

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**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

**2019**

Open to Public Inspection

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

**A** For the 2019 calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

<b>B</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	<b>C</b> Name of organization <b>PAN AMERICAN DEVELOPMENT FOUNDATION</b>		<b>D</b> Employer identification number <b>52-6054268</b>
	Doing business as		<b>E</b> Telephone number <b>202-458-3969</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20006</b>		<b>G</b> Gross receipts \$ <b>67,978,696.</b>
<b>F</b> Name and address of principal officer: <b>KATHERINE TAYLOR</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> 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		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>J</b> Website: <b>WWW.PADF.ORG</b>		If "No," attach a list. (see instructions)	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>H(c)</b> Group exemption number	
<b>L</b> Year of formation: <b>1962</b>		<b>M</b> State of legal domicile: <b>DC</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>73</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>20</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 63,142,976.	<b>Current Year</b> 67,896,524.
	<b>9</b> Program service revenue (Part VIII, line 2g)	68,875.	69,840.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,962.	3,543.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,830.	8,789.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	63,248,643.	67,978,696.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,016,414.	30,303,305.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,780,651.	15,099,791.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	1,036,085.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	24,031,056.	23,826,057.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	62,828,121.	69,229,153.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	420,522.	-1,250,457.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 30,032,027.	<b>End of Year</b> 29,682,055.
	<b>21</b> Total liabilities (Part X, line 26)	23,311,094.	23,473,213.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	6,720,933.	6,208,842.

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>KATHERINE TAYLOR, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RICHARD J. LOCASTRO, CPA</b>	Preparer's signature <i>Richard J. Locastro</i>	Date <b>08/13/2021</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00288314</b>
	Firm's name <b>GELMAN, ROSENBERG &amp; FREEDMAN</b>	Firm's EIN <b>52-1392008</b>	Firm's address <b>4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930</b>	Phone no. (301) <b>951-9090</b>	

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 SEEK TO CREATE A JUST, PEACEFUL, AND PROSPEROUS HEMISPHERE, WHERE EVERY PERSON COULD THRIVE. WE HELP PEOPLE IMPROVE THEIR LIVES, INVESTING DEVELOPMENT RESOURCES

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 \$ 24,768,031. including grants of \$ 11,494,307. ) (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.

4b (Code: ) (Expenses \$ 14,868,577. including grants of \$ 9,966,775. ) (Revenue \$ ) 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.

4c (Code: ) (Expenses \$ 11,320,329. including grants of \$ 4,222,794. ) (Revenue \$ ) ENVIRONMENT AND DISASTER RESILIENCE: 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 on Schedule O.) (Expenses \$ 10,506,364. including grants of \$ 4,619,429. ) (Revenue \$ 69,840.)

4e Total program service expenses 61,463,301.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and their compliance status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, description, 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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 on Schedule O.		
	<b>1a</b> 16		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 16		
<b>2</b>	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
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15a</b>		X	
<b>b</b>	Other officers or key employees of the organization		X
<b>15b</b>			X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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>b</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?		
<b>16b</b>			

**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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **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.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) KATHLEEN C. BARCLAY PRESIDENT	1.00	X		X				0.	0.	0.
(2) ALFONSO QUINONEZ 1ST VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) GERMAN HERRERA 2ND VICE PRESIDENT	1.00	X		X				0.	0.	0.
(4) SANDRA MARTA GUAZZOTTI TREASURER	1.00	X		X				0.	0.	0.
(5) ALEXANDRA AGUIRRE SECRETARY & GENERAL COUNSEL	1.00	X		X				0.	0.	0.
(6) ANDRE POUSADA TRUSTEE	1.00	X						0.	0.	0.
(7) EDOUARD BAUSSAN TRUSTEE	1.00	X						0.	0.	0.
(8) MINA PACHECO NAZEMI TRUSTEE	1.00	X						0.	0.	0.
(9) GILBERT F. CASELLAS TRUSTEE	1.00	X						0.	0.	0.
(10) EMIL R. INFANTE TRUSTEE	1.00	X						0.	0.	0.
(11) JAVIER SAADE TRUSTEE	1.00	X						0.	0.	0.
(12) JEAN-PIERRE L. CONTE TRUSTEE	1.00	X						0.	0.	0.
(13) JOSE ANTONIO MUNOZ TRUSTEE	1.00	X						0.	0.	0.
(14) AMBASSADOR JUAN GABRIEL VALDES TRUSTEE	1.00	X						0.	0.	0.
(15) LUIS A. UBINAS TRUSTEE	1.00	X						0.	0.	0.
(16) PHILIP KELLIHER TRUSTEE	1.00	X						0.	0.	0.
(17) KATHERINE TAYLOR EXECUTIVE DIRECTOR	40.00			X				293,684.	0.	43,061.

**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) KRISTAN BECK COO (THROUGH 10/19)	40.00			X				206,576.	0.	47,966.
(19) SORAYA OSORIO COUNTRY DIRECTOR	40.00				X			234,357.	0.	37,023.
(20) NADIA CHERROUK COUNTRY DIR. (THROUGH 09/19)	40.00				X			225,099.	0.	41,220.
(21) CARLO ARZE COUNTRY DIR. (THROUGH 10/19)	40.00				X			167,861.	0.	35,433.
(22) LANCE LEVERENZ DIR. OF BUS. DEV'L EVAL. & CAP. BLDG	40.00				X			143,585.	0.	32,351.
(23) SHAKEH AKOPIAN CONTROLLER	40.00				X			142,066.	0.	38,349.
<b>1b Subtotal</b>								1,413,228.	0.	275,403.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,413,228.	0.	275,403.

**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 **21**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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	
<b>5</b> 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	380,673.
GRF CPA AND ADVISORS, 4550 MONTGOMERY AVE., #800N, BETHESDA, MD 20814	AUDIT SERVICES	147,576.

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	65,128,513.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	2,768,011.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$ 1,779,234.				
	<b>h Total.</b> Add lines 1a-1f .....		67,896,524.				
<b>Program Service Revenue</b>	<b>2 a</b> SHIPPING REIMBURSABLES	<b>Business Code</b>					
		900099	69,840.	69,840.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		69,840.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		3,543.			3,543.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS REVENUE	<b>Business Code</b>					
		900099	8,789.			8,789.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		8,789.					
<b>12 Total revenue.</b> See instructions .....		67,978,696.	69,840.	0.	12,332.		

**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  X

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	40,000.	40,000.		
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	30,263,305.	30,263,305.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	457,414.	654.	456,760.	
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	9,451,483.	6,777,271.	2,202,134.	472,078.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	377,124.	292,930.	65,595.	18,599.
9 Other employee benefits	4,381,839.	3,154,946.	1,026,593.	200,300.
10 Payroll taxes	431,931.	309,644.	102,629.	19,658.
11 Fees for services (nonemployees):				
a Management				
b Legal	59,825.		59,825.	
c Accounting	157,164.		157,164.	
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.)	7,574,527.	7,222,211.	110,098.	242,218.
12 Advertising and promotion				
13 Office expenses	1,809,122.	1,385,142.	418,968.	5,012.
14 Information technology	498,273.	119,768.	374,743.	3,762.
15 Royalties				
16 Occupancy	912,829.	459,961.	452,868.	
17 Travel	1,478,246.	1,257,654.	181,248.	39,344.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	178,086.	173,428.	4,598.	60.
20 Interest	3,314.		3,314.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	234,128.	146,558.	87,570.	
23 Insurance	194,901.	6,134.	188,767.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SHARED COSTS</b>	0.	567,907.	-567,907.	
b <b>HUMANITARIAN ASSISTANCE</b>	4,822,643.	3,909,251.	893,815.	19,577.
c <b>LOGISTIC EXPENSES</b>	2,150,188.	2,144,391.	5,797.	
d <b>DONATED GOODS</b>	1,779,234.	1,779,234.		
e All other expenses	1,973,577.	1,452,912.	505,188.	15,477.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	69,229,153.	61,463,301.	6,729,767.	1,036,085.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	14,699,549.	<b>1</b>	18,316,138.	
	<b>2</b> Savings and temporary cash investments .....	1,024,888.	<b>2</b>	1,050,782.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	9,935,142.	<b>4</b>	6,614,436.	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	358,701.	<b>9</b>	259,436.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,925,921.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,141,582.	1,969,347.	<b>10c</b>	1,784,339.
	<b>11</b> Investments - publicly traded securities .....	23,909.	<b>11</b>	25,592.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	2,020,491.	<b>15</b>	1,631,332.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	30,032,027.	<b>16</b>	29,682,055.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	14,609,163.	<b>17</b>	12,549,980.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	8,701,931.	<b>25</b>	10,923,233.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	23,311,094.	<b>26</b>	23,473,213.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	4,700,012.	<b>27</b>	5,178,776.	
	<b>28</b> Net assets with donor restrictions .....	2,020,921.	<b>28</b>	1,030,066.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	6,720,933.	<b>32</b>	6,208,842.	
	<b>33</b> Total liabilities and net assets/fund balances .....	30,032,027.	<b>33</b>	29,682,055.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	67,978,696.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	69,229,153.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,250,457.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	6,720,933.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,418.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	736,948.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	6,208,842.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.			
<b>2a</b>	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>b</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			
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
<b>3a</b>	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>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	



**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	94,625,055.	77,422,249.	68,613,195.	63,142,976.	67,896,524.	371,699,999.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	94,625,055.	77,422,249.	68,613,195.	63,142,976.	67,896,524.	371,699,999.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						371,699,999.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	94,625,055.	77,422,249.	68,613,195.	63,142,976.	67,896,524.	371,699,999.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	3,295.	2,863.	4,079.	4,962.	3,543.	18,742.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		7,248.	3.	31,830.	8,789.	47,870.
<b>11 Total support.</b> Add lines 7 through 10						371,766,611.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	504,759.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.98 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	99.99 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>

Schedule A (Form 990 or 990-EZ) 2019

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> 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.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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.			
<b>b</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.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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>b</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.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

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, 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  <b>PAN AMERICAN DEVELOPMENT FOUNDATION</b>	Employer identification number  <b>52-6054268</b>
------------------------------------------------------------------------	---------------------------------------------------------

**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/>	\$ 27,586,253.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 19,628,744.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 16,400,206.	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  <b>PAN AMERICAN DEVELOPMENT FOUNDATION</b>	Employer identification number  <b>52-6054268</b>
------------------------------------------------------------------------	---------------------------------------------------------

**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  <b>PAN AMERICAN DEVELOPMENT FOUNDATION</b>	Employer identification number  <b>52-6054268</b>
------------------------------------------------------------------------	---------------------------------------------------------

**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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**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.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2019

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

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		503,240.		503,240.
b Buildings		1,630,906.	516,961.	1,113,945.
c Leasehold improvements		90,152.	40,129.	50,023.
d Equipment		1,191,462.	1,174,478.	16,984.
e Other		510,161.	410,014.	100,147.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>1,784,339.</b>

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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	9,128.
(2) RIGHT OF USE ASSET	1,622,204.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,631,332.

**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	9,277,201.
(3) OPERATING LEASE LIABILITY	1,644,509.
(4) CAPITAL LEASE OBLIGATIONS	1,523.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,923,233.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	68,577,266.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,418.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	597,152.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	598,570.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	67,978,696.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	67,978,696.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	69,826,305.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	597,152.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	597,152.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	69,229,153.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	69,229,153.

**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, 2020 AND 2019, 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SOUTH AMERICA	17	275	PROGRAM SERVICES	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS, EDUCATION, HEALTH & NUTRITION, AND ECONOMIC	20,700,543.
CENTRAL AMERICA AND THE CARIBBEAN	4	87	PROGRAM SERVICES	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS, EDUCATION, HEALTH & NUTRITION, AND ECONOMIC	9,514,701.
NORTH AMERICA	1	6	PROGRAM SERVICES	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS.	984,752.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		26,657,655.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		3,581,656.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		23,994.
<b>3 a Subtotal</b> .....	22	368			61,463,301.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	22	368			61,463,301.

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

Schedule F (Form 990) 2019

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)
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	58,561.	WIRES/CHECKS	0.		
		SOUTH AMERICA	PEACE, JUSTICE AND SECURITY	206,365.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	3,467,391.	WIRES/CHECKS	0.		
		SOUTH AMERICA	PEACE, JUSTICE AND SECURITY	7,104,231.	WIRES/CHECKS	0.		
		SOUTH AMERICA	PEACE, JUSTICE AND SECURITY	1,394,739.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	118,474.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	20,185.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	56,290.	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 ..... **235**

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)
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	64,727.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	5,205.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	25,075.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	45,039.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	15,256.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	66,496.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	66,562.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	106,825.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	54,793.	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 AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	20,010.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	70,000.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	128,185.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	130,774.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	24,193.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	191,492.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	289,885.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	19,880.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	68,147.	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 AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	48,156.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	20,087.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	9,910.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	57,037.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	26,658.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	8,674.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	16,682.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	30,781.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	29,219.	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 AND THE CARIBBEAN	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	17,717.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ENVIRONMENT DISASTER RESILIENCE	43,028.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ENVIRONMENT DISASTER RESILIENCE	24,777.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ENVIRONMENT DISASTER RESILIENCE	73,271.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ENVIRONMENT DISASTER RESILIENCE	27,620.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	119,695.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	36,100.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	9,000.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	44,957.	WIRES/CHECKS	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	79,000.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	49,000.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	12,000.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	34,360.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	10,813.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	14,654.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	42,317.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	54,000.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ENVIRONMENT DISASTER RESILIENCE	9,400.	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	16,700.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	14,700.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	99,109.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	10,700.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	32,850.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	10,000.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	39,185.	WIRES/CHECKS	0.		
		NORTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	9,500.	WIRES/CHECKS	0.		
		NORTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	10,000.	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	53,915.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	113,603.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	7,370.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	46,326.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	51,800.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	65,000.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	152,975.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	10,000.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	10,000.	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	20,000.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	15,000.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	75,500.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	12,000.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	11,100.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	90,000.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	56,000.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	12,000.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	97,866.	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	85,000.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	5,450.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	34,544.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	10,000.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	15,000.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	77,000.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	75,000.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	176,669.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	21,610.	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	50,491.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	32,595.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	34,442.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	28,500.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	10,400.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	9,830.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	94,475.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	72,693.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	25,105.	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	12,471.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	5,450.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	99,657.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	52,183.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	10,965.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	128,828.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	266,481.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	64,675.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	58,292.	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 AND THE CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	48,958.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PEACE, JUSTICE AND SECURITY	47,500.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PEACE, JUSTICE AND SECURITY	179,538.	WIRES/CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PEACE, JUSTICE AND SECURITY	378,836.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	30,200.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	25,100.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	31,090.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	6,470.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	15,500.	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	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	19,800.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	21,520.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	127,989.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	30,000.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	26,800.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	29,874.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	42,900.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	27,100.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	5,500.	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	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	70,157.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	9,500.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	16,500.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	26,400.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	45,165.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	121,104.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	121,659.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	54,127.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	28,302.	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	79,162.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	125,726.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	57,979.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	7,690.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	83,040.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	149,535.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	13,043.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	49,143.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	44,971.	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	53,058.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	25,557.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	56,707.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	61,701.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	66,605.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	6,198.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	12,025.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	62,635.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	8,583.	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	67,424.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	54,019.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	72,501.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	81,645.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	134,132.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	109,451.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	24,634.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	25,707.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	34,517.	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	132,280.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	90,307.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	78,358.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	97,595.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	46,497.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	23,143.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	34,122.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	86,100.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	209,817.	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	49,696.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	101,445.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	68,428.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	40,407.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	121,475.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	89,867.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	79,894.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	236,933.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	124,441.	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	146,913.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	287,121.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	14,344.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	34,738.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	119,115.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	647,808.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	22,050.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	12,689.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	12,000.	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	39,643.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	126,529.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	158,805.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	319,500.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	150,066.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	235,761.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	147,081.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	64,169.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	106,960.	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	68,526.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	7,554.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	6,022.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	14,238.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	18,147.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	10,815.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	17,029.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	8,026.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	6,216.	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	17,661.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	6,176.	WIRES/CHECKS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	23,321.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT DISASTER RESILIENCE	90,205.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT DISASTER RESILIENCE	81,476.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT DISASTER RESILIENCE	171,614.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT DISASTER RESILIENCE	329,453.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT DISASTER RESILIENCE	233,975.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT DISASTER RESILIENCE	50,079.	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 DISASTER RESILIENCE	536,076.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT DISASTER RESILIENCE	367,886.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT DISASTER RESILIENCE	222,110.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT DISASTER RESILIENCE	46,579.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT DISASTER RESILIENCE	454,852.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT DISASTER RESILIENCE	196,500.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT DISASTER RESILIENCE	144,942.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT DISASTER RESILIENCE	214,900.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT DISASTER RESILIENCE	269,976.	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 DISASTER RESILIENCE	101,636.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT DISASTER RESILIENCE	273,258.	WIRES/CHECKS	0.		
		SOUTH AMERICA	ENVIRONMENT DISASTER RESILIENCE	116,158.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	13,423.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	46,986.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	11,438.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	66,959.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	19,396.	WIRES/CHECKS	0.		
		SOUTH AMERICA	EDUCATION, HEALTH & NUTRITION, AND ECONOMIC OPPORTUNITIES	95,943.	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	36,340.	WIRES/CHECKS	0.		
		SOUTH AMERICA	PEACE, JUSTICE AND SECURITY	655,566.	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: SOUTH AMERICA

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

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
PARA LA NATURALEZA PO BOX 9023554 SAN JUAN, PR 00902	66-0801404	501(C)(3)	40,000.	0.			ENVIRONMENT AND DISASTER RESILIENCE

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

**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) (2019)

**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)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://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 Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2019

**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)	293,684.	0.	0.	29,539.	13,522.	336,745.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KRISTAN BECK COO (THROUGH 10/19)	(i)	206,576.	0.	0.	17,290.	30,676.	254,542.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SORAYA OSORIO COUNTRY DIRECTOR	(i)	234,357.	0.	0.	20,550.	16,473.	271,380.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NADIA CHERROUK COUNTRY DIR. (THROUGH 09/19)	(i)	225,099.	0.	0.	12,833.	28,387.	266,319.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CARLO ARZE COUNTRY DIR. (THROUGH 10/19)	(i)	167,861.	0.	0.	11,667.	23,766.	203,294.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LANCE LEVERENZ DIR. OF BUS. DEV'L EVAL. & CAP. BLDG	(i)	143,585.	0.	0.	14,420.	17,931.	175,936.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SHAKEH AKOPIAN CONTROLLER	(i)	142,066.	0.	0.	14,460.	23,889.	180,415.	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.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

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](http://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				
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	40	23,109.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( TRAINING MAT. )	X	59	579,257.	FMV
26 Other ▶ ( CONST. MAT'L )	X	25	577,271.	FMV
27 Other ▶ ( AGRIC. SUPP. )	X	13	475,397.	FMV
28 Other ▶ ( COMP. & EQUIP )	X	21	67,080.	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) 2019

**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:**

**AIRLINE TICKETS**

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 7
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 33768.
- (D) METHOD OF DETERMINING REVENUE: FMV

**OFFICE SUPP.**

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 7
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 23352.
- (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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

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:

THROUGHOUT LATIN AMERICA AND THE CARIBBEAN. 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:

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.

EXPENSES \$ 10,506,364. INCL GRANTS OF \$ 4,619,429. REVENUE \$ 69,840.

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:

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

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization

PAN AMERICAN DEVELOPMENT FOUNDATION

Employer identification number

52-6054268

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 2020.

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:

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

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

## FORM 990, PART IX, LINE 11G, OTHER FEES:

## PAYROLL SERVICES:

PROGRAM SERVICE EXPENSES	20,691.
MANAGEMENT AND GENERAL EXPENSES	315.
FUNDRAISING EXPENSES	694.
TOTAL EXPENSES	21,700.

## PROPOSAL WRITING SERVICES:

PROGRAM SERVICE EXPENSES	253,185.
MANAGEMENT AND GENERAL EXPENSES	3,860.
FUNDRAISING EXPENSES	8,491.
TOTAL EXPENSES	265,536.

## TEMPORARY SERVICES:

PROGRAM SERVICE EXPENSES	6,639,540.
MANAGEMENT AND GENERAL EXPENSES	101,215.
FUNDRAISING EXPENSES	222,677.
TOTAL EXPENSES	6,963,432.

## OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	308,795.
MANAGEMENT AND GENERAL EXPENSES	4,708.
FUNDRAISING EXPENSES	10,356.
TOTAL EXPENSES	323,859.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	7,574,527.

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

Name of the organization

PAN AMERICAN DEVELOPMENT FOUNDATION

Employer identification number

52-6054268

FOREIGN CURRENCY TRANSLATION GAIN

736,948.

Multiple horizontal lines for data entry.