

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PAN AMERICAN DEVELOPMENT FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1889 F STREET NW 2ND FLOOR City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006 F Name and address of principal officer: KATHERINE TAYLOR SAME AS C ABOVE	D Employer identification number 52-6054268 E Telephone number 202-458-3969 G Gross receipts \$ 63,248,643. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.PADF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1962		M State of legal domicile: DC

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		18
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5		58
	6 Total number of volunteers (estimate if necessary)	6		20
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	b Net unrelated business taxable income from Form 990-T, line 38	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	68,613,195.	63,142,976.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	72,500.	68,875.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,412.	4,962.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3.	31,830.	
		68,688,110.	63,248,643.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	37,743,080.	25,016,414.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,572,098.	13,780,651.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 929,373.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,914,785.	24,031,056.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	68,229,963.	62,828,121.		
19 Revenue less expenses. Subtract line 18 from line 12	458,147.	420,522.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	32,226,900.	30,032,027.	
	22 Net assets or fund balances. Subtract line 21 from line 20	26,095,287.	23,311,094.	
		6,131,613.	6,720,933.	

Part II Signature Block

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

Sign Here	Signature of officer KATHERINE TAYLOR, EXECUTIVE DIRECTOR Type or print name and title	Date	
Paid Preparer Use Only	Print/Type preparer's name RICHARD J. LOCASTRO, CPA	Preparer's signature <i>Richard J. Locastro</i>	Date 08/17/2020
	Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN	Firm's EIN ▶ 52-1392008	Check if self-employed <input type="checkbox"/> PTIN P00288314
	Firm's address ▶ 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930	Phone no. (301) 951-9090	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE PAN AMERICAN DEVELOPMENT FOUNDATION (PADF) BELIEVES IN CREATING A HEMISPHERE OF OPPORTUNITY, FOR ALL. WE WORK ACROSS LATIN AMERICA AND THE CARIBBEAN TO MAKE OUR REGION STRONGER--HEALTHY, SAFE, JUST, INCLUSIVE, RESILIENT, PRODUCTIVE, AND SUSTAINABLE FOR CURRENT AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 23,206,294. including grants of \$ 12,561,720.) (Revenue \$ 68,875.) EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES: WE BELIEVE IN CREATING JOBS AND PROMOTING SUSTAINABLE LIVELIHOODS. WE GALVANIZE SMALL BUSINESSES, PROVIDE SKILLS AND JOB TRAINING TO YOUTH AND VULNERABLE PEOPLE, AND PROMOTE URBAN AND RURAL DEVELOPMENT, WHILE CONSERVING NATURAL RESOURCES.

4b (Code:) (Expenses \$ 22,487,211. including grants of \$ 9,451,247.) (Revenue \$) DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS: WE BELIEVE THAT DEMOCRACY AND RESPECT FOR HUMAN RIGHTS AND FUNDAMENTAL FREEDOMS ARE VITAL DRIVERS OF PROSPERITY AND HUMAN DIGNITY. WE PROMOTE TRANSPARENCY AND CIVIC ENGAGEMENT AND STRIVE TO INCLUDE AND EMPOWER ALL MARGINALIZED GROUPS.

4c (Code:) (Expenses \$ 6,304,005. including grants of \$ 2,407,951.) (Revenue \$) RESILIENCE, DISASTER MANAGEMENT AND CLIMATE: WE BELIEVE IN CARING FOR BOTH PEOPLE AND PLANET. COMMUNITIES CAN SAFEGUARD THEIR ECOSYSTEMS FOR CURRENT AND FUTURE GENERATIONS WHILE PROMOTING SUSTAINABLE ECONOMIC GROWTH. WE BELIEVE IN THE RESILIENCE OF EMPOWERED COMMUNITIES. WE WORK WITH COMMUNITIES, GOVERNMENTS, AND PRIVATE SECTOR PARTNERS TO REDUCE RISK, MITIGATE THE IMPACT OF DISASTROUS EVENTS WHEN THEY OCCUR, AND CARRY OUT DISASTER RECOVERY AND RECONSTRUCTION PROGRAMS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,689,933. including grants of \$ 595,496.) (Revenue \$)

4e Total program service expenses 56,687,443.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O.		
	1a 18		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AR, CA, FL, MD, NJ, NY, TX, VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **KATHERINE TAYLOR - 202-458-3969**
1889 F STREET NW 2ND FLOOR, WASHINGTON, DC 20006

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LUIS A. UBINAS PRESIDENT	1.00	X		X				0.	0.	0.
(2) EDOUARD BAUSSAN 1ST VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) ALEXANDRA VALDERRAMA 2ND VICE PRESIDENT	1.00	X		X				0.	0.	0.
(4) KATHLEEN C. BARCLAY TREASURER	1.00	X		X				0.	0.	0.
(5) ALEXANDRA AGUIRRE SECRETARY & GENERAL COUNSEL	1.00	X		X				0.	0.	0.
(6) WILLIAM D. GAMBREL CHAIR AUDIT COMMITTEE	1.00	X						0.	0.	0.
(7) FRANK D. GOMEZ CHAIR OF COMMUNICATIONS COMMITTEE	1.00	X						0.	0.	0.
(8) ROBERT M. MCGEE CHAIR NOMINATIONS COMMITTEE	1.00	X						0.	0.	0.
(9) MINA PACHECO NAZEMI CHAIR RESOURCE DEVELOPMENT COMMITTEE	1.00	X						0.	0.	0.
(10) ALFONSO QUINONEZ CHAIR STRATEGIC PLANNING COMMITTEE	1.00	X						0.	0.	0.
(11) PHILIPPE R. ARMAND TRUSTEE	1.00	X						0.	0.	0.
(12) FEDERICO GONZALEZ-DENTON TRUSTEE	1.00	X						0.	0.	0.
(13) SANDRA MARTA GUAZZOTTI TRUSTEE	1.00	X						0.	0.	0.
(14) GERMAN HERRERA TRUSTEE	1.00	X						0.	0.	0.
(15) PHILIP KELLIHER TRUSTEE	1.00	X						0.	0.	0.
(16) JOSE ANTONIO MUNOZ TRUSTEE	1.00	X						0.	0.	0.
(17) JAVIER SAADE TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GILBERT CASELLAS TRUSTEE (BEG 5/19)	1.00	X					0.	0.	0.	
(19) KATHERINE TAYLOR EXECUTIVE DIRECTOR	40.00			X			271,852.	0.	16,440.	
(20) KRISTAN BECK CHIEF OPERATING OFF. (THROUGH 10/19)	40.00			X			201,527.	0.	51,849.	
(21) CARLO ARZE COUNTRY DIRECTOR	40.00				X		153,295.	0.	39,333.	
(22) SORAYA OSORIO COUNTRY DIRECTOR	40.00				X		216,887.	0.	37,384.	
(23) NADIA CHERROUK COUNTRY DIRECTOR	40.00				X		168,374.	0.	46,454.	
(24) BERNARD FRUCTUOSO DIRECTOR OF FINANCE	40.00				X		134,283.	0.	33,382.	
(25) SHAKEH AKOPIAN CONTROLLER	40.00				X		136,069.	0.	37,973.	
(26) JOHN SANBRAILO FORMER EXECUTIVE DIRECTOR	40.00					X	182,905.	0.	0.	
1b Sub-total							1,465,192.	0.	262,815.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,465,192.	0.	262,815.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EAGLE TECH CORP., 7405 ALBAN STATION CT, SUITE 220, SPRINGFIELD, VA 22150	IT SERVICES	312,208.
GRF CPA AND ADVISORS, 4550 MONTGOMERY AVE., #800N, BETHESDA, MD 20814	AUDIT SERVICES	104,730.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	57,994,718.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,148,258.				
	g Noncash contributions included in lines 1a-1f: \$		3,746,966.				
	h Total. Add lines 1a-1f		63,142,976.				
Program Service Revenue	2 a SHIPPING REIMBURSABLES	Business Code 900099	68,875.	68,875.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		68,875.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,962.			4,962.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS REVENUE	900099	31,830.			31,830.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		31,830.					
12 Total revenue. See instructions		63,248,643.	68,875.	0.	36,792.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	303,799.	303,799.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	24,712,615.	24,712,615.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	607,531.	13,683.	593,848.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,219,965.	6,076,069.	1,717,623.	426,273.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	339,569.	287,272.	33,709.	18,588.
9 Other employee benefits	4,235,140.	3,166,441.	864,460.	204,239.
10 Payroll taxes	378,446.	279,717.	80,697.	18,032.
11 Fees for services (non-employees):				
a Management				
b Legal	608.		608.	
c Accounting	181,743.	20.	181,723.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	6,187,716.	5,859,842.	232,519.	95,355.
12 Advertising and promotion				
13 Office expenses	1,827,268.	1,556,035.	269,215.	2,018.
14 Information technology	472,956.	37,023.	435,803.	130.
15 Royalties				
16 Occupancy	804,543.	379,396.	420,637.	4,510.
17 Travel	2,451,929.	2,041,904.	271,906.	138,119.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	601,074.	519,533.	75,274.	6,267.
20 Interest	8,856.		8,856.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	311,785.	210,617.	101,168.	
23 Insurance	146,651.		146,651.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SHARED COSTS	0.	541,154.	-541,154.	
b DONATED GOODS	3,746,966.	3,746,966.		
c HUMANITARIAN ASSISTANCE	2,087,226.	2,087,226.		
d PROJECT RELATED EXP.	1,903,290.	1,808,558.	94,732.	
e All other expenses	3,298,445.	3,059,573.	223,030.	15,842.
25 Total functional expenses. Add lines 1 through 24e	62,828,121.	56,687,443.	5,211,305.	929,373.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	11,475,793.	1	14,699,549.	
	2 Savings and temporary cash investments	864,336.	2	1,024,888.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	17,330,274.	4	9,935,142.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	340,798.	9	358,701.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,058,314.			
	b Less: accumulated depreciation	10b 2,088,967.	2,195,834.	10c	1,969,347.
	11 Investments - publicly traded securities	15,877.	11	23,909.	
	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	3,988.	15	2,020,491.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	32,226,900.	16	30,032,027.		
Liabilities	17 Accounts payable and accrued expenses	22,417,410.	17	14,609,163.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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 of Schedule D	3,677,877.	25	8,701,931.	
	26 Total liabilities. Add lines 17 through 25	26,095,287.	26	23,311,094.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	4,523,753.	27	4,700,012.	
	28 Temporarily restricted net assets	1,607,860.	28	2,020,921.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	6,131,613.	33	6,720,933.		
34 Total liabilities and net assets/fund balances	32,226,900.	34	30,032,027.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	63,248,643.
2	Total expenses (must equal Part IX, column (A), line 25)	2	62,828,121.
3	Revenue less expenses. Subtract line 2 from line 1	3	420,522.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,131,613.
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 in Schedule O)	9	168,798.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,720,933.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in 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 in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization **PAN AMERICAN DEVELOPMENT FOUNDATION** Employer identification number **52-6054268**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	91,356,494.	94,625,055.	77,422,249.	68,613,195.	63,142,976.	395,159,969.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	91,356,494.	94,625,055.	77,422,249.	68,613,195.	63,142,976.	395,159,969.
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.						395,159,969.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	91,356,494.	94,625,055.	77,422,249.	68,613,195.	63,142,976.	395,159,969.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-26,225.	3,295.	2,863.	4,079.	4,962.	-11,026.
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.)			7,248.	3.	31,830.	39,081.
11 Total support. Add lines 7 through 10						395,188,024.
12 Gross receipts from related activities, etc. (see instructions)					12	578,324.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.99 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.99 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
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 .		

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.	Yes	No
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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 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	

Section 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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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

[Area with horizontal lines for supplemental information input]

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

PAN AMERICAN DEVELOPMENT FOUNDATION

Employer identification number

52-6054268

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

Name of organization PAN AMERICAN DEVELOPMENT FOUNDATION	Employer identification number 52-6054268
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 25,522,430.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 15,857,835.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 14,891,773.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PAN AMERICAN DEVELOPMENT FOUNDATION	Employer identification number 52-6054268
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization PAN AMERICAN DEVELOPMENT FOUNDATION	Employer identification number 52-6054268
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization PAN AMERICAN DEVELOPMENT FOUNDATION Employer identification number 52-6054268

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about property control and private benefit.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		503,240.		503,240.
b Buildings		1,630,906.	435,416.	1,195,490.
c Leasehold improvements		83,754.	23,848.	59,906.
d Equipment		1,191,462.	1,145,695.	45,767.
e Other		648,952.	484,008.	164,944.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,969,347.

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) DEPOSITS	4,623.
(2) RIGHT OF USE ASSET	2,015,868.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,020,491.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	6,610,902.
(3) DEFERRED RENT LIABILITY	68,806.
(4) OPERATING LEASE LIABILITY	2,022,223.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,701,931.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	64,178,233.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	929,590.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	929,590.
3	Subtract line 2e from line 1	3	63,248,643.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	63,248,643.

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

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

1	Total expenses and losses per audited financial statements	1	63,757,711.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	929,590.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	929,590.
3	Subtract line 2e from line 1	3	62,828,121.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	62,828,121.

Part XIII Supplemental Information.

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

PART X, LINE 2:

FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018, THE FOUNDATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization PAN AMERICAN DEVELOPMENT FOUNDATION	Employer identification number 52-6054268
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	5	329	PROGRAM SERVICES	RESILIENCE, DISASTER MANAGEMENT AND CLIMATE, EDUCATION, HEALTH & NUTRITION AND ECONOMIC	10,219,465.
NORTH AMERICA	1	2	PROGRAM SERVICES	RESILIENCE, DISASTER MANAGEMENT AND CLIMATE AND DEMOCRACY, GOVERNANCE AND HUMAN	309,921.
SOUTH AMERICA	20	140	PROGRAM SERVICES	RESILIENCE, DISASTER MANAGEMENT AND CLIMATE, EDUCATION, HEALTH & NUTRITION AND ECONOMIC	21,141,642.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		6,997,655.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		474,870.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		17,240,090.
3 a Subtotal	26	471			56,383,643.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	26	471			56,383,643.

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

Schedule F (Form 990) 2018

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	PEACE, JUSTICE AND SECURITY	113,012.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	PEACE, JUSTICE AND SECURITY	293,107.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	PEACE, JUSTICE AND SECURITY	77,844.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	PEACE, JUSTICE AND SECURITY	15,704.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	PEACE, JUSTICE AND SECURITY	30,252.	WIRES/CHECKS	0.		
		SOUTH AMERICA	PEACE, JUSTICE AND SECURITY	64,577.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT AND DISASTER RESILIENCE	8,857.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT AND DISASTER RESILIENCE	133,325.	WIRES/CHECKS	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

246

3 Enter total number of other organizations or entities

0

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ENVIRONMENT AND DISASTER RESILIENCE	37,522.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT AND DISASTER RESILIENCE	24,192.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT AND DISASTER RESILIENCE	12,620.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT AND DISASTER RESILIENCE	69,306.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT AND DISASTER RESILIENCE	30,457.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT AND DISASTER RESILIENCE	138,496.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT AND DISASTER RESILIENCE	110,085.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT AND DISASTER RESILIENCE	8,045.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT AND DISASTER RESILIENCE	44,040.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ENVIRONMENT AND DISASTER RESILIENCE	33,932.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT AND DISASTER RESILIENCE	18,416.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT AND DISASTER RESILIENCE	132,560.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT AND DISASTER RESILIENCE	126,973.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT AND DISASTER RESILIENCE	92,998.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	ENVIRONMENT AND DISASTER RESILIENCE	32,632.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	ENVIRONMENT AND DISASTER RESILIENCE	60,908.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	ENVIRONMENT AND DISASTER RESILIENCE	268,126.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	ENVIRONMENT AND DISASTER RESILIENCE	30,806.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	ENVIRONMENT AND DISASTER RESILIENCE	22,501.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	ENVIRONMENT AND DISASTER RESILIENCE	15,000.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	ENVIRONMENT AND DISASTER RESILIENCE	10,056.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	ENVIRONMENT AND DISASTER RESILIENCE	28,010.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	ENVIRONMENT AND DISASTER RESILIENCE	90,439.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	ENVIRONMENT AND DISASTER RESILIENCE	5,916.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	ENVIRONMENT AND DISASTER RESILIENCE	41,796.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	ENVIRONMENT AND DISASTER RESILIENCE	117,128.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	ENVIRONMENT AND DISASTER RESILIENCE	220,370.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	ENVIRONMENT AND DISASTER RESILIENCE	53,034.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	ENVIRONMENT AND DISASTER RESILIENCE	29,451.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	ENVIRONMENT AND DISASTER RESILIENCE	92,687.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	ENVIRONMENT AND DISASTER RESILIENCE	10,000.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	ENVIRONMENT AND DISASTER RESILIENCE	65,591.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	ENVIRONMENT AND DISASTER RESILIENCE	8,759.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	162,252.	WIRES/CHECKS	0.		
		NORTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	80,682.	WIRES/CHECKS	0.		
		NORTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	70,893.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	8,413.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	47,985.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	56,738.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	99,578.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	42,823.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	35,431.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	22,949.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	41,205.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	72,491.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	165,774.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	46,285.	WIRES/CHECKS	0.		
		NORTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	54,079.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	28,738.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	72,672.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	76,604.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	88,313.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	62,633.	WIRES/CHECKS	0.		
		NORTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	94,487.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	43,434.	WIRES/CHECKS	0.		
		NORTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	91,743.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	98,086.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	114,470.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	26,349.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	85,633.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	11,611.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	32,256.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	44,831.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	30,015.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	66,907.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	30,000.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	157,494.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	9,653.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	25,000.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	75,000.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	140,879.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	249,017.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	190,000.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	45,000.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	354,587.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	338,525.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	36,700.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	117,857.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	15,000.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	204,013.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	54,785.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	60,870.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	112,215.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	7,212.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	7,119.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	162,637.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	39,634.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	34,309.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	33,227.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	21,758.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	12,210.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	17,848.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	13,353.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	5,892.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	50,632.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	36,924.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	14,308.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	5,713.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	8,420.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	9,070.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	49,390.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	5,220.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	6,888.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	6,083.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	6,722.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	72,112.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	5,313.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	8,013.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	35,590.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	42,035.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	26,930.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	64,330.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	23,517.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	74,944.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	24,463.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	12,075.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	148,801.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	43,885.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	31,338.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	29,105.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	43,697.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	19,009.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	145,637.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	18,330.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	8,835.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	40,550.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	9,768.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	18,799.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	110,693.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	17,714.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	89,693.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	5,130.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	68,779.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	10,000.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	28,658.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	19,787.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	29,035.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	122,624.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	37,316.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	7,044.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	17,510.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	46,975.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	28,674.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	26,747.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	21,800.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	5,113.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	19,670.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	209,444.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	45,099.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	50,744.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	7,923.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	59,256.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	8,403.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	15,120.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	181,356.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	12,473.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	83,569.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	19,990.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	99,700.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	37,303.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	15,625.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	73,421.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	46,536.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	34,310.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	115,801.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	32,786.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	42,014.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	33,218.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	9,797.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	40,975.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	350,000.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	16,948.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	18,000.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	52,612.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	26,265.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	40,090.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	23,760.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	122,575.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	129,705.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	19,816.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	12,575.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	27,532.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	19,946.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	9,805.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	14,539.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	11,034.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	20,381.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	17,000.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	45,696.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	236,756.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	25,234.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	40,102.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	11,983.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	48,230.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	27,055.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	21,843.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	9,877.	WIRES/CHECKS	0.		
		NORTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	28,887.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	35,000.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	105,108.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	13,708.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	79,697.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	30,747.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	72,055.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	26,085.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	13,592.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	57,500.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	36,288.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	62,500.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	148,918.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	215,806.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	35,000.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	14,895.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	6,995.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	64,200.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	73,170.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	10,640.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	76,799.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	20,816.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	10,290.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	26,910.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	9,687,829.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	218,911.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	232,138.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	26,776.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	155,172.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	302,887.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	85,923.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	60,520.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	26,258.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	90,155.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	16,232.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	47,326.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	17,647.	WIRES/CHECKS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	30,814.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	88,740.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	28,591.	WIRES/CHECKS	0.		
		CENTRAL AMERICA & CARIBBEAN	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	54,256.	WIRES/CHECKS	0.		

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

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

PART I, LINE 2:

PADF HAS INTERNAL PROCEDURES ON HOW TO MONITOR SUBGRANTS. PRE AWARD SURVEYS ARE DONE AT THE TIME OF SUBGRANTEE SELECTION. FIELD VISITS OR ONLINE/VIDEO TRAINING IS DONE PRIOR TO IMPLEMENTATION AND THROUGHOUT THE PROJECT. MONTHLY OR QUARTERLY REPORTS FROM SUBGRANTEES ARE REQUIRED; MONITORING AND EVALUATION IS DONE THROUGHOUT THE LIFE OF THE PROJECT. NO NEW ADVANCES ARE GIVEN UNTIL AFTER PRIOR ADVANCES HAVE BEEN CLEARED. THE FINANCIAL REPORTS FROM SUBGRANTEES ARE REVIEWED BY APPROPRIATE STAFF IN THE FINANCE AND PROGRAM DEPARTMENTS.

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: RESILIENCE, DISASTER MANAGEMENT AND CLIMATE, EDUCATION, HEALTH & NUTRITION AND ECONOMIC OPPORTUNITIES, DEMOCRACY, GOVERNANCE AND HUMAN RIGHTS AND PEACE, JUSTICE AND SECURITY.

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: RESILIENCE, DISASTER MANAGEMENT AND CLIMATE AND DEMOCRACY, GOVERNANCE AND HUMAN RIGHTS.

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: RESILIENCE, DISASTER MANAGEMENT AND CLIMATE, EDUCATION, HEALTH & NUTRITION AND ECONOMIC OPPORTUNITIES, DEMOCRACY, GOVERNANCE AND HUMAN RIGHTS AND PEACE, JUSTICE AND SECURITY.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **PAN AMERICAN DEVELOPMENT FOUNDATION** Employer identification number **52-6054268**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OAS EXECUTIVE SECRETARIAT OF INTEGRAL DEVELOPMENT - 1889 F STREET NW - WASHINGTON, DC 20006		GOVERNMENT	153,799.	0.			EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES
PARA LA NATURALEZA PO BOX 9023554 SAN JUAN, PR 00902	66-0801404	501(C)(3)	150,000.	0.			ENVIRONMENT AND DISASTER RESILIENCE

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

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

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

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

PADF HAS INTERNAL PROCEDURES ON HOW TO MONITOR SUBGRANTS. PRE AWARD SURVEYS ARE DONE AT THE TIME OF SUBGRANTEE SELECTION. FIELD VISITS OR ONLINE/VIDEO TRAINING IS DONE PRIOR TO IMPLEMENTATION AND THROUGHOUT THE PROJECT. MONTHLY OR QUARTERLY REPORTS FROM SUBGRANTEES ARE REQUIRED; MONITORING AND EVALUATION IS DONE THROUGHOUT THE LIFE OF THE PROJECT. NO NEW ADVANCES ARE GIVEN UNTIL AFTER PRIOR ADVANCES HAVE BEEN CLEARED. THE FINANCIAL REPORTS FROM SUBGRANTEES ARE REVIEWED BY APPROPRIATE STAFF IN THE FINANCE AND PROGRAM DEPARTMENTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

PAN AMERICAN DEVELOPMENT FOUNDATION

Employer identification number

52-6054268

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATHERINE TAYLOR EXECUTIVE DIRECTOR	(i)	271,852.	0.	0.	5,688.	10,752.	288,292.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KRISTAN BECK CHIEF OPERATING OFF. (THROUGH 10/19)	(i)	201,527.	0.	0.	20,800.	31,049.	253,376.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CARLO ARZE COUNTRY DIRECTOR	(i)	153,295.	0.	0.	13,415.	25,918.	192,628.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SORAYA OSORIO COUNTRY DIRECTOR	(i)	216,887.	0.	0.	19,570.	17,814.	254,271.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NADIA CHERROUK COUNTRY DIRECTOR	(i)	168,374.	0.	0.	15,553.	30,901.	214,828.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BERNARD FRUCTUOSO DIRECTOR OF FINANCE	(i)	134,283.	0.	0.	13,905.	19,477.	167,665.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SHAKEH AKOPIAN CONTROLLER	(i)	136,069.	0.	0.	13,905.	24,068.	174,042.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOHN SANBRAILO FORMER EXECUTIVE DIRECTOR	(i)	0.	0.	182,905.	0.	0.	182,905.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

HOUSING ALLOWANCES ARE PROVIDED FOR EXPATRIATE EMPLOYEES ONLY.

PART I, LINE 4A:

JOHN SANBRAILO, FORMER EXECUTIVE DIRECTOR, RECEIVED \$182,905 IN SEVERANCE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **PAN AMERICAN DEVELOPMENT FOUNDATION** Employer identification number **52-6054268**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		223,825.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	6	779,771.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (CONST. MAT'L)	X	21	1,418,748.	FMV
26 Other ▶ (AGRIC. SUPP.)	X	11	554,408.	FMV
27 Other ▶ (SCHOOL SUPPLI)	X	4	484,304.	FMV
28 Other ▶ (TRAINING MAT.)	X	7	219,583.	FMV

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2018

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

PART I, OTHER TYPES OF PROPERTY:

COMP. & EUIP.

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 2
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 39838.
- (D) METHOD OF DETERMINING REVENUE: FMV

OFFICE SUPP.

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 1
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 18567.
- (D) METHOD OF DETERMINING REVENUE: FMV

AIRLINE TICKETS

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 1
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 7922.
- (D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE M, PART I, COLUMN (B):

THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

PAN AMERICAN DEVELOPMENT FOUNDATION

Employer identification number

52-6054268

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

FUTURE GENERATIONS. FOR NEARLY 60 YEARS, WE HAVE SERVED THE MOST
VULNERABLE COMMUNITIES, INVESTING DEVELOPMENT RESOURCES THROUGHOUT THE
HEMISPHERE. WE PARTNER WITH AND ENABLE CIVIL SOCIETY, GOVERNMENTS, AND
THE PRIVATE SECTOR FOR THE GREATER GOOD OF THE REGION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PEACE, JUSTICE, AND SECURITY: WE BELIEVE THAT PEACE, JUSTICE, AND
SECURITY ARE VITAL TO SOCIAL DEVELOPMENT AND HUMAN PROGRESS. WE ARE
COMMITTED TO THE PROMOTION OF PEACEFUL SOCIETIES, ACCESS TO JUSTICE FOR
ALL, STRENGTHENING LAW ENFORCEMENT, AND IMPROVING SECURITY CONDITIONS
THROUGHOUT THE HEMISPHERE. WE OPPOSE CORRUPTION, ABUSE OF POWER, AND
ILLICIT ECONOMIES.

EXPENSES \$ 4,689,933. INCLUDING GRANTS OF \$ 595,496. REVENUE \$ 0.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

EL SALVADOR, HONDURAS, BELIZE, MEXICO,
BRAZIL, HAITI, COLOMBIA, PERU,
ECUADOR

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR
MANAGEMENT. A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF TRUSTEES
BEFORE IT WAS FILED WITH THE IRS.

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

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

PAN AMERICAN DEVELOPMENT FOUNDATION

Employer identification number

52-6054268

ON AN ANNUAL BASIS, ANY TRUSTEE OR OFFICER WHO BELIEVES HE OR SHE MAY HAVE A CONFLICT OF INTEREST OR A POSSIBLE APPEARANCE OF A CONFLICT OF INTEREST WITH PADF WILL NOTIFY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES OF SUCH CONFLICT OR APPEARANCE IN WRITING. ANY EMPLOYEE WHO BELIEVES HE OR SHE MAY HAVE A CONFLICT OF INTEREST OR A POSSIBLE APPEARANCE OF A CONFLICT OF INTEREST WITH PADF, WILL NOTIFY THE EXECUTIVE DIRECTOR OF SUCH CONFLICT OR APPEARANCE IN WRITING. IF SAID EMPLOYEE IS THE EXECUTIVE DIRECTOR, HE/SHE WILL NOTIFY THE EXECUTIVE COMMITTEE IN WRITING.

WHEN ANY CONFLICT OF INTEREST IS RELEVANT TO A MATTER UNDER CONSIDERATION OR REQUIRING ACTION BY THE BOARD OF TRUSTEES, OR COMMITTEE THEREOF, THE INTERESTED TRUSTEE WILL CALL IT TO THE ATTENTION OF THE PRESIDENT OF THE BOARD OF TRUSTEES, AND WILL NOT BE PRESENT DURING BOARD OR COMMITTEE DISCUSSION OR DECISION ON THE MATTER. HOWEVER, THAT PERSON IS REQUIRED TO PROVIDE THE BOARD OR APPLICABLE COMMITTEE WITH ANY AND ALL RELEVANT INFORMATION ON THE PARTICULAR MATTER BEFORE THE DISCUSSION AND DECISION BY THE BOARD OR APPLICABLE COMMITTEE.

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

THE BOARD IS RESPONSIBLE FOR DETERMINING THE EXECUTIVE DIRECTOR'S COMPENSATION. COMPARABLE DATA IS USED IN THE PROCESS AND THE PROCESS IS ALSO DOCUMENTED. THE LAST COMPENSATION REVIEW TOOK PLACE IN DECEMBER 2019.

THE EXECUTIVE DIRECTOR AND CHIEF OPERATING OFFICER ARE RESPONSIBLE FOR DETERMINING THE SALARIES OF SENIOR MANAGEMENT. EXTERNAL COMPARATIVE SALARY DATA IS USED IN THIS DECISION PROCESS.

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

Name of the organization PAN AMERICAN DEVELOPMENT FOUNDATION	Employer identification number 52-6054268
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THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND
 CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

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

FOREIGN CURRENCY TRANSLATION GAIN 168,798.