			E	XTENDE	D TO NOVEMBER 1	6, 2020	D			
	~	~~	Return of	f Orgar	ization Exempt	From I	ncome T	ax	OMB No. 1545-0047	
Form	пy	90			(a)(1) of the Internal Revenu				s) 2010	
(Rev	/. Jani	uary 2020)			ecurity numbers on this forr				Open to Public	
		of the Treasury enue Service			/Form990 for instructions a	-	-		Inspection	
AF	or the	e 2019 calend	ar year, or tax year beg			d ending				
	heck if		organization				D Employer	identific	ation number	
	pplicabl		R OF MALTA W	ORLDWI	DE RELIEF ,					
	Addre		ESER INTERNA							
	Name		usiness as	26-3701623						
	Initial		and street (or P.O. box if	E Telephone						
	Final	1 1011	FIRST AVENU	646-						
	termir	~			ZIP or foreign postal code	-	G Gross receipts		1,750,344.	
	Amen			022			H(a) Is this a			
					MAS A. WESSELS		for subo			
	pendi				E 8-D, ATLANTA,	GA 3	H(b) Are all subc			
I T	ax-ex	empt status:			 (insert no.) 4947(a)(1 		- · ·		list. (see instructions)	
			ROFMALTARELI				H(c) Group ex		. ,	
					sociation Other ►	L Year		<u> </u>	State of legal domicile: NY	
	art I	Summary							otato of logar dominino.	
	1	-	e the organization's mis	sion or most	significant activities: SEE	SCHEDU	JLE O			
e	.	2	e the organization of the							
nar	2	Check this bo	x 🕨 🗌 if the organi	zation disco	ntinued its operations or disp	osed of more	e than 25% of its	s net ass	ets.	
Governance			ing members of the gov						9	
ദ		Number of inc	~ +++++++++++++++++++++++++++++++++++++	9						
ര്					ear 2019 (Part V, line 2a)			···+	4	
itie					······································			·· + + + + + + + + + + + + + + + + + +	0	
Activities &					lumn (C), line 12			~ +++++++++++++++++++++++++++++++++++++	0.	
Ă					990-T, line 39				0.	
							Prior Year		Current Year	
	8	Contributions	and grants (Part VIII, line	e 1h)			920,0		1,745,656.	
nue	9		ce revenue (Part VIII, line	0)				0.	0.	
Revenue	10	Investment ind	come (Part VIII, column (and 7d)			0.	215.	
č			(Part VIII, column (A), lir					19.	4,415.	
	12				Part VIII, column (A), line 12)		920,0	666.	1,750,286.	
	13		nilar amounts paid (Part				169,9	946.	302,113.	
			to or for members (Part I					0.	0.	
s	40					333,	714,429.			
Ise	16a	Professional fi	undraising fees (Part IX,	column (A), I	ine 11e)			0.	0.	
Expenses	b	Total fundraisi	ng expenses (Part IX, co	olumn (D), lin	Part IX, column (A), lines 5-10 ine 11e) ∋ 25) ► <u>293 , (</u>	583.				
Ш	17	Other expense	es (Part IX, column (A), li	nes 11a-11d	11f-24e)	I	523,	743.	362,654.	
					K, column (A), line 25)		1,027,0	614.	1,379,196.	
	19				12		-106,9	948.	371,090.	
t Assets or d Balances							eginning of Curre	nt Year	End of Year	
lanc	20	Total assets (F	Part X, line 16)				585,0		1,096,263.	
Ass	21	Total liabilities	(Part X, line 26)				58,	585.	177,634.	
Net		Net assets or	fund balances. Subtract	line 21 from	line 20		527,0	094.	918,629.	
Pa	art II	Signature	e Block							
Unde	er pena	alties of perjury,	declare that I have examin	ed this return,	including accompanying schedu	les and statem	ents, and to the b	est of my	knowledge and belief, it is	
					r) is based on all information of					
					0					
Sigr	n	Signature	e of officer	Isi			Date	11/13/2	020	
Her		THOM	AS A. WESSEL	S, PRE	SIDENT					
			print name and title							
		Print/Type prep	arer's name		Preparer's signature		Date	Check	PTIN	
Paid		BARRY W						if self-employe	h	

Paid	BARRY WECHSLER	self-employed
Preparer	Firm's name 🕨 RAICH ENDE MALTER & CO., LLP	Firm's EIN 🕨
Use Only	Firm's address 🕨 1375 BROADWAY	
	NEW YORK, NY 10018	Phone no. 212 - 944 - 4433
May the IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes No

932001 01-20-20	LHA For Paperwork Reduction Act Notice, see the separate instructions.	
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Form **990** (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	ORDER OF MALTA WORLDWIDE RELIEF ,
	990 (2019) MALTESER INTERNATIONAL AMERICAS, INC. 26-3701623 Page 2
Pa	rt III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	FOUNDATIONS OF WHICH SOME WERE 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.
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 ► 899,949.

ORDER OF MALTA WORLDWIDE RELIEF	,

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
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?			77
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			77
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	v	
Ŀ.	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	10-		х
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13			X	
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	
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			
		14b	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	עדי		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	.5		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		х

ORDER OF MALTA WORLDWIDE RELIEF , Form 990 (2019) MALTESER INTERNATIONAL AMERICAS, INC. Part IV Checklist of Required Schedules (continued)

22 Did the organization regort more than 55.000 of grants or other assistance to or for domestic individuals on Part X, columble Structure IVI, Section A, Ins 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustess, key employees, and highest compensated employees? If 'Yes, 'complete Schedule J, and that was issued after December 31, 2002? If 'Yes, 'answer lines 24b through 24d and complete Schedule J, and that was issued after December 31, 2002? If 'Yes, 'answer lines 24b through 24d and complete Schedule J, and that was issued after December 31, 2002? If 'Yes, 'answer lines 24b through 24d and complete Schedule J, and that was issued after December 31, 2002? If 'Yes, 'answer lines 24b through 24d and complete Schedule J, and that was issued after December 31, 2002? If 'Yes, 'answer lines 24b through 24d and complete Schedule J, and that the analytic on the organization maritan in success account other than a infunding sicroval any time during the year? 24d 25 Bector 60(16), 50(16), 40(16), 400(4) and 60(16)(29) organizations. Did the cognization and at an interagoed in an access benefit transaction with a disqualified person during the year? 24d 26 Bector 60(16), 50(16), 40(16), 400(4), 400 and 50(22) (100 and 100				Yes	No	
23 Det the organization arswer "Vis" to Farl VII, Section A, line 3, 4, of 5 about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule A, If "No," to be the organization have a tax exempt bond issue with an outstanding pincipal amount of mome than \$100,000 as of the task day of the varp, that value states dard To Ceenberg 31, 2002? If "Yes," answer lines 24b through 244 and complete Schedule K, If "No," to b line 25a. 24a X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period escaption? 24a X 25a Did the organization marks and no secrew account of the than a refunding escrew at any time during the year? 24d X 25a Section 501(61), 501(64), 405(62) argumatizations. Did the cognization and particle and particle and sol 01(220) argumatization. Schedule L, Part I 25a X 25a Section 501(61), 501(64), 405(62) argumatizations. Did the cognization aver that the rangend in an excess benefit transaction has no the rangend in an excess benefit transaction has no taben reported on any of the organization bary oth the angenetic in a schedule L, Part I 25b X 25 Did the organization aver that the rangenetic in a schedulo any current or former officer, director, trustee, key employee, creator or founder, substantial contributors or 35% controlled entity or family member of any current or former officer, director, trustee, key employee, creator or founder, substantial contributors or 35% controlled entity orinal benefity of the organization applies t	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
and former officer, director, trustees, key employees, and highest compensated employee? // +*ves, * complete 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 lisued after December 31, 2002? // *ves, * answer line 240 through 24d and complete Schedule K. // Nv. * go to line 25a 24a		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X	
Schedule J 23 X 24a Det the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yea,' answer lines 24b through 24d and complete Schedule K, If 'Ne,' too line 25a 24a X 24b Det the organization mutatin an escrow account of ther than a refunding scrow at any time during the year to delease any tax exempt bonds? 24a X 24b Det the organization mutatin an escrow account of ther than a refunding scrow at any time during the year? 24d 24d 25a Section 50(16)(3, 50(16)(4), and 50(12)(30) organizations. Do the organization arging in an excess benefit transaction with a disqualified person thing the year? 24d 25a 25a Section 50(16)(3, 50(16)(4), and 50(12)(30) organizations. Do the organization arging in an excess benefit transaction with a disqualified person thing the year? 25b X 25a Did the organization reports 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 33% 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 a 35% concolled entry for one applice Schedule L, Part IV 26 X 28 Was the o	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current				
24a Det he organization have a tax exempt bond issue with an dustanding principal amount of more than \$100,000 as of the isst day of the year, that was lesue after December 31, 2002? If 'Yes,'' anywe lines 24b through 24d and complete Schedule I, 11%, or you for ite 25a 24a 2 Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 2 Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 2 Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 2 So Section SO1(c)(3), E01(c)(4), and SO1(c)(29) organizations. Did the organization equage in an excess benefit transaction with a disqualified person of any of the organization and that the transaction with a disqualified person in a prior year, and that the transaction period exception? 25a 2 Did the organization report any amount on Part X, line 5 or 22, for reservables from or payables to any current or forme officer, director, truste, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereol), a grant selection committee member, or to a 55% controlled entity (including an employee thereol), a grant selection committee member, or to a 55% controlled entity of tamily member of any of these persons? If 'Yes,' complete Schedule L, Part I 26a X 2 M was the organization provide a grant or other assistance to any current or forme officer, director, trustes, key employee, creator or founder, or substantial contributor? If '''es,' complete Schedule L, Part I' 26b X 27b 2 M		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a X b Did the organization more any proceeds of tax exempt bonds beyond a temporary period exception? 24b 24b c Did the organization maintain an escrow account other than a refunding scrow at any time during the year to delease any tax-esempt bonds? 24d d Did the organization analtain an escrow account other than a refunding scrow at any time during the year to delease any tax-esempt bonds? 24d d Did the organization act as an "on behal of" issuer for bonds outstanding at any time during the year? 24d 25a Section 50(16)(3), 501(40)(40), ad501(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified perion during the year? 25a X 25 Did the organization approximation. Did the organization being of source of the disput substantial contributor, or 38% controlled entity of ranily member of any of these person? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or thanks, and exceptions): any tax-eschedic burbutor? If "Yes," complete Schedule L, Part IV 26 X 28 Was the organization ender on ormer dividual descretion in the following parties (see Schedule L, Part IV 28a X 29 Did the organization report any individual described in the following parties (see Schedule L, Part IV 28a X 29 Did the organization neore that 32,000 in non-cas		Schedule J	23	Х		
Schedule K II 'No,' go to line 25a. 24a X Do Did the organization invest any proceeds of taxe-exempt bonds beyond a temporary period exception? 24b 24c C Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 25a 25a Isection 501(c)(3), 501(c)(4), and 501(c)(20) organizations prior forms 990 or 990-E27 II' Yea,' complete Schedule L, Part I 25a 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or forms officer, director, trustes, ley employee, creator or founder, substantial contributor, or 35% 25b X 25b Did the organization provide a grant or other assistance to any current or forms officer, director, trustes, ley employee, creator or founder, substantial contributor, or 35% 26b X 25b M X Was the organization provide thereof, a grant selection committee member, or to a 35% controlled anthy in transaction has been song or fminy member of any individual described to repayables to any current or form officer, director, trustes, ley employee, creator or founder, substantial contributor? II ''''se,' complete Schedule L, Part IV 27b 26b Did the organization provide were proved the organization exceptions? ''''se, 'complete Schedule L, Part IV 27	24a					
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 scrow at any time during the year? 24d d Did the organization act as an 'on behalf of itsuer for bonds outstanding at any time during the year? 24d d Did the organization act as an 'on behalf of itsuer for bonds outstanding at any time during the year? 24d d Did the organization act as an 'on behalf of itsuer for bonds outstanding at any time during the year? 25a d Did the organization access benefit transaction with a disqualified person in a prior year, and that the transaction and the negatization is prior Forms 980 or 990-E27 If 'Yes,' complete Schedule L, Part I 25a 27 Did the organization report any amount on Part X, line 5 or 22, for recaivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereol, a grant selection committee member, or to a 39% controlled entity of null member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 28 Was the organization report to a business transaction with one of the following parties (see Schedule L, Part II) 26 X 28 Vas the organization receive more than 325, 000 in non-cash contributions? If 'Yes,' complete Schedule L, Part II 26a X 29		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any taxe xeempt bonds? 24d d Did the organization acts as an 'on behalf of' issue for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 11% complete Schedule L, Part I 25a X 25b b is the organization acts as an 'on behalf of' issue for bonds outstanding at any time during the year? 11% complete Schedule L, Part I 25a X 25b Did the organization report any amount on Part X, line 5 or 22, for rescivables from or payables to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or founder outprive thereol, a grant selection committee member, or ta 35% controlled entity or founder during a method year barsel, and a setistance to any current or forme officer, director, trustee, key employee, creator or founder, a grant selection committee member, or ta 35% controlled entity or to a business transaction with one of the following parties (see Schedule L, Part II 26a X 27 X X A Star organization provide thereol, a family member of any individual described or founder, or substantial contributors of any individual described or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part II 27a X 28 M A tarriny					<u> </u>	
any tax-evenpt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 601(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? // "Yes," complete Schedule L, Part I 25a 25a Did the organization are 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-E27. // "Yes," complete Schedule L, Part I 25a 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or psyables to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26a 27 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part II 26a 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III 27 28 Was the organization receive more than \$25,000 in non-eash contributions? If "Yes," complete Schedule L, Part II 28a 29 Did the organization receive more than \$25,000 in non-eash contributions? If "Yes," complete Schedule L, Part II 28a 29 Did the organization receive ontrol in divisou and cease persons? If "Yes," complete Schedule N, Part I 28a 20 Did the organization receive any to divisou and cease persons? If "Yes," complete Schedule N 28a 20 Did the organization receive any to disobse an	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 244 255 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 25 bits the organization severe that it engaged in an excess benefit transaction with a disqualified person in a port year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2?. If "Yes," complete Schedule L, Part I 25b 26 Did the organization proport any amount on Part X, line 5 or 22, for receivables from or payables to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ramity member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization provide dimetry of one or more individual as and/or organization excluse provide schedule L, Part IV 28a X 29 Did the organization receive contributions of H, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV 28a X 20 Did the organization neceive contributions of at, historical trea	С					
25a Section 501(c)(3), 501(c)(29) or ganizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part 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 spior Forms 990 or 990-E27. If 'Yes,' complete Schedule L, Part I 25b X 26b Did the organization report any amount on Part X, line 5 or 22, tor receivables from or psyables to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 27 Did the organization approve thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 27 X 28 Was the organization approve thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 28 X 29 Did the organization approve thereof or any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV 28a X 29 Did the organization receive more than 250,000 in non-cash contributions? If 'Yes,' complete Schedule M. 30 X 20 Did the organization receive more than 250,000 in non-cash contributions? If 'Yes,' complete Schedule M. 30 X 20 Did the organization relevel the mase 25,000 in non-cash contrinbutions? If 'Yes,' comple						
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b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? // 'Yes,' complete Schedule I, Part I 250 X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or amployee thereol, a grant selection committee member, or to a 35% controlled entity (including an employee thereol) or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 X 29 Did the organization a party to a business transaction with one organizations described? 28 X 29 Did the organization aparty to a business transaction with ore granizations described? 28 X 29 Did the organization receive contributions of an itsorical treasures, or orbit similar assets, or qualified conservation contributions? 29 X 20 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Yes, 'complete Schedule P, Part	25a				37	
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Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 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)? 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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? If "Yes," complete Schedule R, Part VI 37 X 38 X Note: All Form 990 filers are required to complete Schedule O X 38 X 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 X 1a 1a 1a			<u>.</u>			
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sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 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)? If "Yes," complete Schedule R, Part V, line 2 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 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? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X 1a 1 1 1 1 1 b Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a 1 1 1 1	33					
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Part V, line 1 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)? If "Yes," complete Schedule R, Part V, line 2 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 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? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance X X Check if Schedule O contains a response or note to any line in this Part V X X 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a<	34					
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36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance X X Check if Schedule O contains a response or note to any line in this Part V X X 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a 1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 V	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance X X Check if Schedule O contains a response or note to any line in this Part V X X 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a 1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 V		within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
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and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>		If "Yes," complete Schedule R, Part V, line 2	36		X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X Check if Schedule O contains a response or note to any line in this Part V X X 1a 1 1 1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance X Check if Schedule O contains a response or note to any line in this Part V X Yes No 1a 1 b 1b 0			37		X	
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 X Yes No 1a 1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 1 1b 0 0 1a 1	38					
Check if Schedule O contains a response or note to any line in this Part V X Yes No 1a 1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 1 1b 0 0		Note: All Form 990 filers are required to complete Schedule O	38	Х		
Yes No 1a 1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 1 1b 0 0	Pai					
1a 1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		Check if Schedule O contains a response or note to any line in this Part V	<u></u>			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b				Yes	No	
			-			
			4			

(gambling) winnings to prize winners?

1c

	990 (2019) MALTESER INTERNATIONAL AMERICAS, INC. 26-3701	623	Р	Page 5								
Par	t 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 4											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)											
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	37								
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		X								
4a	a 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)?											
b	b If "Yes," enter the name of the foreign country ► COLOMBIA See instructions for filing requirements for EinCEN Form 114, Report of Foreign Rank and Eingneigh Accounts (ERAP)											
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X								
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b										
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>										
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		x								
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u>6a</u>										
D D		6b										
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00										
	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								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b										
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1.2										
•	to file Form 8282?	7c		x								
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d											
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit 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										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h										
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.											
а	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:											
а	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:											
	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.)											
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a										
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-										
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>										
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the											
D	organization is licensed to issue qualified health plans											
с	Enter the amount of reserves on hand											
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X								
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1									
-	excess parachute payment(s) during the year?	15		x								
	If "Yes," see 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.											

ORDER OF MALTA WORLDWIDE RELIEF ,

Form **990** (2019)

ORDER OF MALTA WORLDWIDE RELIEF ,

MALTESER INTERNATIONAL AMERICAS, INC. 26-3701623 Page 6

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						Ā					
Sec	tion A. Governing Body and Management											
				_		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9								
	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		9								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other									
	officer, director, trustee, or key employee?			- [2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the			F								
-	of officiency divertises the stress of the stress to a mean stress to a stress of the				3		х					
4												
5												
6												
	Did the organization have members, stockholders, or other persons who had the power to elect or ap			ŀ	6	X						
7a					7-	x						
	more members of the governing body?			⊦	7a	-						
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					v						
-	persons other than the governing body?			H	7b	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			37						
а	The governing body?			┝	8a	X						
b	Each committee with authority to act on behalf of the governing body?			⊢	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read											
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)									
				_		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			L	10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. L	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	L	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			. L	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х						
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // ">			Γ								
	in Schedule O how this was done	,			12c	x						
13	Did the organization have a written whistleblower policy?			Г	13	х						
14	Did the organization have a written document retention and destruction policy?			Г	14	x						
15	Did the process for determining compensation of the following persons include a review and approva			' F								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official				15a	x						
	Other officers or key employees of the organization				15a		Х					
0	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				100							
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nont	ith a									
iua					160		Х					
Ŀ	taxable entity during the year?				16a		Δ					
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				10							
800	exempt status with respect to such arrangements?				16b							
	tion C. Disclosure	<u>, a</u>		~		T T	77.0					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright AL, AK, AR, CA, C											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (Section 501(c)(3)s	only) a	availat	ole					
	for public inspection. Indicate how you made these available. Check all that apply.											
	Own website Another's website X Upon request Other (explain		,									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, a	nd	financ	ial						
	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 boo	oks and	d records 🕨 🔄									
	RAVI TRIPPTRAP - (646) 794-3457											
	1011 FIRST AVENUE, #1322, NEW YORK, NY 10022											
						000						

Form 990 (2019)

SEE SCHEDULE O FOR FULL LIST OF STATES

Form 990 (2019) ORDER OF MALTA WORLDWIDE RELIEF , MALTESER INTERNATIONAL AMERICAS, INC. 26-3701623 Page 7													
Port VII Compensation of Officers, D					623 Page /								
Employees, and Independen			, j e e e, i i gi e e e										
Check if Schedule O contains a respo													
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 em 	ployees, if any	. See instructions for def	inition of "key employee	e."									
• List the organization's five current highest compensation (Box 5 of Form W-2 and/or Bo													
• List all of the organization's former officers, reportable compensation from the organization ar			ated employees who re	ceived more than \$100),000 of								
• List all of the organization's former director more than \$10,000 of reportable compensation from the statement of the state				or or trustee of the org	anization,								
See instructions for the order in which to list the p	ersons above												
Check this box if neither the organization no	or any related	organization compensate	d any current officer, di	rector, or trustee.									
(A)	(B)	(C)	(D)	(E)	(F)								
Name and title	Average	Position (do not check more than one	Reportable	Reportable	Estimated								
	hours per	box, unless person is both an	compensation	compensation	amount of								

(A)	(B)			(0	C)			(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one					ne	Reportable	Estimated					
	hours per	box, unless person is both an officer and a director/trustee)						compensation	compensation	amount of				
	week		cer ar I	nd a d I	irecto	r/trus T	tee)	from	from related	other				
	(list any	rector						the	organizations	compensation				
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the				
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC)		organization and related				
	below	ual tr	tional		yolqr	t con	_			organizations				
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations				
(1) ROMAN J. CIECWIERZ	2.00	_	_											
TREASURER	0.00	х		X				0.	Ο.	0.				
(2) RAVI C. TRIPPTRAP	42.00													
EXECUTIVE DIRECTOR	0.00	Х		Х				0.	216,478.	0.				
(3) THOMAS A. WESSELS	15.00													
PRESIDENT	0.00	Х		Х				0.	0.	0.				
(4) EDWARD J. DELANEY	3.00													
DIRECTOR	0.00	Х						0.	0.	0.				
(5) DR. JOSE J. CENTURION	1.00													
DIRECTOR	0.00	Х						0.	0.	0.				
(6) KENNETH M. HURLEY	1.00													
DIRECTOR	0.00	Х						0.	0.	0.				
(7) JOHN E. MCINERNEY III	1.00													
VICE PRESIDENT	0.00	Х		Х				0.	0.	0.				
(8) JANICE I. OBUCHOWSKI	5.00													
DIRECTOR	0.00	Х						0.	0.	0.				
(9) DEBORAH O'HARA-RUSCKOWSKI	1.00									_				
DIRECTOR	0.00	Х						0.	0.	0.				
(10) INGO W. RADTKE	3.00													
DIRECTOR	0.00	Х						0.	0.	0.				
(11) FRANK A. ORBAN III	1.00													
SECRETARY	0.00	Х		X				0.	0.	0.				
(12) MARISSA DEL ROSARIO-BLACKETT	5.00									-				
DIRECTOR	0.00	Х						0.	0.	0.				
				<u> </u>		<u> </u>								
		1												
										5 990 (0010)				

Form 990 (2019) MALTES	OF MALTA V ER INTERNA							•	26-37	7016	23	Pag	e 8
Part VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees,	anc	d Hig	ghes	st C	ompensated Employee	es (continued)				
(A) Name and title	(B) Average hours per week	box, offic	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on d	other		
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	ensation m the nization related nization	n I
										-+			
										\rightarrow			
		-											
1b Subtotal c Total from continuation sheets to Pa								0.0.	216,47	0.			0. 0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including	but not limited to th						► lo re	0 • eceived more than \$100,	216,47 ,000 of reportable				0. 0
compensation from the organization											 ,	Yes	No
3 Did the organization list any former of	fficer, director, trust	ee, k	key e	empl	loyee	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J										-	3	-	X
4 For any individual listed on line 1a, is t and related organizations greater than											4	x	
5 Did any person listed on line 1a receiv										····			
rendered to the organization? If "Yes,	" complete Schedul	<u>e J f</u>	or sı	ıch ı	perso	on .		-			5		Х
Section B. Independent Contractors													
 Complete this table for your five highe the organization. Report compensation 										ensatio	on from	n	
(A Name and bus	4)		ONE					(B) Description of s		Co	(C) mpens		

ORDER OF MALTA WORLDWIDE RELIEF

2 Total number of independent contractors (including but not limited to those listed above) who received more than 0 \$100,000 of compensation from the organization

ORDER OF MALTA WORLDWIDE RELIEF , MALTESER INTERNATIONAL AMERICAS, INC.

26-3701623 Page **9**

Form	1 99	0 (RNATIONAL	AMERICAS,	INC.	26-3701	623 Page 9
Pa	rt \	/11	Statement of Re	ven	ue					
			Check if Schedule O	conta	ins a response	or note to any line	2.2.5		(
							(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total revenue		business revenue	
										sections 512 - 514
សូទ	1	а	Federated campaigns		1a					
an.			Membership dues							
, Gifts, Grants nilar Amounts			Fundraising events							
r A			Related organizations							
, G			Government grants (contr							
Sins			All other contributions, gifts,							
Contributions, Gift and Other Similar		'	similar amounts not included	-		745,656.				
trib Ott		~				5,292.				
ud Dd		-	Noncash contributions included in				.,745,656.			
a C		n	Total. Add lines 1a-1f			Business Code	1,745,050.			
	_					Business Code				
ice	2	а								
ervi		b								
ר Si enu		С								
Program Service Revenue		d								
.0g		е								
ď		f	All other program service	rever	nue					
		g	Total. Add lines 2a-2f			🕨				
	3		Investment income (includ	ding o	lividends, intere	est, and				
			other similar amounts)			►	273.	273.		
	4		Income from investment of							
	5		Royalties	. <u></u>		►				
					(i) Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss)	<u> </u>						
	7		Gross amount from sales of	/ <u> </u>	(i) Securities	(ii) Other				
	•		assets other than inventory	7a	()					
		h	Less: cost or other basis	74						
e			and sales expenses	76	58.					
evenue		~			-58.					
eve							-58.	-58.		
sr R€			Net gain or (loss) Gross income from fundraising				50.	501		
Other	0	a		-						
0										
			contributions reported on		,					
			Part IV, line 18							
			Less: direct expenses							
	-		Net income or (loss) from		-	····· ►				
	9	а	Gross income from gamin							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from	-	-	▶				
	10	а	Gross sales of inventory, I							
			and allowances							
		b	Less: cost of goods sold							
		С	Net income or (loss) from	sales	of inventory	►				
ú						Business Code				
ño e	11		INCOME FROM E	XCI	IANGE R		3,432.	3,432.		
ane		b	OTHER INCOME				983.	983.		
Miscellaneous Revenue		с								
lisc B		d	All other revenue							
Σ			Total. Add lines 11a-11d				4,415.			
	12		Total revenue. See instruction				L,750,286.	4,630.	0.	0.

ORDER OF MALTA WORLDWIDE RELIEF MALTESER INTERNATIONAL AMERICAS, INC.

Form 990 (2019) 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 (B) Program service expenses **(D)** Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 16 302,113. 302,113. Benefits paid to or for members 4 Compensation of current officers, directors, 5 301,836. 197,744. 79,364. 24,728. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 375,226. 217,770. 7,888. 149,568. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,766. 19,860. 15,094. Other employee benefits 9 17,507. 13,305. 4,202. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 17,596. 17,596. Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, α column (A) amount, list line 11g expenses on Sch 0.) 122,960. 25,257. 97,703. Advertising and promotion 12 9,666. 9,666. Office expenses 13 Information technology 14 15 Royalties 47,140. 9,428. 16,028. 21,684. 16 Occupancy 50,177. 50,177. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 23,145. 23,145. Depreciation, depletion, and amortization 22 13,361. 2,138. 11,223. 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 48,269. 21,760. 26,509. PAYROLL PROCESSING FEES а **REPAIRS & MAINTENANCE** 13,341. 13,341. h 10,669. 10,669. PROJECT EXPENSES С 6,330. 6,330. d MISCELLANEOUS e All other expenses _

1,379,196.

899,949.

185,564.

Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

293,683.

33

Total liabilities and net assets/fund balances

ORDER OF	MALTA WORLDWII	JE RELIEF ,
MALTESER	INTERNATIONAL	AMERICAS, INC.

26-3701623 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	525,747.	1	667,811.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	346,963.
	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	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges		9	6,766.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a23,145Less: accumulated depreciation10b2,700	•		
	b	Less: accumulated depreciation 10b 2,700		10c	20,445. 5,292.
	11	Investments - publicly traded securities	0.	11	5,292.
	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	0.	15	48,986.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,096,263.
	17	Accounts payable and accrued expenses	44 0 60	17	65,487.
	18	Grants payable		18	112,147.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		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		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	821.	05	0.
	26	of Schedule D	58,585.	25	177,634.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ► X	50,505.	26	177,0340
ŝ		and complete lines 27, 28, 32, and 33.			
ů Ľ	27		282,847.	27	317,167.
ala	28	Net assets without donor restrictions	244,247.	28	601,462.
Б	20	Organizations that do not follow FASB ASC 958, check here		20	001/1020
Fun		and complete lines 29 through 33.			
ç	29	Capital stock or trust principal, or current funds		29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	527,094.	32	918,629.
~					· · ·

585,679. 33

Part X | Balance Sheet

Form	990	(2019))
101111	000		<u> </u>

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 1 1,750,	
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)	286. 196. 090.
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1,750,	286. 196. 090.
	196. 090.
	196. 090.
2 Total expenses (must equal Part IX column (A) line 25) 2^{-1}	090.
	094.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 527 ,	
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 20,	445.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	
	629.
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	X
Y	es No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	<u> </u>
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:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	<u> </u>
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:	
X Separate basis Consolidated basis Both consolidated and separate basis	
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?	<u>. </u>
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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	

Form **990** (2019)

SCHEDU	JLE A		Dubl	ic Cha	rity Stat	ue an		lia Si	innort		OMB No. 1545-0047
(Form 990	or 990-EZ)				rity Stat						2010
			mpiere		47(a)(1) nonex						2013
Department of th Internal Revenue					Attach to Form v/Form990 for				formation		Open to Public Inspection
Name of the	e organizati				WORLDWI				normation.	Employer	identification number
	o or gamzati				NATIONAL						6-3701623
Part I	Reason				All organization						0 0702020
The organiza					For lines 1 thro						
					on of churches				1)(A)(i).		
2 🗌 A	school des	cribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedu	le E (Forn	n 990 or 99	90-EZ).)			
3 🗌 A	hospital or	a cooperative	hospital	service orga	anization descri	ibed in s	ection 170	(b)(1)(A)(i	ii).		
4 🗌 A	A medical res	earch organiz	ation op	erated in co	njunction with a	a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
	ity, and stat	-									
	-	-			llege or univers	ity owned	l or operate	ed by a go	overnmental u	nit describe	ed in
		b)(1)(A)(iv). (C							4.5		
	,	, 0		0	nental unit desc				.,		aublic described in
	-	o)(1)(A)(vi). (C	•		intial part of its	support	on a gove	mmenta		le general p	oublic described in
	-		-	-	(1)(A)(vi). (Com	olete Par	t II.)				
	-				in section 170	-		ed in conju	unction with a	land-grant	college
	•	-			ulture (see inst			-		-	-
u	iniversity:										
10 🗌 A	An organizati	on that norma	lly receiv	/es: (1) more	e than 33 1/3%	of its sup	port from c	ontributio	ns, members	nip fees, an	d gross receipts from
а	ctivities rela	ted to its exem	npt funct	tions - subje	ct to certain exe	ceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	from gross investment
					(less section 5	11 tax) fro	om busines	ses acqui	red by the ore	anization a	after June 30, 1975.
		509(a)(2). (Co	-	-							
	-	-	-		ively to test for	-	•				
	-	-	-		-					•	purposes of one or Check the box in
			-		f supporting or						
a 🗌		-		• •	upervised, or c	-	-			-	aivina
					gularly appoint		• • • •	-			
	organizatio	n. You must c	omplete	e Part IV, Se	ections A and I	з.					
b 🗌	Type II. A s	upporting org	anizatior	n supervised	l or controlled i	n connec [.]	tion with its	s supporte	ed organizatio	n(s), by hav	ving
	control or r	nanagement o	f the sup	oporting org	anization veste	d in the s	ame persoi	ns that co	ntrol or mana	ge the supp	ported
	organizatio	n(s). You mus	t compl	ete Part IV,	Sections A an	d C.					
c 🗌		-	-		g organization	•				ly integrate	ed with,
. —		•	. , .). You must co		-		-		
d 🛄		-	-		porting organiza zation generally					•	
			•	•	mplete Part IV,				•	i all'allentiv	/eness
e 🗌					written determi					II. Type III	
		•			nally integrated				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, . , p e	
f Enter		of supported of									
					d organization						
(i) I	Name of supp		(i	ii) EIN	(iii) Type of org (described on li		(iv) Is the orga in your governi	ng document?	(v) Amount o		(vi) Amount of other
	organizatior				above (see inst	ructions))	Yes	No	support (see ii	istructions	support (see instructions)
			l								
			l								
			 								
Total											

ORDER OF MALTA WORLDWIDE RELIEF

<u>INC.</u> 26-370<u>1623 Page 2</u> Schedule A (Form 990 or 990-EZ) 2019 MALTESER INTERNATIONAL AMERICAS, Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

260	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1511112.	1324437.	1480985.	1019703.	1745656.	7081893.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1511112.	1324437.	1480985.	1019703.	1745656.	7081893.	
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.						7081893.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	1511112.	1324437.	1480985.	1019703.	1745656.	7081893.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
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.	5,509.	
11	Total support. Add lines 7 through 10					-	7087402.	
	Gross receipts from related activities,	etc. (see instructio	uns)			12		
	First five years. If the Form 990 is for		,			501(c)(3)		
	organization, check this box and stop	-			•			
Sec	ction C. Computation of Publi	c Support Per	centage				, <u> </u>	
14	Public support percentage for 2019 (I	ine 6, column (f) div	vided by line 11, c	olumn (f))		14	99.92 %	
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	99.99 %	
	33 1/3% support test - 2019. If the o					ore, check this box	and	
	stop here. The organization qualifies						N V	
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on I					
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
	and if the organization meets the "fac	-						
	meets the "facts-and-circumstances"			-	-	-		
b	10% -facts-and-circumstances test	•	• •	,	•			
	more, and if the organization meets th	-						
	organization meets the "facts-and-circ							
18	Private foundation. If the organization			-	• • •			

Schedule A (Form 990 or 990-EZ) 2019

ORDER OF MALTA WORLDWIDE RELIEF ,

Schedule A (Form 990 or 990 EZ) 2019 MALTESER INTERNATIONAL AMERICAS, INC. 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		•	•	•	•	•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						I
14	First five years. If the Form 990 is for	e					ation,
0	check this box and stop here						>
	ction C. Computation of Publi		-			1 1	
15	Public support percentage for 2019 (li		•	column (f))		15	%
16	Public support percentage from 2018					16	%
See	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by l	ne 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19 a	33 1/3% support tests - 2019. If the	organization did r	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
F	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	-	•		•••••		►
Ľ	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
20	i mate roundation. Il the organizatio	n alu not check a	557 011 11110 14, 19		IS DUN AITU SEE ITS		····· 🔽 🔽

ORDER OF MALTA WORLDWIDE RELIEF

Schedule A (Form 990 or 990-EZ) 2019 MALTESER INTERNATIONAL AMERICAS, INC.

1

Yes

No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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

10b

ORDER OF MALTA WORLDWIDE RELIEF ,

Schedule A (Form 990 or 990 EZ) 2019 MALTESER INTERNATIONAL AMERICAS, INC. 26-3701623 Page 5 Part IV Supporting Organizations (continued)

I UI	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		165	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
000			Yes	No
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		162	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	•		
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		
Sec	tion 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).			
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction of the second sec	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

ORDER OF MALTA WORLDWIDE RELIEF Schedule A (Form 990 or 990-EZ) 2019 MALTESER INTERNATIONAL AMERICAS,

26-3701623	Page 6
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Par	t 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). S	ee instructions. All
		other Type III non-functionally integrated supporting organizations must complete Sections A through E	

, INC.

Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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		

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

Schedule A (Form 990 or 990-EZ) 2019

ORDER OF MALTA WORLDWIDE RELIEF , <u>Schedule A (Form 990 or 990-EZ) 2019</u> MALTESER INTERNATIONAL AMERICAS, INC. 26-3701623 Page 7

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt purposes					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount	1					
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019			
_1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2019						
a	From 2014						
b	From 2015						
C	From 2016						
d	From 2017						
e	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
е	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

ORDER OF MALTA WORLDWIDE RELIEF , Schedule A (Form 990 or 990-EZ) 2019 MALTESER INTERNATIONAL AMERICAS, 26-3701623 Page 8 INC. **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. Part VI (See instructions.) PART II, LINE 10 - OTHER INCOME 2015 2014 NATURE AND SOURCE 2018 2017 2016 \$879 OTHER INCOME \$879 TOTAL\$

Schedule B

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

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

40

Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 for the latest information.				2019		
	the organization		MALTA WORLD INTERNATION				over identification number -3701623	
Organiz	ation type (check on				•	I		
Filers of	:	Section:						
Form 99	0 or 990-EZ	X 501(c)(3) (enter number)	organization				
		4947(a)(1) nonexempt charita	able trust not treated	as a private foundation			
[🗌 527 p	olitical organization					
Form 99	0-PF	501(c)(3) exempt private foundation						
[4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
 Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules 								
X								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contrivery year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purport prevention of cruelty to children or animals. Complete Parts I, II, and III.								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-E year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such ca is checked, enter here the total contributions that were received during the year for a purpose. Don't complete any of the parts unless the General Rule applies to this or religious, charitable, etc., contributions totaling \$5,000 or more during the year			such contributions totaled ear for an <i>exclusively</i> relig this organization becaus	d more than jious, charita e it received	1\$1,000. If this box able, etc.,			

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

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

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 2
			Emplo	yer identification number
	OF MALTA WORLDWIDE RELIEF , SER INTERNATIONAL AMERICAS, INC.		26	-3701623
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
<u> 1</u>	SISTER IGNE MARIJOSIUS 600 LIBERTY HWY PUTNAM, CT 06260-2503	\$100,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
2	ORDER OF MALTAR FEDERAL ASSOCIATION 1730 M ST NW STE 403 WASHINGTON, DC 20036-4566	\$100,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4			(d) Type of contribution
3	ORDER OF MALTA WESTERN ASSOCIATION 610 16TH ST STE 410 OAKLAND, CA 94612-1285	\$100,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
4	ORDER OF MALTA AMERICAN ASSOCIATION 1011 1ST AVE STE 1350 NEW YORK , NY 10022-4112	\$50,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 3
	organization		Employer identification number
	OF MALTA WORLDWIDE RELIEF ,		26 2701622
	SER INTERNATIONAL AMERICAS, INC.		26-3701623
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	
(a)		(c)	
No.	(b)	FMV (or estimate) (d)
from	Description of noncash property given	(See instructions.)	
Part I			
		-	
		-	
		— \$	
(a)		(c)	
No.	(b)	FMV (or estimate) (d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		-	
		\$	
(-)			
(a) No.	(b)	(c)	, (d)
from	(D) Description of noncash property given	FMV (or estimate) Data received
Part I		(See instructions.))
		_	
		_	
		-	
		_ \$	
(a)			
No.	(b)	(c) FMV (or estimate) (d)
from	Description of noncash property given	(See instructions.)	
Part I			
		-	
		-	
		\$	
(a) No.		(c)	(1.)
from	(b) Description of noncash property given	FMV (or estimate	
Part I		(See instructions.)	
		_	
		- .	
		_ \$	
(a)			
No.	(b)	(c)	, (d)
from	Description of noncash property given	FMV (or estimate (See instructions.)) Date received
Part I			·
		-	
		-	
		— _{\$}	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)				Page 4		
	prganization				Employer identification number		
	OF MALTA WORLDWIDE REL	IEF ,					
	SER INTERNATIONAL AMERI	•			26-3701623		
Part III	Exclusively religious, charitable, etc., contribu	tions to organizations describe					
	from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious,	a) through (e) and the following charitable, etc., contributions of \$1.	line entry. For or 000 or less for th	ganizations e vear. (Enter this info. once	s.) ► \$		
	Use duplicate copies of Part III if additiona	I space is needed.		- ,			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Desc	ription of how gift is held		
		(e) Transfer	of gift				
	Transferee's name, address, a	and ZIP + 4	Re	elationship of trar	sferor to transferee		
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Desc	ription of how gift is held		
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Re	elationship of trar	nsferor to transferee		
(a) No.							
from Part I	(b) Purpose of gift	t (c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Re	elationship of trar	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Desc	ription of how gift is held		
		(e) Transfer	of gift				
	Transferee's name, address, a	and ZIP + 4	Re	Relationship of transferor to transferee			
		-					

(Form 980) (Form 980) Complete if the organization answered "Yes" on Form 980, Den to Fubilic December 3. A status in the status in the status incomation. Come to example of the organization and the latest information. Name of the organization answered Yes" on Form 980, Den to Fubilic December 3. A status income 3. A stat	90	HEDULE D	Supplementa	al Financial Statement	9		OMB No. 1545-0047	
Pert IV, line 6, 7, 8, 8, 6, 11a, 11b, 11b, 11b, 11b, 11b, 11b, 11b							2010	
because of the organization in the second of the instruction of the insect information. Insection Image of the organization on Runter INTERNATIONAL AMERICAS, INC. Employer identification number 2 d- 3701623 Earl Organization answered 'Yes' on Form 980, Part IV. line 6. (a) Drane advised funds for Advised Funds or Other Similar Funds or Accounts. Competer I the organization answered 'Yes' on Form 980, Part IV. line 6. (b) Funds and other accounts (a) Drane advised funds from (uning year) Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of and to fund (uning year) Aggregate value of and to fund to fund (uning year) Aggregate value of and to fund to fund (uning year) Aggregate value of and to fund	•		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1			Qpen to Public	
Name of the organization ORDER OF MALTA WORLDWIDE RELIEF, the project instruction number 26-37016233 Endpand instruction assemble of the organization or ducation of a certified historic structure or organization assemble of the organization organization assemble of the organization organization assemble of the organization assemble of the organization organization assemble of the organization organization assemble of the organization assemble of th					nation.		- • • · · · · · · · · · · · · · · · · ·	
Part	Nam	e of the organization				Emplo	over identification number	
organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts (c) Aggregate value of contributions to (during year) (c) Aggregate value of contributions to (during year) (c) Aggregate value of practice (during year) (c) Aggregate value of the organization inform all donors and donor advisers in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor adviser, or for any other purpose conferring impermissible pirvate benefit? Protection of the public use (for example, recreation or adviser, or for any other purpose conferring impermissible pirvate benefit? Preservation of conservation easements held by the organization (sheck all that appy) Preservation of and for public use (for example, recreation or adviser, or for any other purpose conferring impermissible private benefit? Preservation of and for public use (for example, recreation or adviser, or for any other purpose conferring impermissible private benefit? Preservation of a bit public use (for example, recreation or adviser, or for any other purpose conferring impermissible private benefit? Preservation of a conservation easements Preservation of a bitsonic structure Preservation of a conservation easements Aggregate value as examples Protection of hatsonic structure Preservation of a conservation easements Author of conservation easements Author of conservation easements Author of states where property subject to conservation easements bitsonic structure bitsonic structure bitsonic structure in monitoring, inspecting, handling of violations, and enforcing conservation easements bitsonic structure in monitoring, inspecting, handling of violations, and enforcing conservation easements bitsonic stre		_		1				
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 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part 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 X b Assets included in Form 990, Part X 	٩							
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 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 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 X \$ Assets included in Form 990, Part X \$ 			_					
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a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X b \$ c) \$ <lic) \$<="" li=""> c) \$ c) \$ c) \$ <lic) \$<="" li=""> <lic) \$<="" li=""> <lic) \$<="" li=""> <lic) \$<="" l<="" th=""><th>-</th><th></th><th></th><th></th><th></th><th></th><th></th></lic)></lic)></lic)></lic)></lic)>	-							
b Assets included in Form 990, Part X	а	-		-		₽. €		
							chedule D (Form 990) 2019	

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		MALTA WOR			•					
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Par	t III Organizations Maintaining Col								(continue	ed)
3	Using the organization's acquisition, accession,	and other records	s, check	any of the f	ollowing tha	t make sig	nificant u	se of its		
	collection items (check all that apply):									
а	Public exhibition	d			hange progr					
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explain	how the	y further th	e organizati	on's exem	ot purpos	e in Part	XIII.	
5	During the year, did the organization solicit or re	eceive donations o	f art, his	torical treas	ures, or oth	er similar a	issets		_	
_	to be sold to raise funds rather than to be main								Yes	No
Par	t IV Escrow and Custodial Arrange		ete if the	organizatio	n answered	"Yes" on F	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Part X									
1a	Is the organization an agent, trustee, custodian		•						-	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII and	d complete the foll	owing ta	ble:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
2a	Did the organization include an amount on Form	n 990, Part X, line :	21, for e	scrow or cu	stodial acco	ount liability	y?		Yes	No
_	If "Yes," explain the arrangement in Part XIII. Ch									
Par										
		a) Current year	(b) Pr	ior year	(c) Two yea	ars back 🚺	d) Three y	ears back	(e) Four ye	ars back
	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren	t year end balance	(line 1g,	column (a)) held as:					
а	Board designated or quasi-endowment 🕨		_%							
b	Permanent endowment 🕨	%								
с	Term endowment %									
	The percentages on lines 2a, 2b, and 2c should	equal 100%.								
3a	Are there endowment funds not in the possessi	on of the organizat	tion that	are held an	d administe	red for the	organiza	tion		
	by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizatio								3b	
4	Describe in Part XIII the intended uses of the or	ganization's endov	vment fu	nds.						
Par	t VI Land, Buildings, and Equipmer	nt.								
	Complete if the organization answered "	Yes" on Form 990	, Part IV,	line 11a. S	ee Form 990), Part X, li	ne 10.			
	Description of property	(a) Cost or of basis (investm		(b) Cost basis (1	cumulate reciation	d	(d) Book v	alue
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			2	3,145.		2,70	0.	20,	445.
	Other						•			
	Add lines 1a through 1e. (Column (d) must equ		C colum	n (R) ine 1()c)	•			20,	445.
			. colum		<u></u>			<i>i</i> 1		

Schedule D (Form 990) 2019

ORDER OF MALTA WORLDWIDE RELIEF ,

MALTESER INTERNATIONAL AMERICAS, INC.

Schedule D (Form 990) 2019 MALTESER 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)		
(2)		
(3)		
(4)	1	
(5)		
(6)	1	
(7)	1	
(8)	1	
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Par	t 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)		
Tatal		

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

X

	ORDER OF MALTA WORLDWIDE F	RELIEF	,			
Sche	dule D (Form 990) 2019 MALTESER INTERNATIONAL AME				3701623 Page 4	
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,914,409.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				1	
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	164,123.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d			1	
е	Add lines 2a through 2d			2e	164,123.	
3	Subtract line 2e from line 1			3	1,750,286.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			1	
b	Other (Describe in Part XIII.)	4b			1	
с	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	1,750,286.	
Pa	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 12	а.				
1	Total expenses and losses per audited financial statements			1	1,522,874.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	164,123.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	164,123.	
3	Subtract line 2e from line 1			3	1,358,751.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	20,445.		1	
с	Add lines 4a and 4b			4c	20,445.	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,379,196.	
Pa	t 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 ANDNEW 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
932054 10-02-19 Schedule D (Form 990) 2019

2016.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DEPRECIATION

PART X FIN 48 FOOTNOTE

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 ANDNEW 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 2016.

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ites	ON	IB No. 1545-0047
(Form 990)	Complete if	the organizatio	n answered "Yes" on Form 990, Part	IV, line 14b, 1	5, or 16.		2019
Department of the Treasury	Co to y	ununu iro gou/Ec	Attach to Form 990.	information		Open Inspe	to Public
Internal Revenue Service Name of the organization		www.irs.gov/ru	orm990 for instructions and the latest	information.	Employer		cation number
ORDER OF MALTA	WORLDWID	E RELIEF	1				
MALTESER INTERN	ATIONAL	AMERICAS	, INC.		26-37		
Part I General Info Form 990, Part IV		ctivities Out	side the United States. Compl	ete if the orgar	ization answ	vered "Y	es" on
		n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance,		
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	grants or assis	stance?	X	Yes 🗌 No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistan	ce outsi	de the
			an be duplicated if additional space is r			(1)	
(a) Region	(b) Number of offices	émployees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in gram service	. ,	(f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to	describe	e specific typ	be	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the reg	jion	in the region
EUROPE	1	71	HUMANITARIAN AID	PROGRAM REI	ATED		193,555.
	-	10			1000		010 000
SOUTH AMERICA	1	18	HUMANITARIAN AID	PROGRAM REI	ATED		217,777.
CARIBBEAN	1	2	HUMANITARIAN AID	PROGRAM REI	ATED		50,000.
3 a Subtotal	3	91					461,332.
b Total from continuation	_						
sheets to Part I c Totals (add lines 3a	0	0					0.
and 3b)	3	91					461 332.

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

Schedule F (Form 990) 2019

ORDER OF MALTA WORLDWIDE RELIEF ,

MALTESER INTERNATIONAL AMERICAS, INC.

26-3701623

Schedule F (Form 990) 2019

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)
		CARIBBEAN	RELIEF GRANTS	50,000.	WIRE TRANSFER	0.		
		EUROPE	RELIEF GRANTS	193,555.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RELIEF GRANTS	33,974.	WIRE TRANSFER	0.		
 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 								
						>		

Page 2

Part III	Grants and C	Other Assistanc	e to Individuals Outside	the United Stat	es. Complete i	if the organization	answered "Ye	es" or	n Form 990,	Part IV, I	ine 16.
	Part III can be	e duplicated if ac	dditional space is needed	I.	-	-				-	

Schedule F (Form 990) 2019

(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	2	66,077.	WIRE TRANSFER	0.		
CONTRACTED SERVICES	SOUTH AMERICA	18	160 142	WIRE TRANSFER	0.		
							ļ
							<u> </u>

ORDER OF MALTA WORLDWIDE RELIEF , MALTESER INTERNATIONAL AMERICAS, INC. 26-3701623

Page 3

Schedule F (Form 990) 2019

Schedi	ule F				LDWIDE RELIEF ONAL AMERICAS,	, INC.	26-370162	3 Page	4
Part	IV	Foreign Forms							
1	Wa	is the organization a L	J.S. transferor of	property to a foreig	n corporation during the tax	vear? If "Yes," the			
	org	anization may be requ	uired to file Form	926, Return by a U.	S. Transferor of Property to	a Foreign			
	Co	rporation (see Instruct	tions for Form 92	5)			Ye	s X No)
2	Did	the organization have	e an interest in a	foreign trust during	the tax year? If "Yes," the	organization			
	ma	y be required to sepai	rately file Form 35	20, Annual Return	To Report Transactions With	h Foreign			
	Tru	ists and Receipt of Ce	rtain Foreign Gift	s, and/or Form 3520	0-A, Annual Information Ret	urn of Foreign	_		
	Tru	ist With a U.S. Owner	(see Instructions	for Forms 3520 and	1 3520-A; don't file with Forr	m 990)	Ye	s X No)
3	Did	the organization have	e an ownership ir	nterest in a foreign o	corporation during the tax ye	ear? If "Yes,"			
	the	organization may be	required to file Fo	orm 5471, Informatio	on Return of U.S. Persons W	Vith Respect to			
	Cei	rtain Foreign Corporat	tions (see Instruct	ions for Form 5471))		Ye	s X No)
4	Wa	as the organization a c	lirect or indirect s	hareholder of a pas	sive foreign investment con	npany or a			
	qua	alified electing fund du	uring the tax year	? If "Yes," the orga	nization may be required to	file Form 8621,			
	Info	ormation Return by a S	Shareholder of a	Passive Foreign Inve	estment Company or Qualifie	ed Electing Fund		T7	
	(se	e Instructions for Forn	n 8621)				Ye	s X No	,
5	Did	the organization hav	e an ownership ir	nterest in a foreign p	partnership during the tax ye	ear? If "Yes,"			
		0	,	,	U.S. Persons With Respect				
	For	reign Partnerships (see	e Instructions for	Form 8865)			Ye	s X No)
6	Did	the organization hav	e any operations	in or related to any	boycotting countries during	g the tax year? If			
	"Ye	es," the organization m	nay be required to	separately file Forr	m 5713, International Boyco	tt Report (see			
	Ins	tructions for Form 571	13; don't file with	Form 990)				s X No	,

Schedule F (Form 990) 2019

		ORDER OF	MALTA N	WORLDWID	E RELIEF	,		
Schedule F	(Form 990) 2019	MALTESER				INC.	26-3701623	Page 5
Part V	Supplementa				-			0
			Part I, line 2 (r	nonitoring of fu	nds); Part I, line 3	, column (f) (accou	nting method; amounts of	
							nod); and Part III, column (c)	
							rmation. See instructions.	
	(cotimated named					any additional into		

SC	HEDULE J	Compensation Information	OMB	No. 1545-00	047
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	2	2019	<u>ר</u>
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		.U I:	1
Depar	tment of the Treasury	Attach to Form 990.		en to Pub	
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		spection	
Nam	e of the organization		Employer identifie		Imber
Do	rt I Question	MALTESER INTERNATIONAL AMERICAS, INC.	26-3701	623	
Fd		s Regarding Compensation			
4.	Chaoli the energy	ate hav(as) if the averagization provided any of the following to av fax a parsan listed on Farm (Yes	No
а		ate box(es) if the organization provided any of the following to or for a person listed on Form 9	90,		
	First-class or c	line 1a. Complete Part III to provide any relevant information regarding these items.			
	Travel for com				
		ation and gross-up payments I Health or social club dues or initiation fees			
		spending account Personal services (such as maid, chauffeur			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or			
~	•			1b	
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,	·····		
	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	
				_	
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's			
		ector. Check all that apply. Do not check any boxes for methods used by a related organizatio	n to		
		ation of the CEO/Executive Director, but explain in Part III.			
	Compensation	committee X Written employment contract			
	Independent of	ompensation consultant Compensation survey or study			
	X Form 990 of o	ther organizations I Approval by the board or compensation co	mmittee		
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 re	lated organization:			
а	Receive a severance	e payment or change-of-control payment?	Ľ	4a	X
b	Participate in, or re-	ceive payment from, a supplemental nonqualified retirement plan?	'	4b	X
С		ceive payment from, an equity-based compensation arrangement?		4c	X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1		
	contingent on the r			_	v
				5a	X X
b		ation?	····· -	5b	
~		or 5b, describe in Part III.			
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1		
-	contingent on the r			60	X
		ation2		6a 6b	X
U		ation?	·····	00	
7		or 6b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
'		nes 5 and 6? If "Yes," describe in Part III		7	x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
0				8	x
9		id the organization also follow the rebuttable presumption procedure described in	·····	Ŭ	
3	Regulations section			9	
ТНА		eduction Act Notice, see the Instructions for Form 990.	Schedule J (I	-)) 2010
				5111 330	., 2013

ORDER OF MALTA WORLDWIDE RELIEF ,

MALTESER INTERNATIONAL AMERICAS, INC. 26-3701623

Page 2

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

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

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

	(B) Breakdown o	of W-2 and/or 1099-M	ISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) RAVI C. TRIPPTRAP	i) 0	. 0.	0.	0.	0.	0.	0.
	i) 216,478		0.	0.	0.	216,478.	0.
	i)						
	i)						
	i)						
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	i)						
	i)						
	ii)						
	i)						
	i)						
	i)						
	i)						

Schedule J (Form 990) 2019

MALTESER INTERNATIONAL AMERICAS, INC.

26-3701623 Page 3

Part III Supplemental Information

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

Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



OMB No. 1545-0047

ORDER OF MALTA WORLDWIDE RELIEF , Employer identificati MALTESER INTERNATIONAL AMERICAS, INC. 26-3701623

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

MALTESER INTERNATIONAL WAS DEVELOPED OUT OF THE FOREIGN AID SERVICE OF

THE GERMAN MALTESER HILFSDIENST OVER 65 YEARS AGO. MALTESER

INTERNATIONAL RECEIVED ITS CURRENT NAME IN 2005, WHEN IT WAS DESIGNATED

THE INTERNATIONAL AID AGENCY OF THE SOVEREIGN ORDER OF MALTA. IN 2008,

MALTESER AMERICAS WAS ESTABLISHED TO FURTHER EXPAND ITS EMERGENCY

RELIEF AND HOLISTIC SUSTAINABLE PROGRAMS IN THE WESTERN HEMISPHERE

REGION. MI AMERICAS FOCUSES ITS WORK IN SIX COUNTRIES (COLUMBIA,

VENEZUELA, HAITI, MEXICO, PERU, AND THE UNITED STATES). IN 2019,

MALTESER AMERICAS TOUCHED THE LIVES OF SOME 250,000 INDIVIDUALS IN

THESE CORE COUNTRIES AS WELL AS IN OTHER COUNTRIES IMPACTED BY NATURAL

DISASTERS LIKE THE BAHAMAS. THROUGH 15 PROJECTS ANNUALLY, MALTESER

AMERICAS HAS PROVIDED CRITICAL AID DURING CATASTROPHIC EVENTS INCLUDING

THE COVID-19 PANDEMIC, HURRICANES, EARTHQUAKES AND REFUGEE CRISES.

THROUGH THESE EFFORTS MALTESER AMERICAS HOPES TO ACHIEVE ITS CENTRAL

GOAL: ENSURING THAT EVERYONE CAN LEAD A HEALTHY LIFE WITH DIGNITY. IN

2019, TOTAL PROGRAMS AMOUNTED TO \$3,959,845, HIGHER THE \$926,936

PROGRAM EXPENSES REPORTED IN THE 990. THE DIFFERENCE PRIMARILY

REPRESENTS MATCHING GRANTS PRINCIPALLY FROM GERMAN GOVERNMENT AGENCIES

FOR FUNDS RAISED BY MI AMERICAS; THESE FUNDS DO NOT FLOW THROUGH MI

AMERICAS AND ARE SENT DIRECTLY TO PROJECTS IN CENTRAL AND SOUTH

AMERICA. THEY ARE SUBJECT TO REGULAR COMPLIANCE AUDITS AND IS A

TESTAMENT NOT ONLY OF MI AMERICAS' ABILITY TO LEVERAGE AND MULTIPLY

DONOR IMPACT, BUT OF ITS EXCELLENT GOVERNANCE, COST EFFICIENCY AND

HIGHEST ETHICAL STANDARDS.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization ORDER OF MALTA WORLDWIDE RELIEF , MALTESER INTERNATIONAL AMERICAS, INC.	Employer identification number 26-3701623
MADIESER INTERNATIONAL AMERICAS, INC.	20-3701023
FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFI	CANT ACTIVITIES
ORDER OF MALTA WORLDWIDE RELIEF MALTESER INTERNATIONAL AME	RICAS, INC.
(MI AMERICAS) IS THE 501(C)3 AFFILIATE OF MALTESER INTERNA	TIONAL (MI),
THE GLOBAL HUMANITARIAN RELIEF ORGANIZATION OF THE SOVEREI	GN ORDER OF
MALTA, A 900-YEAR OLD RELIGIOUS ORDER. WE ARE FAITH BASED,	CATHOLIC,
NON-GOVERNMENTAL ORGANIZATION. MI AND MI AMERICAS WORK IN	31 COUNTRIES
ACROSS AFRICA, ASIA, THE MIDDLE EAST AND THE AMERICAS IN O	VER 120
PROGRAMS ANNUALLY, IMPACTING THE LIVES OF NEARLY 3,000,000	PEOPLE. WE
BRIDGE THE GAP BETWEEN HUMANITARIAN AID AND SUSTAINABLE DE	VELOPMENT. WE
BELIEVE THAT EVERY PERSON REGARDLESS OF ETHNICITY, RELIGIO	N AND
POLITICAL PERSUASION HAS THE RIGHT TO LIVE A HEALTHY LIFE	WITH DIGNITY,
AND WE WORK HARD SO THAT THE VULNERABLE AND MARGINALIZED P	EOPLE OF THIS
WORLD ALSO HAVE A CHANCE TO DO SO. OUR FIVE CORE AREAS ARE	FOOD AND
NUTRITION SECURITY; CLIMATE CHANGE ADAPTATION; HEALTH; WAT	ER SANITATION
AND HYGIENE; AND EMERGENCY RESPONSE AND DISASTER RISK REDU	CTION. THE
COMMUNITIES WE SERVE ARE ALWAYS AT THE CENTER OF OUR WORK.	IN 2018,
MALTESER INTERNATIONAL RECEIVED SPECIAL CONSULTATIVE STATU	S WITH THE UN
ECONOMIC AND SOCIAL COUNSEL (ECOSOC) WHICH ALLOWS MI TO IN	FLUENCE
DECISION MAKING AROUND HUMANITARIAN AID ISSUES AT THE HIGH	EST
INTERNATIONAL LEVEL.	

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

 932212
 09-06-19
 Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Schedule O (Form 990 or 990-EZ) (2019) Name of the organization ORDER OF MALTA WORLDWIDE RELIEF , MALTESER INTERNATIONAL AMERICAS , INC.	Employer identification number 26-3701623
FOUR "MEMBERS" (E.G., SHAREHOLDERS), WHICH ARE OTHER AFFIL	IATED NON-PROFIT
ORGANIZATIONS, WHO APPOINT TWO DIRECTORS EACH TO THE BOARD	WITH THOSE 8
MEMBERS OF THE BOARD AUTHORIZED TO ELECT BY UNANIMOUS VOTE	UP TO TWO MORE
DIRECTORS BUT NEED NOT DO SO.	
FORM 990, PART VI, SECTION A, LINE 7A:	
EACH MEMBER APPOINTS TWO DIRECTORS TO THE BOARD OF DIRECTO	RS.
FORM 990, PART VI, SECTION A, LINE 7B:	
PURSUANT TO SECTION 8.2 OF ARTICLE VIII OF THE BY-LAWS, VA	RIATIONS FROM THE
CORPORATION'S BUDGET IN ANY YEAR IN EXCESS OF \$50,000 REQU	IRES THE
AGREEMENT OF THE TREASURER AND EXECUTIVE COMMITTEE OF MALT	ESER
INTERNATIONAL.	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS REVIEWED BY THE ORGANIZATION 'S TREASURER, EXE	CUTIVE DIRECTOR
AND LEGAL COUNSEL PRIOR TO THE FILING OF THE RETURN.	
FROM 990, LINE 3B REGARDING 990-T REPORTING	
THE MAJORITY OF THE INCOME IS FROM FOREIGN CURRENCY EXCHAN	GE
DIFFERENCES LEAVING AN AMOUNT	
UNDER \$1,000 WHICH WOULD BE LESS THAN THE REPORTING THRESH	OLD.
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 STATE	MENT THAT THEY
HAVE RECEIVED A COPY OF THE POLICY, THAT THEY HAVE READ AN	D UNDERSTAND THE
POLICY, THAT THEY AGREE TO COMPLY WITH THE POLICY AND THAT	
932212 09-06-19 Schec	lule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization ORDER OF MALTA WORLDWIDE RELIEF , MALTESER INTERNATIONAL AMERICAS, INC.	Employer identification number 26-3701623
THAT THE ORGANIZATION MUST ENGAGE PRIMARILY IN AVTIVITIES	WHICH ACCOMPLISH
ONE OR MORE OF ITS TAX EXEMPT PURPOSES IN ORDER TO MAINTAI	N ITS FEDERAL TAX
EXEMPTION. PERIODIC REVIEWS OF THE TRANSACTIONS OF THE ORG	ANIZATIONS 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 OR	GANIZATIONS (AS
DISCLOSED	

ON FORMS 990) AND A WRITTEN EMPLOYMENT CONTRACT. THE SALARY AND BENEFITS WERE

DISCUSSED WITH THE SECRETARY GENERAL OF MALTESER INTERNATIONAL 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 AVTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX EXEMPT PURPOSES IN ORDER TO MAINTAIN ITS FEDERAL TAX

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization ORDER OF MALTA WORLDWIDE RELIEF , MALTESER INTERNATIONAL AMERICAS , INC.	Employer identification number
EXEMPTION. PERIODIC REVIEWS OF THE TRANSACTIONS OF THE OR	GANIZATIONS ARE
CONDUCTED AND THERE ARE PROCEDURES IN PLACE FOR ADDRESSIN	G ANY VIOLATIONS
OR POTENTIAL VIOLATIONS OF POLICY. ALL POLICIES/DOCUMENTS	THAT ARE REQUIRED
TO BE PROVIDED TO THE PUBLIC ARE AVAILABLE UPON FORMAL RE	QOEST .
FORM 990, PART VI, LINE 6- EXPLANATION OF CLASSES OF MEMB	ERS OR SHAREHOLDER
THE ORGANIZATION IS A NON-PROFIT CORPORATION INCORPORATED	IN DELAWARE
WITH FOOR "MEMBERS" (E.G., SHAREHOLDERS), WHICH ARE OTHER	AFFILIATED
NON-PROFIT ORGANIZATIONS, WHO APPOINT TWO DIRECTORS EACH	TO THE BOARD
WITH THOSE 8 MEMBERS OF THE BOARD AUTHORIZED TO ELECT BY	UNANIMOUS VOTE
UP TO TWO MORE DIRECTORS BUT NEED NOT DO SO.	
FORM 990, PART VI, LINE 7A- HOW MEMBERS OR SHAREHOLDERS E	LECT GOVERNING BOD
EACH MEMBER APPOINTS TWO DIRECTORS TO THE BOARD OF DIRECT	ORS .
FORM 990, PART VI, LINE 78 - DECISIONS OF GOVERNING BODY	APPROVAL BY MEMBER
PURSUANT TO SECTION 8.2 OF ARTICLE VIII OF THE BY-LAWS, V	ARIATIONS FROM
THE CORPORATION'S BUDGET IN ANY YEAR IN EXCESS OF \$50,000	REQUIRES THE
AGREEMENT OF THE TREASURER AND EXECUTIVE COMMITTEE OF MAL	TESER
INTERNATIONAL.	
FORM 990, PART VI, LINE 11B FORM 990 REVIEW PROCESS	
FORM 990 IS REVIEWED BY THE ORGANIZATION'S TREASURER, EXE	CUTIVE
DIRECTOR AND LEGAL COUNSEL PRIOR TO THE FILING OF THE RET	URN.
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING A	ND ENFORCEMENT OF
THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLIC	Y. EACH
DIRECTOR AND OFFICER OF THE ORGANIZATION MUST ANNUALLY SI	GN A STATEMENT
THAT THEY HAVE RECEIVED A COPY OF THE POLICY, THAT THEY H	AVE READ AND
UNDERSTAND THE POLICY, THAT THEY AGREE TO COMPLY WITH THE	POLICY AND
THAT THEY ACKNOWLEDGE THAT THE ORGANIZATION MUST ENGAGE P	RIMARILY IN
AVTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX EXEMPT	PURPOSES IN

Schedule O (Form 990 or 990-EZ) (2019)	Page 2	
Name of the organization ORDER OF MALTA WORLDWIDE RELIEF , MALTESER INTERNATIONAL AMERICAS, INC.	Employer identification number 26-3701623	
MALIESER INTERNATIONAL AMERICAS, INC.	20-3701023	
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, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO		
THE EXECUTIVE DIRECTOR'S COMPENSATION WAS DETERMINED BASED ON A		
COMPARISON OF THE SALARIES PAID TO EXECUTIVE DIRECTORS BY OTHER		
NONPROFIT ORGANIZATIONS (AS DISCLOSED ON FORMS 990) AND A WRITTEN		
EMPLOYMENT CONTRACT. THE SALARY AND BENEFITS WERE DISCUSSED WITH THE		
SECRETARY GENERAL OF MALTESER INTERNATIONAL AND APPROVED BY THE BOARD		
OF DIRECTORS.		
FORM 990 , PART VI, LINE 17 - LIST OF STATES WHICH THIS RETURN IS FILED		
AL AK AR CA CO CT DE FL GA HI IL KS KY LA ME MD MA MI MN M	IS NV NC ND NH	
NJ NM NY OH OK OR PA RI SC TN OT VA WA WV WI		
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABL		
ALL POLICIES/DOCUMENTS THAT ARE REQUIRED TO BE PROVIDED TO) THE PUBLIC	
ARE AVAILABLE UPON FORMAL REQUEST .		

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DEPRECIATION

20,445.

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

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