPS AND CONDUCTED OUTREACH IN LOCAL COMMUNITIES AROUND COVID-19 PREVENTION MEASURES, POSITIVELY 6,250 PEOPLE.

FOOD & NUTRITIONAL INSECURITY

RESILIENCIA: DIRECT BENEFICIAIRIES: 3,500 (CATHMENT POPULATION: 82,850)

EUR 1,515,000 GRANT PERIOD: 01/01/2021 - 12/31/2023

FUNDED BY THE GERMAN MINISTRY FOR ECONOMIC COOPERATION AND DEVELOPMENT, THIS PROGRAM AIMS TO IMPROVE FOOD SECURITY AND STRENGTHEN RURAL LIVELIHOODS BY PROVIDING TRAINING TO FARMERS ON CROP DIVERSIFICATION AND SUPPORTING CERTIFICATION AND COMMERCIALIZATION OF KEY CROPS TO HELP FARMERS DEVELOP SUSTAINABLE SOURCES OF INCOME. MALTESER INTERNATIONAL AMERICAS IS TRAINING COMMUNITIES IN WATER RESOURCE MANAGEMENT, SOIL CONSERVATION AND SUSTAINABLE LAND MANAGEMENT. WE ARE ALSO BUILDING A CADRE OF EMERGENCY RESPONDERS, TRAINED IN ENVIRONMENTALLY SAFE

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CONSERVATION PRACTICES AS WELL AS SEARCH-AND-RESCUE AND COMMUNITY PREPAREDNESS. WE ARE CARRYING OUT THE PROJECT IN COLLABORATION WITH OUR LOCAL PARTNER ASSOCIATION OF BIOLOGISTS OF THE UNIVERSITY OF THE ATLANTIC (ABIUDEA), A LOCAL COLOMBIAN NGO SPECIALIZING IN ENVIRONMENTAL CONSERVATION AND FOOD SECURITY. WE MAKE SURE WE IMPLEMENT COMMUNITY-BASED SOLUTIONS AND WE PROACTIVELY RESPOND TO THE URGENT CHALLENGES FACING RURAL FARMING COMMUNITIES IN LA GUAJIRA AND MAGDALENA.

ENVIRONMENTAL RECOVERY AND ECONOMIC SUSTAINABILITY

MANGROVES: DIRECT BENEFICIARIES: 1,500 (CATCHMENT POPULATION 323,645)

EUR 870,799 GRANT PERIOD: 08/01/2021 - 07/31/2023

WITH THE FINANCIAL SUPPORT OF THE GERMAN MINISTRY FOR ECONOMIC COOPERATION AND DEVELOPMENT, AS WELL AS INDIVIDUAL DONATIONS FROM THE UNITED STATES, THIS PROGRAM AIMS TO RESTORE MANGROVE FORESTS IN HAITI AND COLOMBIA, WHILE SUPPORTING SUSTAINABLE LOCAL COMMUNITIES TO PRESERVE THESE KEY AREAS OF BIODIVERSITY. MANGROVES ACT AS KEY CARBON-CAPTURE ECOSYSTEMS TO HELP FIGHT CLIMATE CHANGE, THEY PROVIDE A KEY COASTAL DEFENSE AGAINST EROSION, STORM SURGES AND EXTREME WEATHER EVENTS. MALTESER INTERNATIONAL AMERICAS IS BUILDING CAPACITY IN LOCAL COMMUNITIES TO SUPPORT THIS KEY ECOSYSTEM INCLUDING PROVIDING TRAINING ON INCOME GENERATING ACTIVITIES SUCH AS SUSTAINABLE FISHING, RECYCLING AND BEEKEEPING. ADDITIONAL OBJECTIVES INCLUDE AIDING THE SOCIAL FABRIC OF THESE SOCIETIES THROUGH EMPOWERING SINGLE MOTHERS, FORGING REGIONAL NETWORKS AND ENGAGING YOUNGER GENERATIONS. THUS FAR IN COLOMBIA ALONE 5,300 MANGROVE SEEDLINGS HAVE BEEN PLANTED, WITH THE OBJECTIVE TO REACH 33,000 SEEDLINGS WHICH WILL REHABILITATE 30 HECTARES OF MANGROVE

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FOREST.

EMERGENCY RELIEF & RECOVERY

HAITI EARTHQUAKE RESPONSE:

DIRECT BENEFICIARIES: 67,515

EUR 794,836 GRANT PERIOD: 08/14/2021 - 08/31/2023

MEDICINE AND MEDICAL CONSUMABLES WERE DISTRIBUTED TO 3 HEALTH CENTERS THAT WERE ALREADY SUPPORTED DURING THE FIRST RESPONSE WEEK (1 IN EACH COMMUNE). THE PLANNED REHABILITATIONS OF 5 SCHOOLS AND 1 HEALTH CENTER IN BARADERES ARE COMPLETED. ADDITIONAL DONATIONS COULD BE OBTAINED TO FUND CONSTRUCTION OF KITCHENS AND LATRINES (MEANWHILE FINALIZED), AS WELL AS HANDWASHING STATIONS FOR THE SCHOOLS AND AN INCINERATOR REPLACEMENT AND LATRINES BLOCK REHABILITATION FOR THE HEALTH CENTER (ONGOING). THE REHABILITATION OF THE WATER SYSTEM IN PETIT TROU IS FINALIZED AND THE REHABILITATION OF 2 WATER SYSTEMS IN L'AZILE ARE STILL ONGOING. THE REHABILITATION HAS RESTORED ACCESS TO WATER TO 12,250 FAMILIES (7,350 IN PETIT TROU, 3,500 WITH SAEP KPAUL AND 1,400 SAEP VALADE). THE REINFORCEMENT OF THE 3 CORRESPONDING WATER COMMITTEES ARE PLANNED FOR APRIL AND MAY. PSYCHOSOCIAL ACTIVITIES WERE CARRIED OUT MAINLY IN SCHOOLS AND DURING COMMUNITY GATHERINGS AND WERE DESIGNED AND SUPPORTED BY EXTERNAL CONSULTANTS WHO ALSO TRAINED THE PROJECT STAFF. ACTIVITIES INCLUDE AUDIO MESSAGES (PRE-RECORDED SPOTS), CHOREOGRAPHIES, THEATERS, FORUMS, DANCE WORKSHOPS, RELAXATION EXERCISES, AWARENESS AND BREATHING EXERCISES FOR STRESS AND EMOTION MANAGEMENT, EARTHQUAKE STORYTELLING, ETC. ACTIVITIES WERE CARRIED OUT IN 26 SCHOOLS (9 IN BARADERES, 9 IN L'ASILE AND 8 IN PETIT TROU) FOR A TOTAL OF 4,276 STUDENTS INCLUDING 200 TEACHERS AND IN PUBLIC PLACES (CHURCHES,

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MARKETS, ETC.) AND GATHERING PLACES OF THE PROJECT REACHING 41,000
PEOPLE IN THE COMMUNITIES OF BARADERES, PETIT TROU AND L'ASILE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND GRANTS OR CONTRACTS RECEIVED FROM U.S. INSTITUTIONS. SOME OF MIA'S
PROJECTS, HOWEVER, RECEIVE FUNDING FROM NON-U.S. INSTITUTIONS SUCH AS
THE UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES AND THE GERMAN
FEDERAL MINISTRY FOR ECONOMIC COOPERATION AND DEVELOPMENT. GRANTS FROM
THESE AND OTHER NON-U.S. INSTITUTIONS ARE TRANSFERRED DIRECTLY TO
MIA'S LOCAL ACCOUNT IN THE COUNTRY IN WHICH THE PROJECT BEING FUNDED IS
LOCATED AND ARE NOT INCLUDED IN THE SCOPE OF THIS FINANCIAL STATEMENT.
THESE PROJECTS ARE, NEVERTHELESS, MANAGED BY MIA AND SUBJECT TO REGULAR
AUDITS BY THE GRANTOR ORGANIZATIONS TO ENSURE PROGRAM ENFORCEMENT AND
COMPLIANCE.

FORM 990, PART V, LINE 3B:

THE MAJORITY OF THE INCOME IS FROM FOREIGN CURRENCY EXCHANGE DIFFERENCES
LEAVING AN AMOUNT UNDER \$1,000 WHICH WOULD BE LESS THAN THE REPORTING
THRESHOLD.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION IS A NON-PROFIT CORPORATION INCORPORATED IN DELAWARE WITH
FOUR "MEMBERS" (E.G., SHAREHOLDERS), WHICH ARE OTHER AFFILIATED NON-PROFIT
ORGANIZATIONS, WHO APPOINT TWO DIRECTORS EACH TO THE BOARD. DURING THE
2021 TIME FRAME APPLICABLE TO THIS STATEMENT, THOSE EIGHT MEMBERS OF THE
BOARD WERE AUTHORIZED TO ELECT BY UNANIMOUS VOTE UP TO TWO MORE DIRECTORS
BUT NEED NOT DO SO. AS OF MAY 18, 2022, THE BOARD MEMBERS MAY ELECT UP TO
SEVEN ADDITIONAL DIRECTORS BY 75% VOTE BUT NEED NOT DO SO.

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FORM 990, PART VI, SECTION A, LINE 7A:

EACH MEMBER APPOINTS TWO DIRECTORS TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

PURSUANT TO SECTION 8.2 OF ARTICLE VIII OF THE BY-LAWS, VARIATIONS FROM THE CORPORATION'S BUDGET IN ANY YEAR IN EXCESS OF \$50,000 REQUIRES THE AGREEMENT OF THE TREASURER AND EXECUTIVE COMMITTEE OF MALTESER INTERNATIONAL AMERICAS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE ORGANIZATION 'S TREASURER, EXECUTIVE DIRECTOR AND PRESIDENT PRIOR TO THE FILING OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. EACH DIRECTOR AND OFFICER OF THE ORGANIZATION MUST ANNUALLY SIGN A STATEMENT THAT THEY HAVE RECEIVED A COPY OF THE POLICY, THAT THEY HAVE READ AND UNDERSTAND THE POLICY, THAT THEY AGREE TO COMPLY WITH THE POLICY AND THAT THEY ACKNOWLEDGE THAT THE ORGANIZATION MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX EXEMPT PURPOSES IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION. PERIODIC REVIEWS OF THE TRANSACTIONS OF THE ORGANIZATIONS ARE CONDUCTED AND THERE ARE PROCEDURES IN PLACE FOR ADDRESSING ANY VIOLATIONS OR POTENTIAL VIOLATIONS OF POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR'S COMPENSATION WAS DETERMINED BASED ON A COMPARISON OF THE SALARIES PAID TO EXECUTIVE DIRECTORS BY OTHER NONPROFIT

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ORGANIZATIONS (AS DISCLOSED ON FORMS 990) AND A WRITTEN EMPLOYMENT

CONTRACT. THE SALARY AND BENEFITS WERE DISCUSSED WITH THE PRESIDENT OF
MALTESER INTERNATIONAL AMERICAS AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. EACH DIRECTOR
AND OFFICER OF THE ORGANIZATION MUST ANNUALLY SIGN A STATEMENT THAT THEY
HAVE RECEIVED A COPY OF THE POLICY, THAT THEY HAVE READ AND UNDERSTAND THE
POLICY, THAT THEY AGREE TO COMPLY WITH THE POLICY AND THAT THEY ACKNOWLEDGE
THAT THE ORGANIZATION MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH
ONE OR MORE OF ITS TAX EXEMPT PURPOSES IN ORDER TO MAINTAIN ITS FEDERAL TAX
EXEMPTION. PERIODIC REVIEWS OF THE TRANSACTIONS OF THE ORGANIZATIONS ARE
CONDUCTED AND THERE ARE PROCEDURES IN PLACE FOR ADDRESSING ANY VIOLATIONS
OR POTENTIAL VIOLATIONS OF POLICY. ALL POLICIES/DOCUMENTS THAT ARE
REQUIRED TO BE PROVIDED TO THE PUBLIC ARE AVAILABLE UPON FORMAL REQUEST .

FORM 990, PART IX, LINE 7, OTHER SALARIES AND WAGES:

WAGES AND SALARIES REPORTED HERE REFLECT BOTH THE U.S. STAFF (7) AND
THOSE CONTRACT EMPLOYEES ASSOCIATED WITH OUR PROJECTS IN COLOMBIA AND
HAITI. THE TOTAL NUMBER OF EMPLOYEES, INCLUDING THOSE UNDER CONTRACT IS
126.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

TELEPHONE:

Name of the organization	ORDER OF MALTA WORLDWIDE RELIEF , MALTESER INTERNATIONAL AMERICAS	Employer identification number 26-3701623
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PROGRAM SERVICE EXPENSES	6,246.
MANAGEMENT AND GENERAL EXPENSES	3,889.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,135.

TRAINING AND DEVELOPMENT:

PROGRAM SERVICE EXPENSES	3,160.
MANAGEMENT AND GENERAL EXPENSES	5,571.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,731.

POSTAGE:

PROGRAM SERVICE EXPENSES	166.
MANAGEMENT AND GENERAL EXPENSES	169.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	335.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 19,201.

FORM 990, PART XII, LINE 2 CHANGE OF OVERSIGHT OR SELECTION PROCESS

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS FROM PRIOR YEAR.

Statement of Specified Foreign Financial Assets

▶ Go to www.irs.gov/Form8938 for instructions and the latest information.

▶ Attach to your tax return.

For calendar year **2021** or tax year beginning _____ and ending _____

If you have attached additional statements, check here Number of additional statements

1 Name(s) shown on return **ORDER OF MALTA WORLDWIDE RELIEF ,** **2** Taxpayer identification number (TIN)
MALTESER INTERNATIONAL AMERICAS **26-3701623**

3 Type of filer
a Specified individual **b** Partnership **c** Corporation **d** Trust

4 If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)

a Name **b** TIN

Part I Foreign Deposit and Custodial Accounts Summary

5 Number of deposit accounts (reported in Part V) **5**

6 Maximum value of all deposit accounts \$ **938,983.**

7 Number of custodial accounts (reported in Part V)

8 Maximum value of all custodial accounts \$

9 Were any foreign deposit or custodial accounts closed during the tax year? Yes No

Part II Other Foreign Assets Summary

10 Number of foreign assets (reported in Part VI)

11 Maximum value of all assets (reported in Part VI) \$

12 Were any foreign assets acquired or sold during the tax year? Yes No

Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)

(a) Asset category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
13 Foreign deposit and custodial accounts	a Interest	\$		
	b Dividends	\$		
	c Royalties	\$		
	d Other income	\$		
	e Gains (losses)	\$		
	f Deductions	\$		
	g Credits	\$		
14 Other foreign assets	a Interest	\$		
	b Dividends	\$		
	c Royalties	\$		
	d Other income	\$		
	e Gains (losses)	\$		
	f Deductions	\$		
	g Credits	\$		

Part IV Excepted Specified Foreign Financial Assets (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

15 Number of Forms 3520 _____ **16** Number of Forms 3520-A _____ **17** Number of Forms 5471 _____

18 Number of Forms 8621 _____ **19** Number of Forms 8865 _____

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary

(see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20 Type of account a [X] Deposit b [] Custodial 21 Account number or other designation 131001-526-000168-8
22 Check all that apply a [] Account opened during tax year b [] Account closed during tax year
c [] Account jointly owned with spouse d [] No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year \$ 165,225.
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [X] Yes [] No
25 If you answered "Yes" to line 24, complete all that apply.
(a) Foreign currency in which account is maintained COLOMBIA, PESO
(b) Foreign currency exchange rate used to convert to U.S. dollars 4043.43000000
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
26a Name of financial institution in which account is maintained BANCOLOMBIA
b Global Intermediary Identification Number (GIIN) (Optional)
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. CALLE 13 NO 19-67
28 City or town, state or province, country, and ZIP or foreign postal code RIOHACHA COLOMBIA

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset 30 Identifying number or other designation
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
a Date asset acquired during tax year, if applicable
b Date asset disposed of during tax year, if applicable
c [] Check if asset jointly owned with spouse d [] Check if no tax item reported in Part III with respect to this asset
32 Maximum value of asset during tax year (check box that applies)
a [] \$0 - \$50,000 b [] \$50,001 - \$100,000 c [] \$100,001 - \$150,000 d [] \$150,001 - \$200,000
e If more than \$200,000, list value \$
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? [] Yes [] No
34 If you answered "Yes" to line 33, complete all that apply.
(a) Foreign currency in which asset is denominated
(b) Foreign currency exchange rate used to convert to U.S. dollars
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of foreign entity b GIIN (Optional)
c Type of foreign entity (1) [] Partnership (2) [] Corporation (3) [] Trust (4) [] Estate
d Mailing address of foreign entity. Number, street, and room or suite no.
e City or town, state or province, country, and ZIP or foreign postal code
36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.
a Name of issuer or counterparty
Check if information is for [] Issuer [] Counterparty
b Type of issuer or counterparty
(1) [] Individual (2) [] Partnership (3) [] Corporation (4) [] Trust (5) [] Estate
c Check if issuer or counterparty is a [] U.S. person [] Foreign person
d Mailing address of issuer or counterparty. Number, street, and room or suite no.
e City or town, state or province, country, and ZIP or foreign postal code

ORDER OF MALTA WORLDWIDE RELIEF ,

26-3701623

Part V Foreign Deposit and Custodial Accounts (see instructions)

20 Type of account a [X] Deposit b [] Custodial 21 Account number or other designation 131004-526-000167-2

22 Check all that apply a [] Account opened during tax year b [] Account closed during tax year c [] Account jointly owned with spouse d [] No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year \$ 161,057.

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [X] Yes [] No

25 If you answered "Yes" to line 24, complete all that apply. (1) Foreign currency in which account is maintained COLOMBIA, PESO (2) Foreign currency exchange rate used to convert to U.S. dollars 4043.430000000 (3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

26a Name of financial institution in which account is maintained BANCOLOMBIA b Global Intermediary Identification Number (GIIN) (Optional)

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

CALLE 13 NO 19-67

28 City or town, state or province, country, and ZIP or foreign postal code RIOHACHA COLOMBIA

20 Type of account a [X] Deposit b [] Custodial 21 Account number or other designation 131005-526-000632-2

22 Check all that apply a [] Account opened during tax year b [] Account closed during tax year c [] Account jointly owned with spouse d [] No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year \$ 136,429.

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [X] Yes [] No

25 If you answered "Yes" to line 24, complete all that apply. (1) Foreign currency in which account is maintained COLOMBIA, PESO (2) Foreign currency exchange rate used to convert to U.S. dollars 4043.430000000 (3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

26a Name of financial institution in which account is maintained BANCOLOMBIA b Global Intermediary Identification Number (GIIN) (Optional)

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

CALLE 13 NO 19-67

28 City or town, state or province, country, and ZIP or foreign postal code RIOHACHA COLOMBIA

20 Type of account a [X] Deposit b [] Custodial 21 Account number or other designation 131005-526-000008-4

22 Check all that apply a [] Account opened during tax year b [] Account closed during tax year c [] Account jointly owned with spouse d [] No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year \$ 226,409.

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [X] Yes [] No

25 If you answered "Yes" to line 24, complete all that apply. (1) Foreign currency in which account is maintained COLOMBIA, PESO (2) Foreign currency exchange rate used to convert to U.S. dollars 4043.430000000 (3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

26a Name of financial institution in which account is maintained BANCOLOMBIA b Global Intermediary Identification Number (GIIN) (Optional)

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

CALLE 13 NO 19-67

28 City or town, state or province, country, and ZIP or foreign postal code RIOHACHA COLOMBIA

ORDER OF MALTA WORLDWIDE RELIEF ,

26-3701623

Part V Foreign Deposit and Custodial Accounts (see instructions)

20 Type of account a [X] Deposit b [] Custodial 21 Account number or other designation 131005-526-000017-9

22 Check all that apply a [] Account opened during tax year b [] Account closed during tax year c [] Account jointly owned with spouse d [] No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year \$ 249,863.

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [X] Yes [] No

25 If you answered "Yes" to line 24, complete all that apply. (1) Foreign currency in which account is maintained COLOMBIA, PESO (2) Foreign currency exchange rate used to convert to U.S. dollars 4043.430000000 (3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

26a Name of financial institution in which account is maintained BANCOLOMBIA b Global Intermediary Identification Number (GIIN) (Optional)

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. CALLE 13 NO 19-67

28 City or town, state or province, country, and ZIP or foreign postal code RIOHACHA COLOMBIA

20 Type of account a [] Deposit b [] Custodial 21 Account number or other designation

22 Check all that apply a [] Account opened during tax year b [] Account closed during tax year c [] Account jointly owned with spouse d [] No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year \$

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [] Yes [] No

25 If you answered "Yes" to line 24, complete all that apply. (1) Foreign currency in which account is maintained (2) Foreign currency exchange rate used to convert to U.S. dollars (3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

26a Name of financial institution in which account is maintained b Global Intermediary Identification Number (GIIN) (Optional)

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

28 City or town, state or province, country, and ZIP or foreign postal code

20 Type of account a [] Deposit b [] Custodial 21 Account number or other designation

22 Check all that apply a [] Account opened during tax year b [] Account closed during tax year c [] Account jointly owned with spouse d [] No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year \$

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [] Yes [] No

25 If you answered "Yes" to line 24, complete all that apply. (1) Foreign currency in which account is maintained (2) Foreign currency exchange rate used to convert to U.S. dollars (3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

26a Name of financial institution in which account is maintained b Global Intermediary Identification Number (GIIN) (Optional)

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

28 City or town, state or province, country, and ZIP or foreign postal code

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING
DECEMBER 31, 2021

PREPARED FOR:

ORDER OF MALTA WORLDWIDE RELIEF ,
MALTESER INTERNATIONAL AMERICAS
1011 FIRST AVENUE - #1322
NEW YORK, NY 10022

PREPARED BY:

EISNER ADVISORY GROUP LLC
1375 BROADWAY
NEW YORK, NY 10018

AMOUNT OF TAX:

BALANCE DUE OF \$25

MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL
CHARITIES BUREAU REGISTRATION SECTION
28 LIBERTY STREET
NEW YORK, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED
INDIVIDUAL(S).

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED
AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2021
Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2021 and Ending (mm/dd/yyyy) 12/31/2021		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: ORDER OF MALTA WORLDWIDE RELIEF , MALTES	Employer Identification Number (EIN): 26-3701623
	Mailing Address: 1011 FIRST AVENUE - #1322	NY Registration Number: 44-27-31
	City / State / ZIP: NEW YORK, NY 10022	Telephone: 646 794-3457
	Website: ORDEROFMALTARELIEF.ORG	Email: RAVI.TRIPPTRAP@MALT
Check your organization's registration category: <input checked="" type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com .		

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:	Signature	Print Name and Title	Date
		JOHN E. MCINERNEY III PRESIDENT	
Chief Financial Officer or Treasurer:	Signature	Print Name and Title	Date
		CAMILLE M. KELLEHER TREASURER	

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ _____	Total fee: \$ <u>25.</u>	Make a single check or money order payable to: "Department of Law"
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
 - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
 - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000
- Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021.
If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).