** PUBLIC DISCLOSURE COPY **

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

Inspection

Department of the Treasury Internal Revenue Service

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

Open to Public

Α	For the	e 2020 calendar year, or tax year beginning OCT 1, 2020 and en	nding 5	EP 30, 2021							
В	Check if applicabl	C Name of organization		D Employer identifie	cation number						
	Addre	PAN AMERICAN DEVELOPMENT FOUNDATION									
	Name chang	Doing business as		52-60542	68						
	Initial return Final return		oom/suite	E Telephone numbe 202-458-							
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	101,859,557.						
	Amen			H(a) Is this a group re							
	Applic	-		for subordinates							
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in							
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 1	527		list. See instructions						
		te: WWW.PADF.ORG		H(c) Group exemptio							
		organization: X Corporation Trust Association Other	L Year o		1 State of legal domicile: DC						
	art I	Summary		•	<u> </u>						
_	1	Briefly describe the organization's mission or most significant activities: SEE PA	ART I	II, LINE 1.							
& Governance											
ra	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net as	ssets.						
ove	1			3	20						
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			20						
es &		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			65						
Ϋ́		Total number of volunteers (estimate if necessary)			19						
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.						
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.						
				Prior Year	Current Year						
ō	8	Contributions and grants (Part VIII, line 1h)		67,896,524.							
Revenue	9	Program service revenue (Part VIII, line 2g)		69,840.	65,348.						
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,543.							
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,789.	39.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			101,859,557.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		30,303,305.	52,978,551.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15,099,791. 0.	17,919,000.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	rofessional fundraising fees (Part IX, column (A), line 11e)								
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 969,583	3.								
ш	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	⊨	23,826,057.							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			102,060,242.						
		Revenue less expenses. Subtract line 18 from line 12		-1,250,457.	-200,685.						
Net Assets or Fund Balances				ginning of Current Year	End of Year						
sset	20	Total assets (Part X, line 16)		29,682,055.	40,424,098.						
at Age	21	Total liabilities (Part X, line 26)		23,473,213.	34,221,701.						
		Net assets or fund balances. Subtract line 21 from line 20		6,208,842.	6,202,397.						
	art II	Signature Block									
		Ilties of perjury, I declare that I have examined this return, including accompanying schedules at			y knowledge and belief, it is						
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer	nas any knowledge.							
٠.		Signature of officer		L Date							
Sig		,		Date							
He	re	KATHERINE TAYLOR, EXECUTIVE DIRECTOR Type or print name and title									
		,	In	ate Check	PTIN						
Da:	ч	Print/Type preparer's name PTCHARD T TOCASTRO CRA		if L							
Pai Pro		RICHARD J. LOCASTRO, CPA Lectured for hose Firm's name GELMAN, ROSENBERG & FREEDMAN	Castlo (08/12/2022 self-employ	52-1392008						
	parer Only			Firm's EIN	J4-TJ34000						
USE	Unity	Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930		Dhana na / 2	01) 951-9090						
140	v +bo II	RS discuss this return with the preparer shown above? See instructions		Prilotte flo. (3	X Ves No						

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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?
	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 \$ 34,185,166. including grants of \$ 24,643,548.) (Revenue \$ 65,348.)
	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.
	21 260 400 15 010 510
4b	(Code:) (Expenses \$ 31,360,480. including grants of \$ 15,010,519.) (Revenue \$)
	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS: WE BELIEVE THAT DEMOCRACY AND
	RESPECT FOR HUMAN RIGHTS AND FUNDAMENTAL FREEDOMS ARE VITAL DRIVERS OF
	PROSPERITY AND HUMAN DIGNITY. WE PROMOTE TRANSPARENCY AND CIVIC
	ENGAGEMENT AND STRIVE TO INCLUDE AND EMPOWER ALL MARGINALIZED GROUPS.
4c	(Code:) (Expenses \$ 15,118,998 • including grants of \$ 8,381,620 •) (Revenue \$)
70	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.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 12,511,841 • including grants of \$ 4,942,864 •) (Revenue \$)
4e	Total program service expenses 93,176,485.
	Form 990 (2020)

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)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۰		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	۰		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	۱		- V
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	Х	
14a b	and the first of the control of the	144		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		7.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2020) PAN AMERICAN DEVEL Part IV Checklist of Required Schedules (continued)

	The state of the quality contained to the state of the st			T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
٨	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		_
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		х
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			177
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt 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	<u></u>		X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 81	_		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 6	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country ► SEE SCHEDULE O			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			3,7
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
Ü	sponsoring organizations maintaining donor advised rands. Bid a donor advised rand maintained by the sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			\ _{3,7}
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	Form	000	(2020)

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
_	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	•		
7a		70		Х
h	more members of the governing body?	7a		21
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- 1.		Х
_	persons other than the governing body?	7b		22
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Х	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶FL, MD, NJ, NY, VA, CA			
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	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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, an	d fina	ncial	
	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.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	lnstitutional trustee	Officer Officer		Highest compensated smt/va	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) KATHERINE TAYLOR	40.00	-		ν,				206 609	0	F2 F04
EXECUTIVE DIRECTOR	40.00			Х				306,698.	0.	52,594.
(2) SORAYA OSORIO REGIONAL DIRECTOR	40.00	1			Х			225,038.	0.	40,764.
(3) GRETA GREATHOUSE	40.00				^			223,030.	0.	40,704.
COUNTRY DIRECTOR (THROUGH 11/20)	40.00	1			Х			224,707.	0.	12,320.
(4) BERTRAND LAURENT	40.00									
DEP. CHIEF OF PARTY (THROUGH 09/20)		1			х			160,775.	0.	33,642.
(5) SHAKEH AKOPIAN	40.00							,		<u> </u>
CONTROLLER		1				Х		151,170.	0.	43,240.
(6) JOSEPH BLUBAUGH	40.00							-		-
DIRECTOR OF GRANTS AND CONTRACTS		1				Х		148,519.	0.	41,534.
(7) ROBERTO OBANDO	40.00									_
REGIONAL DIRECTOR						Х		141,415.	0.	47,270.
(8) LANCE LEVERENZ	40.00								_	
SR. DIRECTOR, NEW BUSINESS DEV'L						Х		150,566.	0.	36,098.
(9) BERNARD FRUCTUOSO	40.00	1								
SR. DIRECTOR OF FINANCE & RISK	1			Х				149,660.	0.	36,203.
(10) CAROLINA BREA	40.00	1						140 550	0	24 040
REGIONAL DIRECTOR	10.00					Х		142,559.	0.	34,940.
(11) BEATRIZ CONINGHAM	40.00	4		,,				140 760	0	0 120
CHIEF PEOPLE OFFICER (BEG. 04/20)	40.00			Х				140,769.	0.	9,130.
(12) ELIZABETH FOX	40.00	1		x				115,519.	0.	531.
(13) KATHLEEN C. BARCLAY	1.00			^				113,319.	0.	221.
PRESIDENT	1.00	X		x				0.	0.	0.
(14) GERMAN HERRERA	1.00	122		<u> </u>				0.	0.	<u> </u>
1ST VICE PRESIDENT	1.00	X		x				0.	0.	0.
(15) GILBERT F. CASELLAS	1.00									
2ND VICE PRESIDENT		x		x				0.	0.	0.
(16) SANDRA MARTA GUAZZOTTI	1.00	† <u></u>								
TREASURER		x		х				0.	0.	0.
(17) ALEXANDRA AGUIRRE	1.00									
SECRETARY & GENERAL COUNSEL		Х	L	Х				0.	0.	0.
020007 10 02 00	-				-		-	•		Form 990 (2020)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	ompensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	not o	Pos	ition	1 than	ono	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	n	an	nount	of
	week	-	cer ar	nd a d	lirecto	or/trus	itee)	from	from related			other	
	(list any	director						the	organizations	3	com	pensa	ation
	hours for	or din	as a			ted		organization	(W-2/1099-MIS	;C)	fr	om th	e
	related	stee	ruste			Suac		(W-2/1099-MISC)			_	anizat	
	organizations below	altru	onal t		loyee	CO B						d relat	
	line)	In divid ual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ions
(18) ALEXANDRA VALDERRAMA	1.00							_					
TRUSTEE		Х						0.		0.			0.
(19) ANDRE POUSADA	1.00	. ,											^
TRUSTEE (20) EMIL R. INFANTE	1.00	Х			<u> </u>	\vdash		0.		0.			0.
TRUSTEE	1.00	X						0.		0.			0.
(21) JEAN-PIERRE L. CONTE	1.00												
TRUSTEE		Х						0.		0.			0.
(22) JUDY BROWN	1.00	١.,											0
TRUSTEE	1.00	Х			<u> </u>	-		0.		0.			0.
(23) JULIANNE CANAVAGGIO TRUSTEE	1.00	x						0.		0.			0.
(24) LUIS ALBERTO FERRE RANGEL	1.00	 				\vdash				* 			
TRUSTEE		Х						0.		0.			0.
(25) LUIS A. UBINAS	1.00							_					
TRUSTEE	1 00	Х						0.		0.			0.
(26) MINA PACHECO	1.00	X						0.		0.			0.
TRUSTEE							lacksquare	2,057,395.		0.	3 8	<u> </u>	66.
1b Subtotal c Total from continuation sheets to Part V								0.		0.	50	0,2	0.
d Total (add lines 1b and 1c)								2,057,395.		0.	38	8.2	66.
Total number of individuals (including but r							no re					- , -	
compensation from the organization						-,		•	.,				23
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, l	кеу (emp	loye	e, o	r hig	hest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual									L	3		X
4 For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d oth	ner compensation from	the organization				
and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edul	e J f	or such individual		L	4	X	
5 Did any person listed on line 1a receive or a					-		elat	ed organization or indiv	idual for services				37
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son					5		X
Section B. Independent Contractors		-l			4.		4	la alta de la compania del compania de la compania del compania de la compania del compania de la compania de la compania de la compania del compania de la compania del compania de la compania del comp	\$100,000 - \$		41		
 Complete this table for your five highest co the organization. Report compensation for 										pensa	tion	rom	
(A)	o caloridal y	Jui	J. 101	<u>y</u> v		J. VV	1	(B)	,		(()	
Name and business								Description of s	services	Со		nsatio	ภา
EAGLE TECH CORP., 7405 A			101	1 (CT	,							
SUITE 220, SPRINGFIELD,	VA 2215	U						IT SERVICES			54	6,7	υ9.

GRF CPA AND ADVISORS, 4550 MONTGOMERY AVE., #800N, BETHESDA, MD 20814 AUDIT SERVICES 169,330. Total number of independent contractors (including but not limited to those listed above) who received more than

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)

\$100,000 of compensation from the organization

Form 990 PAN AMER	ICAN DEV	/EI	OI	PMI	EN'	ΓI	JO:	UNDATION	52-605	4268
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	oyee	es, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(cl	heck	all that apply)			ly)	compensation	compensation	amount of
	per							from	from related	other
	week	<u> </u>				loyee		the	organizations	compensation
	(list any hours for	lirecto				l emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or c	stee			satec		(88-2/1099-181130)		and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	idual	ution	<u></u>	oldm	est co	ь			
	line)	Indiv	Instit	Officer	Key employee	High	Former			
(27) NICHOLAS GALT	1.00									
TRUSTEE		х						0.	0.	0.
(28) PHILIPPE R. ARMAND	1.00									
TRUSTEE		х						0.	0.	0.
(29) ROBERT M. MCGEE	1.00									
TRUSTEE		x						0.	0.	0.
(30) ROBERTO MATUS	1.00			\vdash						
TRUSTEE		х						0.	0.	0.
(31) STEPHEN DONEHOO	1.00	-								
TRUSTEE	<u> </u>	x						0.	0.	0.
(32) STEVE LISTON	1.00	-								
TRUSTEE	100	x						0.	0.	0.
1105111										
	1									
				\vdash		\vdash				
		ł								
		\vdash	\vdash	\vdash	\vdash	\vdash				
		ł								
				\vdash						
		-								
	l		<u> </u>							
T. I. D. I.W. O										
Total to Part VII, Section A, line 1c										

Pa	rt v	/				a in this Dort VIII			
			Check if Schedule O contains a re	sponse	or note to any lin	(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d e f g h	Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above	1a	98,499,362. 3,291,914. 795,064. Business Code 900099	101,791,276. 65,348.	function revenue		from tax under sections 512 - 514
Pro		e f	All other program service revenue						
			Total. Add lines 2a-2f			65,348.			
	3 4 5		Investment income (including dividend other similar amounts) Income from investment of tax-exemp Royalties	ds, intere	est, and roceeds	2,894.			2,894.
		a b		Real	(ii) Personal				
	7	а		curities	(ii) Other				
er Revenue	•	d	and sales expenses 7b Gain or (loss) 7c Net gain or (loss)		>				
Oth	0			of e 8a					
	9	а	Net income or (loss) from fundraising Gross income from gaming activities. Part IV, line 19 Less: direct expenses	See 9a	>				
	10	c a	Net income or (loss) from gaming active Gross sales of inventory, less returns and allowances Less: cost of goods sold	vities					
		С	Net income or (loss) from sales of inve	entory					
Miscellaneous Revenue	11	a b	MISCELLANEOUS REVENUE		900099	39.			39.
Scel		С	All II						
Ξ̈́			All other revenue			39.			
	12		Total. Add lines 11a-11d			101,859,557.	65,348.	0.	2,933.
	12					,,,		<u> </u>	_,,,,,,,

032009 12-23-20

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).

D^ :	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	0 040 054	0 040 054		
	and domestic governments. See Part IV, line 21	2,243,371.	2,243,371.		
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		E0 725 100		
	individuals. See Part IV, lines 15 and 16	50,735,180.	50,735,180.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 116 660	06 677	1 040 001	
_	trustees, and key employees	1,146,668.	96,677.	1,049,991.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	10 060 606	0 211 224	2 000 462	150 020
7	Other salaries and wages	10,869,606.	8,311,324.	2,099,462.	458,820
8	Pension plan accruals and contributions (include	343,148.	302 775	23,606.	15 7 <i>6</i> 7
_	section 401(k) and 403(b) employer contributions)	5,131,009.	303,775.	1,246,672.	15,767 188,134
9	Other employee benefits	428,569.	3,090,203.	108,672.	15,459
10	Payroll taxes	440,309.	304,430.	100,072.	13,439
11	Fees for services (nonemployees):				
	Management	80,770.		80,770.	
b	Legal	295,139.		295,139.	
	Accounting	293,139.		293,139.	
	Lobbying				
	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 0.)	10,112,355.	9,257,622.	638,231.	216,502
10		10,112,333.	5,251,022.	030,231.	210,502
12 13	Advertising and promotion	2,688,726.	2,283,158.	385,312.	20,256
	Office expenses	942,111.	251,381.	684,886.	5,844
14 15	Information technology	712,111,	231,301.	004,000.	3,011
16	Royalties	1,207,507.	714,419.	486,671.	6,417
17	Occupancy	1,151,245.	1,106,014.	26,403.	18,828
18	Payments of travel or entertainment expenses	1,131,243.	1,100,014.	20, 103.	10,020
10	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	379,945.	347,326.	29,755.	2,864
19 20	, , , ,	1,650.	144.	1,506.	2,001
20 21	Payments to affiliates			=,500.	
22	Depreciation, depletion, and amortization	162,545.	136,733.	25,812.	
23		231,237.	8,096.	223,141.	
23 24	Other expenses. Itemize expenses not covered		3,3301		
47	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.)				
а	SHARED COSTS	0.	535,766.	-535,766.	
b	HUMANITARIAN ASSISTANCE	5,726,314.	5,726,314.		
c	LOGISTIC EXPENSES	2,865,901.	2,859,583.	6,318.	
d	PROJECT RELATED EXP.	2,481,983.	2,300,509.	181,474.	
	All other expenses	2,835,263.	1,958,452.	856,119.	20,692
25	Total functional expenses. Add lines 1 through 24e	102,060,242.	93,176,485.	7,914,174.	969,583
	Joint costs. Complete this line only if the organization	, ,	, :,====	, , , , , , , ,	,
2h					
26	reported in column (B) joint costs from a combined			l	
26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X | Balance Sheet

<u>rar</u>	πX	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			18,316,138.	1	23,188,760
	2	Savings and temporary cash investments			1,050,782.	2	1,196,359
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			6,614,436.	4	12,882,757
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described		6			
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
⋖	9				259,436.	9	193,419
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,925,921.			
	b	Less: accumulated depreciation	10b	2,241,865.	1,784,339.	10c	1,684,056
	11	Investments - publicly traded securities		25,592.	11	45,041	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		4 604 000	14	4 000 506	
	15	Other assets. See Part IV, line 11	1,631,332.	15	1,233,706		
	16	Total assets. Add lines 1 through 15 (must equa			29,682,055.	16	40,424,098
	17	Accounts payable and accrued expenses	12,549,980.	17	24,322,300		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I		·····		21	
Liabilities	22	Loans and other payables to any current or form					
Ħ		trustee, key employee, creator or founder, subst					
Lia		controlled entity or family member of any of thes		The state of the s		22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24). Complete Part X	10,923,233.	25	9,899,401
	26	of Schedule D			23,473,213.	26	34,221,701
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			25, 475, 215.	26	34,221,701
es		and complete lines 27, 28, 32, and 33.	CK IIEI				
auc	27	Net assets without donor restrictions			5,178,776.	27	5,748,819
Bala	28	Net assets with donor restrictions			1,030,066.	28	453,578
<u> </u>	20	Organizations that do not follow FASB ASC 9				20	1007070
E		and complete lines 29 through 33.	., cii	con here P			
ğ	29	Capital stock or trust principal, or current funds				29	
Sets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ase	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			6,208,842.	32	6,202,397
_	33	Total liabilities and net assets/fund balances			29,682,055.	33	40,424,098

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		101,85		
2	Total expenses (must equal Part IX, column (A), line 25)	2	102,06		
3	Revenue less expenses. Subtract line 2 from line 1	3	-20		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,20		
5	Net unrealized gains (losses) on investments	5	1	6,4	25.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	17	7,8	15.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,20	2,3	97.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	Х	<u> </u>
				990	(2020)

032012 12-23-20

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization PAN AMERICAN DEVELOPMENT FOUNDATION 52-6054268 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	77,422,249.	68,613,195.	63,142,976.	67,896,524.	101,791,276.	378,866,220.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	77,422,249.	68,613,195.	63,142,976.	67,896,524.	101,791,276.	378,866,220.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						378,866,220.
	ction B. Total Support						, , ,
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	77,422,249.	68,613,195.	63,142,976.	67,896,524.	101,791,276.	378,866,220.
	Gross income from interest,		, ,	, ,			· · ·
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,863.	4,079.	4,962.	3,543.	2,894.	18,341.
9	Net income from unrelated business	,	,	,	<u> </u>	,	<u> </u>
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	7,248.	3.	31,830.	8,789.	39.	47,909.
11		,		,			378,932,470.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	443,671.
13	First 5 years. If the Form 990 is for the	•	,				
	organization, check this box and stop			•			
Sec	ction C. Computation of Publ						
	Public support percentage for 2020 (I			column (f))		14	99.98 %
15	Public support percentage from 2019					15	99.98 %
16a	33 1/3% support test - 2020. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	ization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	and see instruction	s ▶□

Schedule A (Form 990 or 990-EZ) 2020

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	ow, please com	piete i ait ii.)				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and	(4) 2010	(2) 2017	(3, 2010	(4) 2010	(0) 2020	(i) iotai
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
alendar year (or fiscal year beginning in) 🕨 🔼	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
IOa Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is		1	I			
regularly carried on						
regularly carried on						
Other income. Do not include gain or loss from the sale of capital						
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	organization's fi	int accord third	fourth or little to	Voor on a continu	501/0/2) 0**00*:*	00
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the	•		*	-		
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here			*	-	501(c)(3) organizati	
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Public	Support Pe	rcentage	······································			>
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Public 5 Public support percentage for 2020 (lin	e 8, column (f), o	rcentage divided by line 13,	column (f))		15	>
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Public 5 Public support percentage for 2020 (lin 6 Public support percentage from 2019 S	e Support Pe e 8, column (f), o Schedule A, Part	rcentage divided by line 13,	column (f))			
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Public public support percentage for 2020 (line Public support percentage from 2019 Section D. Computation of Invest	e 8, column (f), c Schedule A, Part	rcentage divided by line 13, III, line 15 e Percentage	column (f))		15 16	>
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Public public support percentage for 2020 (lin Public support percentage from 2019 Section D. Computation of Invest Investment income percentage for 2020	e 8, column (f), control of the control of the column (f), control of the column (f), colu	divided by line 13, III, line 15 Percentage mn (f), divided by line	column (f)) ne 13, column (f))		15 16	▶ □
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Public 5 Public support percentage for 2020 (lin 6 Public support percentage from 2019 Section D. Computation of Invest 7 Investment income percentage from 2028 Investment income percentage from 2028	e 8, column (f), c Schedule A, Part ment Incom 0 (line 10c, colur 019 Schedule A,	divided by line 13, III, line 15 Percentage mn (f), divided by li Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18	▶□
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Cection C. Computation of Public Public support percentage for 2020 (lin Public support percentage from 2019 Section D. Computation of Invest Investment income percentage from 2019 Section D. Section D. Computation of Invest Investment income percentage from 2019 Section D. Section D. Computation of Invest Investment income percentage from 2019 Section D. Section D. Computation of Invest Investment income percentage from 2019 Section D. Section D. Computation of Invest Investment income percentage from 2019 Section D. Section D. Computation of Invest Investment income percentage from 2019 Section D. Section D. Computation of Invest Investment income percentage from 2019 Section D. Computation of Invest Investment income percentage from 2019 Section D. Computation of Invest Investment income percentage from 2019 Section D. Computation of Invest Investment income percentage from 2019 Section D. Computation of Invest Investment income percentage from 2019 Section D. Computation of Invest Investment income percentage from 2019 Section D. Computation of Invest Investment income percentage from 2019 Section D. Computation of Invest	e Support Pe e 8, column (f), o Schedule A, Part ment Incom 0 (line 10c, colur 019 Schedule A, rganization did r	divided by line 13, III, line 15 Percentage mn (f), divided by li Part III, line 17 not check the box	column (f)) ne 13, column (f)) on line 14, and line	e 15 is more than	15 16 17 18 33 1/3%, and line 1	▶□
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here 5 Public support percentage for 2020 (lin 6 Public support percentage from 2019 Section D. Computation of Invest 7 Investment income percentage from 2020 (8 Investment income percentage from 2020 (9 a 33 1/3% support tests - 2020. If the omore than 33 1/3%, check this box and	e Support Pe e 8, column (f), o Schedule A, Part ment Incom 0 (line 10c, colur 0 Schedule A, rganization did r dstop here. The	rcentage divided by line 13, III, line 15 Percentage mn (f), divided by li Part III, line 17 not check the box organization quali	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s	e 15 is more than supported organiz	15 16 17 18 33 1/3%, and line 1	7 is not
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Public 5 Public support percentage for 2020 (lin 6 Public support percentage from 2019 Section D. Computation of Invest 7 Investment income percentage from 2028 Investment income percentage from 2039 33 1/3% support tests - 2020. If the o	e Support Pe e 8, column (f), o Schedule A, Part ment Incom 0 (line 10c, colur 0 19 Schedule A, rganization did r dstop here. The rganization did r	rcentage divided by line 13, III, line 15 Percentage Inn (f), divided by li Part III, line 17 Inot check the box organization qualitation check a box or	ne 13, column (f)) on line 14, and line fies as a publicly so line 14 or line 19a	e 15 is more than supported organiza, and line 16 is m	15 16 17 18 33 1/3%, and line 1 ation ore than 33 1/3%, a	7 is not

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
ŀ			
ļ	2		
	3a		
ı	Ja		
-	3b		
	3с		
ı			
	4a		
	4b		
	4c		
	5a		
-	5b 5c		
	6		
	7		
	8		
	0-		
-	9a		
	9b		
-	9с		
	10a		
	10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described in line 11a above?	11b		
С	A 35%	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		n Part VI.	11c		
Sect	ion E	B. Type I Supporting Organizations			
		1		Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	_	zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		e organization operate for the benefit of any supported organization other than the supported			
	-	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rised, or controlled the supporting organization.	2		
		C. Type II Supporting Organizations			
		, type ii capperanig crgaininations		Yes	No
1	Were :	a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	140
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		oported organization(s).	1		
		D. All Type III Supporting Organizations			
				Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	zation'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			
	organi	zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	-	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
	-	son of the relationship described in line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's rted organizations played in this regard.	2		
		i. Type III Functionally Integrated Supporting Organizations	3		
		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
· a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		ies Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported 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 th	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	ese activities constituted substantially all of its activities.	2a		
		e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		I the reasons for the organization's position that its supported organization(s) would have engaged in	_		
		activities but for the organization's involvement.	2b		
		of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	J 110 5	apported organizations in 100, document in the vitto role played by the organization in this regard.	<u> </u>		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ıst complete	Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrate	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

				<u> </u>
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued	()
Sect	ion D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity		2	2
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	3
4	Amounts paid to acquire exempt-use assets		4	1
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	į	5
6	Other distributions (describe in Part VI). See instructions.			5
7	Total annual distributions. Add lines 1 through 6.		7	7
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.	8	3	
9	Distributable amount for 2020 from Section C, line 6	9		
10	Line 8 amount divided by line 9 amount		10	
Sec	ion F - Distribution Allocations (see instructions)	(iii) Distributable		

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

Employer identification number

PAN AMERICAN DEVELOPMENT FOUNDATION

52-6054268

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Organization type (check one):						
Filers of:		Section:				
Form 990	or 990-EZ	X 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				
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General l	Rule					
	ŭ	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special F	Rules					
;	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 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 , 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; line 1. Complete Parts I and II.				
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
,	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year				
but it mu	st answer "No" on l	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

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

Name of organization Employer identification number

PAN AMERICAN DEVELOPMENT FOUNDATION

52-6054268

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ 37,389,969.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 27,579,785.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 26,453,283.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 2,968,134.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$_2,775,094.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

PAN AMERICAN DEVELOPMENT FOUNDATION

52-6054268

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization **Employer identification number** 52-6054268 PAN AMERICAN DEVELOPMENT FOUNDATION 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. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PAN AMERICAN DEVELOPMENT FOUNDATION

Employer identification number 52-6054268

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 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 f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		•
	Number of conservation easements on a certified historic str		. 2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
4	year	coment is leasted	
4 5	Number of states where property subject to conservation ea		
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Transming of Violations, and emoreting conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	\$	annig on molations, and other only contact ration	caseee adming and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	-	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and I	balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce 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 tre	asures, or other similar assets for financial gai	in, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

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Pai	rt III Organizations Maintaining C	collections of Ar	t, His	torical Tr	easures, o	r Other	Similar A	ssets(c	ontinue	d)
3	Using the organization's acquisition, accessi	on, and other record	s, chec	k any of the	following that	make sig	nificant use	of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	m				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizatio	n's exem	pt purpose ir	Part XII	l.	
5	During the year, did the organization solicit of	r receive donations of	of art, hi	istorical trea	sures, or othe	er similar a	assets		_	
	to be sold to raise funds rather than to be ma							Y		No_
Pai	rt IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "	Yes" on F	orm 990, Par	t IV, line	9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for	contribution	ns or other ass	sets not ir	ncluded		_	_
	on Form 990, Part X?							, L Y	es L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
								Am	nount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F						y?	. L Ye	es L	No
	If "Yes," explain the arrangement in Part XIII.								L	
Pai	rt V Endowment Funds. Complete i									
		(a) Current year	(b) P	Prior year	(c) Two years	s back (c	d) Three years I	oack (e)	Four yea	rs back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the cur	rent year end balanc		g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С		%								
_	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	ind administer	red for the	e organizatior	1	[17	
	by:							[a	Ye	s No
	(i) Unrelated organizations								a(i)	+
								_	a(ii)	+-
D 4	If "Yes" on line 3a(ii), are the related organiza	· ·						Ц	3b	
Par	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment	iurius.						
· u	Complete if the organization answere) Part I\	/ line 11a 9	See Form 990	Dart Y li	na 10			
	Description of property	(a) Cost or of		<u> </u>	or other	· · · · ·	cumulated	(4)	Book va	duo.
	Description of property	basis (investn		, , ,	(other)		eciation	(u)	DOOK VA	iiu c
12	Land	<u> </u>	10111		3,240.	чор.	Colation		503,	240.
	Land Buildings				0,906.	5	98,507.		032,	
	Leasehold improvements				0,152.		54,256.	- '		896.
				 	,		, 0 •			
	Other			1.70	1,623.	1.5	89,102.		112,	521.
	I. Add lines 1a through 1e. (Column (d) must e		X colur			_, _	<u> </u>		684,	
IJIA	in the inico ta through te. [Ookinin (a) must e	gaari omi ooo, r art	,, colui	(<i>D)</i> , III G 1	<i></i>					00000

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 PAN AMERICAN Part VIII Investments - Other Securities.			2-6054268 Page 3
Complete if the organization answered "Yes" o	n 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 e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11c See Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
(1)	(b) Doon value	(5)	
(1)			
` '			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	5 000 B . W. W		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15.	(h) Daakwakia
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		<u> </u>
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	-
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) REFUNDABLE ADVANCES			8,605,102
(3) OPERATING LEASE LIABILITY			1,237,847

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	REFUNDABLE ADVANCES	8,605,102.
(3)	OPERATING LEASE LIABILITY	1,237,847.
(4)	CAPITAL LEASE OBLIGATIONS	56,452.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,899,401.

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

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

PAN AMERICAN DEVELOPMENT FOUNDATIO

PAN AMERICAN DE				52-60	
Part I General Inform 990, Part IV		ctivities Ou	tside the United States. Comple	ete if the organization ansv	vered "Yes" on
_	•		ds to substantiate the amount of its grather the selection criteria used to award the	·	X Yes No
2 For grantmakers. Described States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assista	nce outside the
	a a fallaccione Dad	I line O teble e			
			an be duplicated if additional space is a distribution of the region and the region is the region and the region and the region is the region and the region and the region is the region and the region and the region is the region and t		(d) (f) Total
(a) Region	(b) Number of offices in the region	`employees,	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service	expenditures for and investments
		<u> </u>		DEMOCRACY, GOVERNANC	CE
				AND HUMAN RIGHTS,	
CENTRAL AMERICA AND				ECONOMIC OPPORTUNIT	TES
THE CARIBBEAN	5	80	PROGRAM SERVICES		′
THE CARIBBEAN	3	80		HEALTH & NUTRITION,	
				DEMOCRACY, GOVERNANO	£,
				AND HUMAN RIGHTS,	
				ECONOMIC OPPORTUNIT:	′
NORTH AMERICA	1	11	PROGRAM SERVICES	HEALTH & NUTRITION,	AND 522,252.
				DEMOCRACY, GOVERNANC	CE,
				AND HUMAN RIGHTS,	
				ECONOMIC OPPORTUNIT:	ES,
SOUTH AMERICA	18	285	PROGRAM SERVICES	HEALTH & NUTRITION,	AND 30,108,062.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		5,834,315.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		215,667.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		44,685,198.
3 a Subtotal	24	376			91,305,545.
b Total from continuation					
sheets to Part I	0	C			0.
c Totals (add lines 3a					
and 3b)	24	376			91,305,545.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2020

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)
			DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	13,600.	WIRES/ACHS/CR. CARDS	0.		
			DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	17,000.	WIRES/ACHS/CR. CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	28,000.	WIRES/ACHS/CR. CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	8,400.	WIRES/ACHS/CR. CARDS	0.		
		CENTRAL AMERICA &	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	54,434.	WIRES/ACHS/CR. CARDS	0.		
			DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	8,400.	WIRES/ACHS/CR.	0.		
		CENTRAL AMERICA &	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	9,000.	WIRES/ACHS/CR.	0.		
		CENTRAL AMERICA & CARIBBEAN	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS recognized as charities by the	24,000.		0.		

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

Schedule F (Form 990) 2020

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Scriedule F (Form 990)	11111 1	HILICILI DEVE	HOIMBRI TOORDAI		32 00	J 1 2 0 0		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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, FM appraisal, other)
			DEMOCRACY,					
		CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	14,240.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	25,000.	CARDS	0.		
			DEMOGRA GV					
		CENIMDAL AMEDICA C	DEMOCRACY,		WIRES/ACHS/CR.			
		CARIBBEAN	GOVERNANCE, AND HUMAN RIGHTS	40,002.		0.		
		CARIBBEAN	KIGHID	40,002.	CARDS	Ŭ.		
			DEMOCRACY,					
		CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	24,996.		0.		
				,				
			DEMOCRACY,					
		CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	19,300.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	19,990.	CARDS	0.		
			DEMOGRA GV					
		CENTED AT AMEDICA C	DEMOCRACY,		WIRES/ACHS/CR.			
		CARIBBEAN	GOVERNANCE, AND HUMAN RIGHTS	40,000.		0.		
		CARIBBEAN	RIGHIS	40,000.	CARDS	0.		
			DEMOCRACY,					
		CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	57,000.		0.		
				, ,				
			DEMOCRACY,					
		CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	43,000.	CARDS	0.		

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Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States	(Schedule F (Form 9	90), 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, FM' appraisal, other)
			DEMOCRACY,					
		CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	24,106.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.	_		
		CARIBBEAN	RIGHTS	20,641.	CARDS	0.		
			DEMOCRACY					
		CENUDAL AMEDICA C	DEMOCRACY,		WIRES/ACHS/CR.			
		CARIBBEAN	GOVERNANCE, AND HUMAN RIGHTS	17,500.		0.		
		CARIBBEAN	RIGHID	17,500.	CARDS	· ·		
			DEMOCRACY,					
		CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	17,500.		0.		
			DEMOCRACY,					
		CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	15,000.	CARDS	0.		
			DEMOCRACY,					
		CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	8,333.	CARDS	0.		
			DEMOCRACY,					
		CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	22,098.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	37,500.	CARDS	0.		
			DEMOCRACY,		L			
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.	_		
		CARIBBEAN	RIGHTS	23,500.	CARDS	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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, FM appraisal, other)
			DEMOCRACY,					
		CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	13,000.		0.		
			DEMOCRACY,		, , , , , , , , , , , , , , , , , , ,			
			GOVERNANCE, AND HUMAN	F 400	WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	5,400.	CARDS	0.		
			DEMOCRACY,					
		CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	62,589.		0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	31,933.	CARDS	0.		
			DEMOCRACY,					
		CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	5,419.		0.		
				, , , ,				
			DEMOCRACY,					
		CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	63,425.	CARDS	0.		
			DEMOGRA GV					
		מבאייים או אויים דריא כ.	DEMOCRACY,		WIRES/ACHS/CR.			
		CARIBBEAN	GOVERNANCE, AND HUMAN RIGHTS	18,203.		0.		
			111111111111111111111111111111111111111	10,200.		ı.		
			DEMOCRACY,					
		CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	9,250.	CARDS	0.		
			DTWO GD L GV					
		CENTRAL AMERICA C	DEMOCRACY,		HIDEG /AGUG /GD			
			GOVERNANCE, AND HUMAN	70 705	WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	70,785.	CAKDS	0.		1

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Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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, FM' appraisal, other)
			DEMOCRACY,					
		CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	53,235.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.	_		
		CARIBBEAN	RIGHTS	79,672.	CARDS	0.		
			DEMOGRA GV					
		CENTRAL AMERICA C	DEMOCRACY, GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	16,500.		0.		
		CARIBBEAN	KIGHID	10,500.	CARDS	Ŭ.		
			DEMOCRACY,					
		CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	52,283.		0.		
				,				
			DEMOCRACY,					
		CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	50,150.	CARDS	0.		
			DEMOCRACY,					
		CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	52,013.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	60,000.	CARDS	0.		
			DEMOCRACY					
		CENTRAL AMERICA C	DEMOCRACY, GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	55,310.		0.		
		C.II.I DDIII.III	101110	33,310.		· · ·		1
			DEMOCRACY,					
		CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	7,200.		0.		
		PILLIBBIAN	111111111111111111111111111111111111111	,,200.	P11120	٠.		

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Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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, FM' appraisal, other)
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	84,997.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN	114 000	WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	114,000.	CARDS	0.		
			DEMOCRACY					
		CENTRAL AMERICA S	DEMOCRACY, GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	15,080.		0.		
		CINCIDDENIA	KIGHID	13,000.	CINDS	· ·		
			DEMOCRACY,					
		CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	8,900.		0.		
				,				
			DEMOCRACY,					
		CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	50,000.	CARDS	0.		
			DEMOCRACY,					
		CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	110,296.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	35,000.	CARDS	0.		
			DEVO GD 1 GV					
		GENERAL AMERICA	DEMOCRACY,		HTDEG /A GUG / GD			
			GOVERNANCE, AND HUMAN	10 600	WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	12,600.	CAKUS	0.		+
			DEMOCRACY,					
		CENTRAL AMERICA S	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		CARIBBEAN	RIGHTS	52,000.		0.		
		CULTODEVIA	KIGHIO	JZ,000.	PULDS	υ,		

Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)	1 age 2
1	of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
				DEMOCD A CV					
			ביאויים או אשים דכא ב	DEMOCRACY, GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
			CARIBBEAN	RIGHTS	12,000.		0.		
			CINCIDDEIN	KIGHIB	12,000.	CHINDS	Ŭ.		
				DEMOCRACY,					
			CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
			CARIBBEAN	RIGHTS	85,747.		0.		
					, , , , , , , , ,				
				DEMOCRACY,					
			CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
			CARIBBEAN	RIGHTS	127,163.	CARDS	0.		
				DEMOCRACY,					
			CENTRAL AMERICA &	GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
			CARIBBEAN	RIGHTS	52,401.	CARDS	0.		
				DEMOCRACY,					
				GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
			CARIBBEAN	RIGHTS	112,292.	CARDS	0.		
				DEMOCRACY,					
				GOVERNANCE, AND HUMAN	F.4. F.0.2	WIRES/ACHS/CR.			
			CARIBBEAN	RIGHTS	54,593.	CARDS	0.		
				DEMOGRACY					
			1	DEMOCRACY, GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
			CARIBBEAN	RIGHTS	116,512.		0.		
			CARIBBEAN	ECONOMIC	110,312.	CARDS	0.		
				OPPORTUNITIES, HEALTH					
			CENTRAL AMERICA &	'		WIRES/ACHS/CR.			
			CARIBBEAN	EDUCATION, AND	35,483.		0.		
				ECONOMIC	-5,255.		, ·		
				OPPORTUNITIES, HEALTH					
			CENTRAL AMERICA &			WIRES/ACHS/CR.			
			CARIBBEAN	EDUCATION	11,040.		0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	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, FM appraisal, other)
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
		CENTRAL AMERICA &	· ·		WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	14,000.		0.		
			ECONOMIC	21,000.				
			OPPORTUNITIES, HEALTH					
		CENTRAL AMERICA &	· '		WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	10,000.		0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
		CENTRAL AMERICA &			WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	5,038.		0.		
			ECONOMIC	,				
			OPPORTUNITIES, HEALTH					
		CENTRAL AMERICA &	· '		WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	15,292.	CARDS	0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
		CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	28,060.	CARDS	0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
		CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	20,000.	CARDS	0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
		CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	15,300.	CARDS	0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
		CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	15,302.	CARDS	0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
		CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	23,994.	CARDS	0.		

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Part II Continuation	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	-
1 (a) Name of organization	(b) IRS code section	(a) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description of non-cash	(i) Method of valuation (book, FM
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash assistance	assistance	appraisal, other)
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
		CENTRAL AMERICA &	· ·		WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	63,145.		0.		
			ECONOMIC	, , , , , , , ,				
			OPPORTUNITIES, HEALTH					
		CENTRAL AMERICA &	1		WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	19,083.		0.		
			ECONOMIC	25,000.				
			OPPORTUNITIES, HEALTH					
		CENTRAL AMERICA &	· ·		WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	47,524.		0.		
		CARIBBEAN	ECONOMIC	47,324.	CARDS	٠.		
		CENUDAL AMEDICA C	OPPORTUNITIES, HEALTH		WIRES/ACHS/CR.			
		CENTRAL AMERICA & CARIBBEAN	· · · · · · · · · · · · · · · · · · ·	10 500		0.		
		CARIBBEAN	EDUCATION	10,590.	CARDS	0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
		CENTRAL AMERICA &			WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	28,881.	CARDS	0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
		CENTRAL AMERICA &			WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	32,195.	CARDS	0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
		CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	42,509.	CARDS	0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
		CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	286,489.	CARDS	0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
		CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	53,017.	CARDS	0.		

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Part II Continuation of			ations or Entities Outside the			000\ Part II line 1	1)	Page 2
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Pagion	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			партокта			acciotarios	acolotario	appraisal, stricty
			ECONOMIC					
			OPPORTUNITIES, HEALTH		, , , , , , , , , , , , , , , , , , ,			
		CENTRAL AMERICA &		F0 00F	WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	52,985.	, CARDS	0.		
			ECONOMIC					
		ODNEDAL AMEDICA C	OPPORTUNITIES, HEALTH		HTDEG /A GUG /GD			
		CENTRAL AMERICA &	, ·	F7 120	WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	57,138.	, CARDS	0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH		, , , , , , , , , , , , , , , , , , ,			
		CENTRAL AMERICA &		F0 00F	WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	52,985.	, CARDS	0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH		, , , , , , , , , , , , , , , , , , ,			
		CENTRAL AMERICA &		F2 402	WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	53,123.	, CARDS	0.		
			ECONOMIC					
		OENIEDAL AMEDICA C	OPPORTUNITIES, HEALTH		MIDEG /A GUG /GD			
		CENTRAL AMERICA &		F7 130	WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	57,138.	, CARDS	0.		
			ECONOMIC					
		ODNEDAL AMEDICA C	OPPORTUNITIES, HEALTH		HTDEG /A GUG /GD			
		CENTRAL AMERICA &		F2 00F	WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	52,985.	, CARDS	0.		
			ECONOMIC					
		ODNEDAL AMEDICA C	OPPORTUNITIES, HEALTH		HTDEG /A GUG /GD			
		CENTRAL AMERICA &		26 500	WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	26,508.	, CARDS	0.		
			ECONOMIC HEALTH					
		CENTRAL AMERICA :	OPPORTUNITIES, HEALTH		MIDEC/ACUC/CD			
		CENTRAL AMERICA &	'	70 105	WIRES/ACHS/CR.	,		
		CARIBBEAN	EDUCATION	70,125.	CAKUS	0.		
		CENTRAL AMERICA C	PEACE, JUSTICE AND		WIRES/ACHS/CR.			
		CARIBBEAN	SECURITY	109,417,		0.		
		CULTODEWIA	PECOKITI	103,41/	ירעעחס	l 0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	. (Schedule F (Form 9	90), 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, FN appraisal, other)
		CENTRAL AMERICA &	PEACE, JUSTICE AND		WIRES/ACHS/CR.			
		CARIBBEAN	SECURITY	30,000.		0.		
		CENTRAL AMERICA &	ENVIRONMENT DISASTER		WIRES/ACHS/CR.			
		CARIBBEAN	RESILIENCE	234,993.	CARDS	0.		
		CENTRAL AMERICA &	ENVIRONMENT DISASTER		WIRES/ACHS/CR.			
		CARIBBEAN	RESILIENCE	208,699.	CARDS	0.		
		CENTRAL AMERICA &	ENVIRONMENT DISASTER		WIRES/ACHS/CR.			
		CARIBBEAN	RESILIENCE	98,777.	CARDS	0.		
			ENVIRONMENT DISASTER		WIRES/ACHS/CR.			
		CARIBBEAN	RESILIENCE	7,597.	CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ENVIRONMENT DISASTER RESILIENCE	310,614.	WIRES/ACHS/CR.	0.		
		CARIBBEAN	RESILIENCE	310,614.	CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ENVIRONMENT DISASTER RESILIENCE	100,910.	WIRES/ACHS/CR. CARDS	0.		
		CENUDAL AMEDICA C	ENTITEONMENT DISACTED		WIDEG/ACUG/CD			
		CARIBBEAN	ENVIRONMENT DISASTER RESILIENCE	224,296.	WIRES/ACHS/CR. CARDS	0.		
		CENTRAL AMERICA &	ENVIRONMENT DISASTER		WIRES/ACHS/CR.			
		CARIBBEAN	RESILIENCE	142,920.		0.		

	e F (Form 990)			LOPMENT FOUNDAT		32-00			Page 2
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nam	ne of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NORTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	13,613.	WIRES/ACHS/CR. CARDS	0.		
			NORTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	10,675.	WIRES/ACHS/CR. CARDS	0.		
				DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	7,500.	WIRES/ACHS/CR. CARDS	0.		
			NORTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	11,300.	WIRES/ACHS/CR. CARDS	0.		
			NORTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	25,179.	WIRES/ACHS/CR. CARDS	0.		
			NORTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	31,350.	WIRES/ACHS/CR. CARDS	0.		
			NORTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	16,381.	WIRES/ACHS/CR. CARDS	0.		
			NORTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	50,000.	WIRES/ACHS/CR. CARDS	0.		
			NORTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	6,500.	WIRES/ACHS/CR. CARDS	0.		

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Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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, FM appraisal, other)
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
			& NUTRITION, AND		WIRES/ACHS/CR.			
		NORTH AMERICA	EDUCATION	10,000.	CARDS	0.		
			PEACE, JUSTICE AND	01 150	WIRES/ACHS/CR.			
		NORTH AMERICA	SECURITY	21,170.	CARDS	0.		
			PEACE, JUSTICE AND		WIRES/ACHS/CR.			
		NORTH AMERICA	SECURITY	7,000.		0.		
				,				
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	157,319.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	198,944.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	177,684.		0.		
			NI GIII D	277,001.				
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	22,015.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	171,520.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN	112 555	WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	113,775.	CARDS	0.		

Part II Contin	nuation of	Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	1 ago <u>=</u>
1 (a) Name of orga	anization	(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	72,462.	WIRES/ACHS/CR. CARDS	0.		
			SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	98,248.	WIRES/ACHS/CR. CARDS	0.		
			SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	342,415.	WIRES/ACHS/CR. CARDS	0.		
			SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	106,110.	WIRES/ACHS/CR. CARDS	0.		
			SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	44,066.	WIRES/ACHS/CR. CARDS	0.		
			SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	11,605.	WIRES/ACHS/CR. CARDS	0.		
			SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	57,979.	WIRES/ACHS/CR.	0.		
			SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	188,095.	WIRES/ACHS/CR.	0.		
			SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	82,329.	WIRES/ACHS/CR. CARDS	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	(Schedule F (Form 9	90), 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, FM appraisal, other)
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	327,675.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	296,915.		0.		
			DEMOCRACY,		HIDDER / A GUR / GD			
		SOUTH AMERICA	GOVERNANCE, AND HUMAN RIGHTS	11,332.	WIRES/ACHS/CR.	0.		
		DOUTH THIRDREET	RIGHIB	11,332,	CINDS	· ·		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	10,950.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	5,964.		0.		
			DEMOCRACY,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		SOUTH AMERICA	GOVERNANCE, AND HUMAN RIGHTS	202,475.	WIRES/ACHS/CR.	0.		
		DOUTH THIRDREET	RIGHIB	202,475	CINDS	Ů.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	82,855.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	20,261.		0.		
			DEMOCRACY,		HTDEG / 3 CTG / CT			
		SOUTH AMERICA	GOVERNANCE, AND HUMAN RIGHTS	110,005.	WIRES/ACHS/CR.	0.		
		BOOTH WHEKTON	VIGUI9	1 110,000.	Luvno	ı "•		1

Part II Continuation of	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	(Schedule F (Form 9	90), 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, FM appraisal, other)
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	236,360.		0.		
			DEMOCRACY,		WIRES/ACHS/CR.			
		SOUTH AMERICA	GOVERNANCE, AND HUMAN RIGHTS	49,464.		0.		
		DOUTH MADRICA	KIGHID	15,101.	CINDO	Ŭ.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	102,869.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	52,126.		0.		
				,				
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	21,514.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	51,842.		0.		
			DEMOCRACY,		, , , , , , , , , , , , , , , , , , ,			
		SOUTH AMERICA	GOVERNANCE, AND HUMAN RIGHTS	95,029.	WIRES/ACHS/CR.	0.		
		SOUTH AMERICA	RIGHIS	95,029.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	24,548.	CARDS	0.		
			DEMOCDACY					
			DEMOCRACY, GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	45,140.		0.		
				,	1			

Schedule F (Form 990)			LIOPMENI FOUNDAI			34200	1)	Page 2
			ations or Entities Outside the	United States	. (Schedule F (Form 9			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	I IOI Dogion	(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)
			DTWo GD 1 GV					
			DEMOCRACY, GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	78,625.		0.		
		DOUTH AMERICA	KIGHID	70,025.	CARDS	Ŭ.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	71,485.		0.		
				,				
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	72,351.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	84,018.	CARDS	0.		
			DEMOGRACIA					
			DEMOCRACY,		MIDEG /A GUG /GD			
		SOUTH AMERICA	GOVERNANCE, AND HUMAN RIGHTS	11,514.	WIRES/ACHS/CR.	0.		
		BOOTH AMERICA	RIGHIS	11,514.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	11,000.		0.		
				,				
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	6,000.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	9,188.	CARDS	0.		
			DEWOGD LOW					
			DEMOCRACY,		HIDDER / A GUR / CD			
		COLUMN AMERICA	GOVERNANCE, AND HUMAN	10.000	WIRES/ACHS/CR.	0.		
		SOUTH AMERICA	RIGHTS	10,000.	CAKDS	U .		

Part II Continuation of	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	(Schedule F (Form 9	90), Part II, line	1)	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, FM appraisal, other)
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	18,300.	CARDS	0.		
			DEMOGRACY					
			DEMOCRACY, GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	29,800.		0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	40,000.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	21,320.		0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	7,190.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	11,407.	CARDS	0.		
			DEMOCRACY,		WIRES/ACHS/CR.			
		SOUTH AMERICA	GOVERNANCE, AND HUMAN RIGHTS	20,350.		0.		
				20,000,		-		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	11,700.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	11,959.		0.		

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Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	(Schedule F (Form 9	90), Part II, line	1)	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	(h) Description of non-cash	(i) Method of valuation (book, FM
	(р-р		grant	or easir grain	oden diebareement	assistance	assistance	appraisal, other)
			DEMOCRACY,		, , , , , , , , , , , , , , , , , , ,			
		SOUTH AMERICA	GOVERNANCE, AND HUMAN RIGHTS	35,000.	WIRES/ACHS/CR.	0.		
		SOUTH AMERICA	RIGHIS	35,000.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	10,000.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	16,452.	CARDS	0.		
			DELVO GD 1 GV					
			DEMOCRACY, GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	40,248.		0.		
			N. T. G. T.	10,210.	- CINID D	· ·		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	9,940.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.	_		
		SOUTH AMERICA	RIGHTS	29,506.	CARDS	0.		
			DEMOCRACY					
			DEMOCRACY, GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	76,054.		0.		
				,				
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	50,000.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.	_		
		SOUTH AMERICA	RIGHTS	29,473.	CARDS	0.		

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Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	(Schedule F (Form 9	90), 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	28,931.	WIRES/ACHS/CR. CARDS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	24,995.	WIRES/ACHS/CR.	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	23,500.	WIRES/ACHS/CR. CARDS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	34,400.	WIRES/ACHS/CR. CARDS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	8,382.	WIRES/ACHS/CR. CARDS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	14,362.	WIRES/ACHS/CR. CARDS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	9,000.	WIRES/ACHS/CR. CARDS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	15,271.	WIRES/ACHS/CR. CARDS	0.		
		SOUTH AMERICA	DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	25,000.	WIRES/ACHS/CR. CARDS	0.		

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Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	(Schedule F (Form 9	90), 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, FM' appraisal, other)
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	7,800.	CARDS	0.		
			DEMOGRA GV					
			DEMOCRACY, GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	10,000.		0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	10,000.	CARDS	0.		
			DEMOGRA GV					
			DEMOCRACY, GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	11,880.		0.		
				,				
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	20,000.	CARDS	0.		
			DEMOCD A CV					
			DEMOCRACY, GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	18,776.		0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	11,577.	CARDS	0.		
			DEMOGRA GV					
			DEMOCRACY, GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	18,388.		0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	25,000.	CARDS	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	(Schedule F (Form 9	90), 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, FM appraisal, other)
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	13,322.	CARDS	0.		
			DEMOGRACY					
			DEMOCRACY, GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	34,010.		0.		
		DOUTH THIRDREET	RIGHIB	34,010.	CINDS	Ů.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	9,994.	CARDS	0.		
			DEMOGRA GV					
			DEMOCRACY, GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	19,600.		0.		
			KIOHIB	15,000.	on the second	Ţ.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	133,984.	CARDS	0.		
			DEMOCRACY					
			DEMOCRACY, GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	248,924.		0.		
				,				
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	7,910.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	110,381.		0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	172,743.	CARDS	0.		

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	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	. (Schedule F (Form 9			1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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)
			DIWOGDAGY					
			DEMOCRACY, GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	127,177.		0.		
		DOUTH MADRICA	RIGHID	127,177	CINDS	· .		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	10,283.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	35,086.	CARDS	0.		
			DEMOCRACY,		, , , , , , , , , , , , , , , , , , ,			
		GOLIELI AMERICA	GOVERNANCE, AND HUMAN	126 425	WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	136,435.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	38,480.		0.		
				,				
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	19,500.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	6,000.	CARDS	0.		
			DEMOGRA GV					
			DEMOCRACY,		MIDEG /ACTIG /CD			
		SOUTH AMERICA	GOVERNANCE, AND HUMAN RIGHTS	259,272.	WIRES/ACHS/CR.	0.		
		DOUTH AMERICA	RIGHIS	433,412.	CUVDO	"		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	30,676.		0.		
				. ,	1			

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Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	(Schedule F (Form 9	90), 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, FM\ appraisal, other)
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	158,995.	CARDS	0.		
			DEWO GD L GU					
			DEMOCRACY,		WIRES/ACHS/CR.			
		SOUTH AMERICA	GOVERNANCE, AND HUMAN RIGHTS	23,400.		0.		
		DOUTH AMERICA	KIGHID	23,400.	CARDS	· ·		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	10,511.	CARDS	0.		
			DEMOCRACY,					
		GOLUMIA AMERICA	GOVERNANCE, AND HUMAN	112 010	WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	112,910.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	291,179.		0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	22,800.	CARDS	0.		
			DEMOCRACY					
			DEMOCRACY, GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	71,770.		0.		
				,				
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	68,071.	CARDS	0.		
			DEMOCRACY,		HTDEG /2 CTG / CT			
		COUMH AMEDICA	GOVERNANCE, AND HUMAN	E2 224	WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	52,324.	CARDS	0.		

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Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States	. (Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nam	e 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)
				DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	9,480.	WIRES/ACHS/CR.	0.		
				DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	100,788.	WIRES/ACHS/CR. CARDS	0.		
				DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	30,857.	WIRES/ACHS/CR. CARDS	0.		
				DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	6,000.	WIRES/ACHS/CR. CARDS	0.		
				DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	105,918.	WIRES/ACHS/CR.	0.		
				DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	35,990.	WIRES/ACHS/CR. CARDS	0.		
				DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	69,586.	WIRES/ACHS/CR.	0.		
				DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	125,853.	WIRES/ACHS/CR.	0.		
				DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS	84,611.	WIRES/ACHS/CR.	0.		

Schedule F (Form 990)			TOPMENT FOUNDAT			34200	1)	Page 2
			ations or Entities Outside the	United States	. (Schedule F (Form 9			T
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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)
			DEMOGRACIV					
			DEMOCRACY, GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	79,731.		0.		
		DOUTH MADRICA	KIGHID	73,731.	CINDS	· .		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	13,438.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	246,384.	CARDS	0.		
			DEMOCRACY,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		GOVERN AMERICA	GOVERNANCE, AND HUMAN	125 720	WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	135,720.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	59,848.		0.		
				,				
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	11,700.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	266,226.	CARDS	0.		
			DEMOGRA GV					
			DEMOCRACY,		MIDEG /AGUG /GD			
		SOUTH AMERICA	GOVERNANCE, AND HUMAN RIGHTS	180,508.	WIRES/ACHS/CR.	0.		
		DOUTH AMERICA	RIGHIS	100,506.	CUVDS	"		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	75,930.		0.		
				, , ,	1	1 1		

Part II Continuation of	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	(Schedule F (Form 9	90), 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, FM appraisal, other)
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	45,209.		0.		
			DEMOCRACY,		WIRES/ACHS/CR.			
		SOUTH AMERICA	GOVERNANCE, AND HUMAN RIGHTS	244,931.		0.		
		DOUTH THERETON	RIGHIB	244,551.	CINDS	٠.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	97,384.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	96,385.		0.		
				,				
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	45,450.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	45,600.		0.		
			DEMOCRACY,		, , , , , , , , , , , , , , , , , , ,			
		SOUTH AMERICA	GOVERNANCE, AND HUMAN RIGHTS	6,016.	WIRES/ACHS/CR.	0.		
		SOUTH AMERICA	RIGHIS	0,010.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	199,406.	CARDS	0.		
			DEMOCD A CV					
			DEMOCRACY, GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	393,335.		0.		
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Schedule F (Form 990)			TOPMENT FOUNDAT			34200		Page 2
			ations or Entities Outside the	United States.	. (Schedule F (Form 9			1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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)
			DTWO GD L GV					
			DEMOCRACY,		, , , , , , , , , , , , , , , , , , ,			
		GOLIMIT AMEDICA	GOVERNANCE, AND HUMAN	172 054	WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	173,954.	, CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	68,787.		0.		
					,			
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	194,016.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	174,308.	CARDS	0.		
			DEMOCRACY,		, , , , , , , , , , , , , , , , , , ,			
		SOUTH AMERICA	GOVERNANCE, AND HUMAN RIGHTS	101,193.	WIRES/ACHS/CR.	0.		
		SOUTH AMERICA	RIGHIS	101,193.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	111,647.		0.		
				,				
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	53,417.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	6,406.	CARDS	0.		
			DEMOGRA GV					
			DEMOCRACY,		MIDEG /A GUG /GD			
		SOUTH AMERICA	GOVERNANCE, AND HUMAN RIGHTS	18,281.	WIRES/ACHS/CR.	0.		
		POOLU WHEKICA	VIGUI2	10,201.	פתאתם	ا · ا		

Schedule F (Form 990)			TOPMENT FOUNDAT			34200		Page 2
	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	. (Schedule F (Form 9			1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	I ICI Dogion	(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)
			DIWOGDAGY					
			DEMOCRACY, GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	6,075.		0.		
		DOUTH MADRICA	KIGHID	0,073.	CINDS	· ·		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	13,148.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	14,500.	CARDS	0.		
			DEMOCRACY,		, , , , , , , , , , , , , , , , , , ,			
		GOVERN AMERICA	GOVERNANCE, AND HUMAN	10.006	WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	19,006.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	76,796.		0.		
				, -				
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	8,138.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	9,075.	CARDS	0.		
			DEMOGRA GV					
			DEMOCRACY,		MIDEG / ACTIG / CD			
		SOUTH AMERICA	GOVERNANCE, AND HUMAN RIGHTS	15,366.	WIRES/ACHS/CR.	0.		
		DOUTH AMERICA	RIGHIS	15,300.	CUVDO	"		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	27,439.	1 1	0.		
				. ,				

Schedule F (Form 990)	PAN A	MERICAN DEVI	TOPMENT FOUNDAT	TON	52-60	54268		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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)
			DEMOCDACY					
			DEMOCRACY, GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	39,500.		0.		
			1101110	33,300.		•		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	59,785.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	16,643.	CARDS	0.		
			DEMOCRACY,		, , , , , , , , , , , , , , , , , , ,			
		GOLUMIA AMEDICA	GOVERNANCE, AND HUMAN	27.000	WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	27,008.	CARDS	0.		
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	11,298.		0.		
				,				
			DEMOCRACY,					
			GOVERNANCE, AND HUMAN		WIRES/ACHS/CR.			
		SOUTH AMERICA	RIGHTS	72,586.	CARDS	0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
			& NUTRITION, AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	EDUCATION	37,199.	CARDS	0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
		COUMH AMERICA	& NUTRITION, AND	146 650	WIRES/ACHS/CR.			
		SOUTH AMERICA	ECONOMIC	146,650.	CARDS	0.		
			OPPORTUNITIES, HEALTH					
			& NUTRITION, AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	EDUCATION	99,743.		0.		
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Part II Continuation			SLOPMENT FOUNDAT			00) Dort II line 1	1)	Page 2
1			ations or Entities Outside the		ľ			(2) 14 11 1 6
(a) Name of organization	(b) IRS code section	I IOI Dogion	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FM\
(a) Name of organization	and EIN (if applicable)	(c) riegion	grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
			& NUTRITION, AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	EDUCATION	46,400.		0.		
			ECONOMIC	10,100.	, cintbb	,,		
			OPPORTUNITIES, HEALTH					
			& NUTRITION, AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	EDUCATION	140,000.		0.		
		DOUTH AMERICA	ECONOMIC	140,000.	CARDS	٠.		
			OPPORTUNITIES, HEALTH					
			& NUTRITION, AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	EDUCATION	79,577.		0.		
		BOOTH AMERICA	ECONOMIC	13,311.	CARDS	٠.		
			OPPORTUNITIES, HEALTH					
			1		WIRES/ACHS/CR.			
		SOUTH AMERICA	& NUTRITION, AND EDUCATION	20,769,727.		0.		
		SOUTH AMERICA	ECONOMIC	20,769,727.	,CARDS	0.		
			OPPORTUNITIES, HEALTH		HTDDG /A GHG /GD			
		COLUMN AMEDICA	& NUTRITION, AND	422 006	WIRES/ACHS/CR.			
		SOUTH AMERICA	EDUCATION	432,886.	, CARDS	0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH		, , , , , , , , , , , , , , , , , , ,			
			& NUTRITION, AND	40.000	WIRES/ACHS/CR.			
		SOUTH AMERICA	EDUCATION	49,800.	,CARDS	0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
			& NUTRITION, AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	EDUCATION	56,000.	, CARDS	0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
			& NUTRITION, AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	EDUCATION	72,000.	CARDS	0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
			& NUTRITION, AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	EDUCATION	30,000.	CARDS	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	(Schedule F (Form 9	90), 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, FM appraisal, other)
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
			& NUTRITION, AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	EDUCATION	12,263.		0.		
			ECONOMIC	12,200	, , , , , , , , , , , , , , , , , , , ,			
			OPPORTUNITIES, HEALTH					
			& NUTRITION, AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	EDUCATION	33,897.		0.		
			ECONOMIC	11,111	,			
			OPPORTUNITIES, HEALTH					
			& NUTRITION, AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	EDUCATION	115,587.		0.		
			ECONOMIC	,				
			OPPORTUNITIES, HEALTH					
			& NUTRITION, AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	EDUCATION	235,287.		0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
			& NUTRITION, AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	EDUCATION	37,579.		0.		
			ECONOMIC	,				
			OPPORTUNITIES, HEALTH					
			& NUTRITION, AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	EDUCATION	69,940.		0.		
			ECONOMIC	,				
			OPPORTUNITIES, HEALTH					
			& NUTRITION, AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	, EDUCATION	36,641.		0.		
				,				
			PEACE, JUSTICE AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	SECURITY	350,000.		0.		
				,				
			PEACE, JUSTICE AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	SECURITY	43,300.		0.		
		POOLU WHEKTON	PECOVIII	1 43,300.	, Luuna	ı °•l		I

Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	(Schedule F (Form 9	90), 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, FM appraisal, other)
			PEACE, JUSTICE AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	SECURITY	30,007.		0.		
			PEACE, JUSTICE AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	SECURITY	19,264.		0.		
			PEACE, JUSTICE AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	SECURITY	1,175,473.	CARDS	0.		
			PEACE, JUSTICE AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	SECURITY	276,672.	CARDS	0.		
			PEACE, JUSTICE AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	SECURITY	124,170.	CARDS	0.		
			PEACE, JUSTICE AND	1	WIRES/ACHS/CR.			
		SOUTH AMERICA	SECURITY	122,236.	CARDS	0.		
			PEACE, JUSTICE AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	SECURITY	30,482.	CARDS	0.		
			PEACE, JUSTICE AND	1	WIRES/ACHS/CR.	_		
		SOUTH AMERICA	SECURITY	375,000.	CARDS	0.		+
		GOLIMII AMERICA	PEACE, JUSTICE AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	SECURITY	60,751.	CARDS	0.		1

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Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	(Schedule F (Form 9	90), 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, FM\ appraisal, other)
								11 / /
			PEACE, JUSTICE AND		WIRES/ACHS/CR.			
		SOUTH AMERICA	SECURITY	144,136.	CARDS	0.		
			ENTATE ON MENT DIG A CHEED		MIDEG / A QUG / QD			
		SOUTH AMERICA	ENVIRONMENT DISASTER RESILIENCE	150,779.	WIRES/ACHS/CR.	0.		
		DOUTH TEMPLICAT	KEDILIENCE	130,773.	CINDS	· .		
			ENVIRONMENT DISASTER		WIRES/ACHS/CR.			
		SOUTH AMERICA	RESILIENCE	325,631.	CARDS	0.		
			ENVIRONMENT DISASTER		WIRES/ACHS/CR.			
		SOUTH AMERICA	RESILIENCE	328,726.		0.		
			ENVIRONMENT DISASTER		WIRES/ACHS/CR.			
		SOUTH AMERICA	RESILIENCE	49,540.	CARDS	0.		
			ENVIRONMENT DISASTER		WIRES/ACHS/CR.			
		SOUTH AMERICA	RESILIENCE	5,264.	CARDS	0.		
					HIDDER / A GUR / GD			
		SOUTH AMERICA	ENVIRONMENT DISASTER RESILIENCE	5,271.	WIRES/ACHS/CR.	0.		
			NED I I I I I I I I I I I I I I I I I I I	3,271	on the second			
			ENVIRONMENT DISASTER		WIRES/ACHS/CR.			
		SOUTH AMERICA	RESILIENCE	214,280.	CARDS	0.		
			ENVIRONMENT DISASTER		WIRES/ACHS/CR.			
		SOUTH AMERICA	RESILIENCE	35,305.		0.		
			1	,	1			

Scriedule F (FORM 990)		dibiti Cimt Dbvi	HOIMHNI IOONDAI	1011	32 00	34200		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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, FM' appraisal, other)
		COLUMN AMEDICA	ENVIRONMENT DISASTER	101 142	WIRES/ACHS/CR.	0		
		SOUTH AMERICA	RESILIENCE	191,143.	CARDS	0.		+
			ENVIRONMENT DISASTER		WIRES/ACHS/CR.			
		SOUTH AMERICA	RESILIENCE	155,292.	CARDS	0.		
			ENVIRONMENT DISASTER		WIRES/ACHS/CR.			
		SOUTH AMERICA	RESILIENCE	127,819.		0.		
				,				
			ENVIRONMENT DISASTER		WIRES/ACHS/CR.			
		SOUTH AMERICA	RESILIENCE	113,790.	CARDS	0.		
			ENVIRONMENT DISASTER		WIRES/ACHS/CR.			
		SOUTH AMERICA	RESILIENCE	167,957.		0.		
			ENVIRONMENT DISASTER	1 150 550	WIRES/ACHS/CR.			
		SOUTH AMERICA	RESILIENCE	1,172,550.	CARDS	0.		
			ENVIRONMENT DISASTER		WIRES/ACHS/CR.			
		SOUTH AMERICA	RESILIENCE	392,423.	CARDS	0.		
			ENTITE ON MENTER DIGI CHES		MIDEG /ACUG /CD			
		SOUTH AMERICA	ENVIRONMENT DISASTER RESILIENCE	7,350.	WIRES/ACHS/CR.	0.		
		DOUTH IMPRICA	NESTELENCE.	7,330.		0.		
			ENVIRONMENT DISASTER		WIRES/ACHS/CR.			
		SOUTH AMERICA	RESILIENCE	139,441.	CARDS	0.		

	edule F (Form 990) FAN AMERICAN DEVELOPMENT FOUNDATION 52-0054200 Page 2								
Part II									
1 (a) Nam	ne 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)
				ENVIRONMENT DISASTER		WIRES/ACHS/CR.			
			SOUTH AMERICA	RESILIENCE	9,000.	CARDS	0.		
				ECONOMIC					
				OPPORTUNITIES, HEALTH					
			CENTRAL AMERICA &	· ·	45.000	WIRES/ACHS/CR.			
			CARIBBEAN	EDUCATION	15,000.	CARDS	0.		
				ECONOMIC HEALTH					
			CENTED AL AMEDICA C	OPPORTUNITIES, HEALTH		MIDEG / AGUG / GD			
			CENTRAL AMERICA & CARIBBEAN	EDUCATION, AND	10,000.	WIRES/ACHS/CR.	0.		
			CARIDDEAN	ECONOMIC	10,000.	CARDS	٠.		
				OPPORTUNITIES, HEALTH					
			CENTRAL AMERICA &	•		WIRES/ACHS/CR.			
			CARIBBEAN	EDUCATION	18,000.		0.		
				ECONOMIC					
				OPPORTUNITIES, HEALTH					
			CENTRAL AMERICA &	· ·		WIRES/ACHS/CR.			
			CARIBBEAN	EDUCATION	35,000.	CARDS	0.		
				ECONOMIC					
				OPPORTUNITIES, HEALTH					
			CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
			CARIBBEAN	EDUCATION	35,000.	CARDS	0.		
				ECONOMIC					
				OPPORTUNITIES, HEALTH					
			CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
			CARIBBEAN	EDUCATION	35,000.	CARDS	0.		
				ECONOMIC					
				OPPORTUNITIES, HEALTH					
			CENTRAL AMERICA &	· ·		WIRES/ACHS/CR.			
			CARIBBEAN	EDUCATION	25,000.	CARDS	0.		
				ECONOMIC					
				OPPORTUNITIES, HEALTH		L			
			CENTRAL AMERICA &	· ·		WIRES/ACHS/CR.	_		
			CARIBBEAN	EDUCATION	15,000.	CARDS	0.		

Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r age z
1 (a) Name	of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(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)
				ECONOMIC					
				OPPORTUNITIES, HEALTH					
			CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
			CARIBBEAN	EDUCATION	10,000.	CARDS	0.		
				ECONOMIC					
				OPPORTUNITIES, HEALTH					
			CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
			CARIBBEAN	EDUCATION	15,000.	CARDS	0.		
				ECONOMIC					
				OPPORTUNITIES, HEALTH					
			CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
			CARIBBEAN	EDUCATION	10,000.	CARDS	0.		
				ECONOMIC					
				OPPORTUNITIES, HEALTH					
			CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
			CARIBBEAN	EDUCATION	35,000.	CARDS	0.		
				ECONOMIC					
				OPPORTUNITIES, HEALTH					
			CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
			CARIBBEAN	EDUCATION	7,000.	CARDS	0.		
				ECONOMIC					
				OPPORTUNITIES, HEALTH					
			CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
			CARIBBEAN	EDUCATION	20,000.	CARDS	0.		
				ECONOMIC					
				OPPORTUNITIES, HEALTH					
			CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
			CARIBBEAN	EDUCATION	15,000.	CARDS	0.		
				ECONOMIC					
				OPPORTUNITIES, HEALTH					
			CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
			CARIBBEAN	EDUCATION	25,000.	CARDS	0.		
				ECONOMIC					
				OPPORTUNITIES, HEALTH					
			CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
			CARIBBEAN	EDUCATION	15,000.	CARDS	0.		

Schedule F (Form 990)	FAN A	MEKICAN DEVE	TOPMENT FOUNDAT	1011	32-00	34400		Page 2
Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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)
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
		CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	10,000.	CARDS	0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
		CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	15,000.	CARDS	0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
		CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	45,000.	CARDS	0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
		CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	56,500.	CARDS	0.		
			ECONOMIC					
			OPPORTUNITIES, HEALTH					
		CENTRAL AMERICA &	& NUTRITION, AND		WIRES/ACHS/CR.			
		CARIBBEAN	EDUCATION	30,000.	CARDS	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. (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (h) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Region recipients noncash assistance cash grant cash disbursement noncash assistance ECONOMIC OPPORTUNITIES, HEALTH & NUTRITION, AND CENTRAL AMERICA EDUCATION SUPPORT AND THE CARIBBEAN 12 152,519. WIRES/ACHS/CREDIT CARDS 0. PARTICIPANT SUPPORT COST/SCHOLARSHIPS SOUTH AMERICA 2,277 4,681,531.WIRES/ACHS/CREDIT CARDS 0.

Par	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)	X 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 X 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 X 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 X 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 X No

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 Part V | Supplemental Information

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

PART I, LINE 2:

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

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

REGION: NORTH AMERICA

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

REGION: SOUTH AMERICA

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

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

PAN AMERICAN DEVELOPMENT FOUNDATION

Employer identification number 52-6054268

Part I General Information	on Grants and A	ssistance					L	
Does the organization maint	tain records to su	bstantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion
criteria used to award the g	rants or assistanc	ce?						X Yes No
2 Describe in Part IV the organ								
Part II Grants and Other As	sistance to Dom	nestic Organ	izations and Domesti	i c Governments. C	omplete if the org	anization answered "\	es" on Form 990, Part	: IV, line 21, for any
recipient that received	d more than \$5,00	00. Part II car	be duplicated if addit	tional space is need	ded.	(6) 14 11 1		
1 (a) Name and address of or or government	ganization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
								ECONOMIC OPORTUNITIES,
OAS ORGANIZATION OF THE A	MERICAN							HEALTH & NUTRITION, AND
STATES - 1889 F STREET NW	-							EDUCATION AND DEMOCRACY,
WASHINGTON, DC 20006			GOVERNMENT	786,191.	0.			GOVERNANCE, AND HUMAN
INSIGHT CRIME, INC. 4801 MASSACHUSETTS AVE., 1 WASHINGTON, DC 20016		-3793490	501(C)(3)	423,987.	0.			PEACE, JUSTICE AND SECURITY
USA LATIN NETWORKING, LLC 4793 NW 110TH CT. DORAL, FL 33178		-4791228	OTHER	367,200.	0.			DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS
INNOVATIONS FOR POVERTY A 1440 G STREET NW, SUITE 9 WASHINGTON, DC 20005	142	-1660068	501(C)(3)	354,680.	0.			PEACE, JUSTICE AND SECURITY
UNIDOS SIN FRONTERAS, INC 2852 GRAND BEND CT. ORLANDO, FL 32837		-2633911	501(C)(3)	215,994.	0.			DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS
INTERNEWS NETWORK, INC. 876 7TH STREET ARCATA, CA 95521	94	-3027961	501(C)(3)	38,718.	0.			DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS
2 Enter total number of section3 Enter total number of other			•					

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Schedule I (Form 990) PAN AMER	52-6054268 Page						
Part II Continuation of Grants and Other	r Assistance to Do	omestic Organizations	s and Domestic G	overnments (Scho	edule I (Form 990), Pa I	ırt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GEORGE WASHINGTON UNIVERSITY 2121 I STREET NW WASHINGTON, DC 20052	53-0196584	501(C)(3)	23,100.	0.			DEMOCRACY, GOVERNANCE, AND HUMAN RIGHTS
WORLD RESOURCES INSTITUTE 10 G STREET NE #800							ENVIRONMENT, DISASTER
WASHINGTON, DC 20002	52-1257057	501(C)(3)	20,000.	0.			RESILIENT
LAB4U, INC 673 BRANNAN, INIT 116 SAN FRANCISCO, CA 94107		OTHER	12,000.	0.			ECONOMIC OPORTUNITIES, HEALTH & NUTRITION, AND EDUCATION

(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
art IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	n (b); and any other a	dditional information.	
ART I, LINE 2:					
ADF HAS INTERNAL PROCEDURES ON	HOW TO MON	ITOR SUBGE	RANTS. PRE	AWARD SURVEYS	
RE DONE AT THE TIME OF SUBGRANT	EE SELECTI	ON. FIELD	VISITS OR	ONLINE/VIDEO	
RAINING IS DONE PRIOR TO IMPLEM	MENTATION A	ND THROUGH	HOUT THE PR	OJECT.	
ONTHLY OR QUARTERLY REPORTS FRO	M SUBGRANT	EES ARE RE	EOUIRED; MO	NITORING AND	
VALUATION IS DONE THROUGHOUT TH					
IVEN UNTIL AFTER PRIOR ADVANCES					
ROM SUBGRANTEES ARE REVIEWED BY					
ROGRAM DEPARTMENTS.					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

PAN AMERICAN DEVELOPMENT FOUNDATION

Employer identification number 52-6054268

Pa	art I Questions Regarding Compensation						
			Yes	No			
1 a	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.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		37				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		37				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X				
_							
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee						
	Form 990 of other organizations Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
7	organization or a related organization:						
а	Receive a severance payment or change-of-control payment?	4a		Х			
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х			
c	c Participate in or receive payment from an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:						
а	The organization?	5a		Х			
	Any related organization?	5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:						
а	The organization?	6a		X			
b	Any related organization?	6b		Х			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37			
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9		<u> </u>			

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

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990		
(1) KATHERINE TAYLOR	(i)	306,698.	0.	0.	30,954.	21,640.	359,292.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) SORAYA OSORIO	(i)	225,038.	0.	0.	22,028.	18,736.	265,802.	0.	
REGIONAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) GRETA GREATHOUSE	(i)	224,707.	0.	0.	675.	11,645.	237,027.	0.	
COUNTRY DIRECTOR (THROUGH 11/20)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) BERTRAND LAURENT	(i)	160,775.	0.	0.	13,458.	20,184.	194,417.	0.	
DEP. CHIEF OF PARTY (THROUGH 09/20)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) SHAKEH AKOPIAN	(i)	151,170.	0.	0.	15,498.	27,742.	194,410.	0.	
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) JOSEPH BLUBAUGH	(i)	148,519.	0.	0.	15,233.	26,301.	190,053.	0.	
DIRECTOR OF GRANTS AND CONTRACTS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) ROBERTO OBANDO	(i)	141,415.	0.	0.	15,249.	32,021.	188,685.	0.	
REGIONAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) LANCE LEVERENZ	(i)	150,566.	0.	0.	15,457.	20,641.	186,664.	0.	
SR. DIRECTOR, NEW BUSINESS DEV'L	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) BERNARD FRUCTUOSO	(i)	149,660.	0.	0.	15,498.	20,705.	185,863.	0.	
SR. DIRECTOR OF FINANCE & RISK	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) CAROLINA BREA	(i)	142,559.	0.	0.	14,529.	20,411.	177,499.	0.	
REGIONAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

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

Pai	T I Types of Property								
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contril amounts report	ed on	Method of noncash conti		_	:s
			items contributed	Form 990, Part VII	I, line 1g				
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	Х	2		696.	FMV			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (AGRIC. SUPP.)	X	4	620	,016.	FMV			
26	Other (CONST. MAT'L)	X	17	148	,208.	FMV			
27	Other (TRAINING MAT.)	X	20	26	,144.	FMV			
28	Other (
29	Number of Forms 8283 received by the organization	zation durin	g the tax year for c	contributions		•			
	for which the organization completed Form 828	83, Part V, [Oonee Acknowledg	jement	29				
					•			Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, line	s 1 throu	gh 28, that it			
	must hold for at least three years from the date								
	exempt purposes for the entire holding period?		•	•			30a		Х
b	If "Yes," describe the arrangement in Part II.								
31									
	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							Х	
 u	contributions?								х
b	If "Yes," describe in Part II.						32a		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column	(a) is che	ecked,			
=	describe in Part II.	. (-)), [2. 2]33.1	,	. ,	,			
ТΗΔ	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 90	0		Schedul	e M (Forr	n 990)	2020

032142 11-23-20

Schedule M (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

2020Open to Public Inspection

OMB No. 1545-0047

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:

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.

EXPENSES \$ 12,511,841. INCLUDING GRANTS OF \$ 4,942,864. REVENUE \$ 0

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

BRAZIL, COLOMBIA, ECUADOR, EL SALVADOR,

GUATEMALA, GUYANA, HAITI, HONDURAS,

MEXICO, PERU, ST VINCENT/GRENADINES

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

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

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

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization PAN AMERICAN DEVELOPMENT FOUNDATION

Employer identification number 52-6054268

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

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

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

THE BOARD IS RESPONSIBLE FOR DETERMINING THE EXECUTIVE DIRECTOR'S

COMPENSATION. COMPARABLE DATA IS USED IN THE PROCESS AND THE PROCESS IS

ALSO DOCUMENTED. THE LAST COMPENSATION REVIEW TOOK PLACE IN DECEMBER 2021.

THE EXECUTIVE DIRECTOR AND CHIEF OPERATING OFFICER ARE RESPONSIBLE FOR

DETERMINING THE SALARIES OF SENIOR MANAGEMENT. EXTERNAL COMPARATIVE SALARY

DATA IS USED IN THIS DECISION PROCESS.

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

Name of the organization PAN AMERICAN DEVELOPMENT FOUNDATION	Employer identification number 52-6054268
THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS, GOVERNIN	IG DOCUMENTS AND
CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON	REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FOREIGN CURRENCY TRANSLATION GAIN	177,815.