## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

AF	or the	e 2023 calendar year, or tax year beginning and	enaing		
B Check if applicable		C Name of organization ORDER OF MALTA WORLDWIDE RELIEF,	1	D Employer identific	cation number
Addres		MALTESER INTERNATIONAL AMERICAS			
Name change		Doing business as		26-3701623	
Initial return		1011 FIRST AVENTE	Room/suite	E Telephone number 646-794-3	
∟lreturi termi		20120		G Gross receipts \$ 6,500,367.	
_	ated Amend	nded NEW YORK NY 10022			
H	_lreturn _Applic _tion			H(a) Is this a group re	O Voc X No
tion pendi		ng		for subordinates? Yes X No	
I Tay ay		empt status: <b>X</b> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		1	list. See instructions
J Websit				H(c) Group exemption number	
		organization: X Corporation Trust Association Other	1 Voar		State of legal domicile: NY
Pa	rt I	Summary	L i cai	or formation. 2000   10	1 State of legal dofficire.242
03000	Control Control	Briefly describe the organization's mission or most significant activities: ORDER OF MALTA WORLDWIDE RELIEF			
9	"	MALTESER INTERNATIONAL AMERICAS, INC. (MIA) IS THE 501 (C) (3)			
Activities & Governance	ı				
				3	14
		Number of independent voting members of the governing body (Part VI, line 1b)			14
		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			11
ţį		Total number of volunteers (estimate if necessary)		04/300000000000000000000000000000000000	10
亲		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
0.20				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	-	7,959,558.	6,556,692.
Revenue	ı	Program service revenue (Part VIII, line 2g)	7/2020/03/99	0.	0.
š		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5.	0.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-90,740.	-56,325.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,868,823.	6,500,367.
0.		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,500,661.	1,260,869.
	ı	Benefits paid to or for members (Part IX, column (A), line 4)	00.000000000000000000000000000000000000	0.	0.
· co		Salarios, other componentian, employed bandits (Part IV, column (A), lines 5.10)		2,100,696.	2,373,040.
8	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  320,84		0.	0.
t Assets or Expenses Id Balances	b	Total fundraising expenses (Part IX, column (D), line 25) 320,84	13.		(CANAL)
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,043,564.	2,741,536.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,644,921.	6,375,445.
		Revenue less expenses. Subtract line 18 from line 12		223,902.	124,922.
		Toronto 1000 departos. Cabados milo 10 front linto 12	Ве	ginning of Current Year	End of Year
	20	Total assets (Part X, line 16)		2,168,351.	2,412,036.
	21	Total liabilities (Part X, line 26)	(20,70,000)	1,052,276.	1,171,039.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		1,116,075.	1,240,997.
	irt II	Signature Block	Literation .	***************************************	V CH. # 1 A TROPACTURE SETS HOT THE MAIN
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Ü.					2.
Sign Here		Signature of officer		Date	7.
		MARGI ENGLISH, EXECUTIVE DIRECTOR			
		Type or print name and title			?.
Paid Preparer		Print/Type preparer's name Preparer's signature		)ate Check	PTIN
		MATT BURKE	0	6/17/24 if self-employ	ed
		Firm's name CERINI & ASSOCIATES, LLP		Firm's EIN	·
Use	Only	Firm's address 3340 VETERANS MEMORIAL HWY			
_		BOHEMIA, NY 11716		Phone no. 63	1-582-1600
May the li		RS discuss this return with the preparer shown above? See instructions			X Yes No