** 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)

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

OMB No. 1545-0047

Department of the Treasury

2022 A For the 2021 calendar year, or tax year beginning OCT 1, 2021 and ending SEP Check if applicable C Name of organization D Employer identification number Address change PAN AMERICAN DEVELOPMENT FOUNDATION Name 52-6054268 change Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 1889 F STREET NW 2ND FLOOR 202-458-3969 141,133,395. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended 20006 WASHINGTON, DC H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KATHERINE TAYLOR Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.PADF.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > . Year of formation: 1962 M State of legal domicile: DC Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1. **Activities & Governance** if the organization discontinued its operations or disposed of more than 25% of its net assets. 20 3 Number of voting members of the governing body (Part VI, line 1a) 20 Number of independent voting members of the governing body (Part VI, line 1b) 4 94 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 101,791,276. 141,073,324. Contributions and grants (Part VIII, line 1h) 8 65,348. 57,875. Program service revenue (Part VIII, line 2g) 2.894. 2.196. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 39. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 141,133, 101,859,557. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 52,978,551. 68,701,973. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 17,919,000. 22.847.457. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 31,162,691. 49,235,636. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 102,060,242. 140,785,066. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -200,685. 348,329. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 40,424,098. 59,020,345 Total assets (Part X, line 16) 34,221,701. 51,584,329 21 Total liabilities (Part X, line 26) 三年 6,202,397. 7,436,016 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign KATHERINE TAYLOR, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name P00288314 RICHARD J. LOCASTRO, CPA 08/14/2023 Paid self-employed Firm's name

GELMAN, ROSENBERG & FREEDMAN Firm's EIN ▶ 52-1392008 Preparer Firm's address 4550 MONTGOMERY AVE SUITE 800N Use Only Phone no. 301-951-9090 BETHESDA, MD 20814-2930 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

	990 (2021) PAN AMERICAN DEVELOPMENT FOUNDATION 52-6054268 Page 2
Pa	t III 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 WORK ACROSS LATIN AMERICA AND
	THE CARIBBEAN TO MAKE OUR REGION STRONGER MORE HEALTHY, PEACEFUL,
	JUST, INCLUSIVE, RESILIENT, AND SUSTAINABLE FOR CURRENT AND FUTURE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	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
3	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 \$ 55,570,307. including grants of \$ 39,862,738.) (Revenue \$ 57,875.)
	PROMOTE SUSTAINABLE LIVELIHOODS: PADF FOCUSES ON THE RELATIONSHIPS
	BETWEEN PEOPLE, PRODUCTION, AND PLANET TO ACHIEVE SUSTAINABLE AND
	INCLUSIVE GROWTH. PADF PROVIDES EDUCATION AND TRAINING FOR
	EMPLOYABILITY, FACILITATE EMPLOYMENT AND JOB CREATION, AND INCUBATE AND
	GROW ENTREPRENEURSHIP, ALL WITH AN ENVIRONMENTAL LENS. PADF PROMOTES
	21ST CENTURY WORKFORCE SKILLS, BLUE, GREEN, AND CIRCULAR ECONOMY
	LIVELIHOODS, ALTERNATIVE ENERGY EFFORTS, AND NATURE-BASED SOLUTIONS.
4b	(Code:) (Expenses \$ 41,165,952. including grants of \$ 21,138,621.) (Revenue \$)
	ADVANCE RIGHTS AND JUSTICE: PADF ADVANCES INCLUSIVE AND ACCOUNTABLE
	GOVERNANCE SYSTEMS AND DEMOCRATIC PROCESSES THROUGHOUT THE REGION,
	BUILDING ON OUR KNOWLEDGE AND TRACK RECORD OF WORKING WITH CIVIL
	SOCIETY ORGANIZATIONS, HUMAN RIGHTS DEFENDERS, JOURNALISTS, COMMUNITY
	GROUPS, PUBLIC SECTOR OFFICIALS, AND INSTITUTIONS TO PROMOTE AN
	ENABLING ENVIRONMENT FOR INCLUSIVE AND ACCOUNTABLE GOVERNANCE SYSTEMS
	AND DEMOCRATIC PROCESSES THROUGHOUT THE REGION, BUILDING ON OUR
	KNOWLEDGE AND TRACK RECORD OF WORKING WITH CIVIL SOCIETY ORGANIZATIONS, HUMAN RIGHTS DEFENDERS, JOURNALISTS, COMMUNITY GROUPS, PUBLIC SECTOR
	OFFICIALS, AND INSTITUTIONS TO PROMOTE AN ENABLING ENVIRONMENT FOR THE
	PROTECTION OF HUMAN RIGHTS, THE RULE OF LAW, AND ACCESS TO JUSTICE.
4c	(Code:) (Expenses \$ 31,702,675. including grants of \$ 7,700,614.) (Revenue \$)
	ADDRESS THE NEEDS OF VULNERABLE POPULATIONS: PADF STRIVES TO REDUCE
	VULNERABILITY, ADDRESS IMMEDIATE NEEDS, AND STRENGTHEN COPING
	CAPABILITIES OF VULNERABLE POPULATIONS, ESPECIALLY THOSE AFFECTED BY
	NATURAL HAZARDS AND COMPLEX HUMANITARIAN EMERGENCIES, AS WELL AS
	VICTIMS OF GENDER-BASED VIOLENCE, AT-RISK YOUTH, MIGRANTS, MINORITIES,
	LGBTQI+, RURAL COMMUNITIES, AND OTHERS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program contice expanses 128 438 934

132002 12-09-21

10410814 745960 27153

Form 990 (2021) PAN AMERICAN DEVELOPMENT FOUNDATION 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	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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, VII, 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		Х
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		х
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		Х
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				
-	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			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b				
	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. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

132003 12-09-21

Form **990** (2021)

27153__2

Pa	rt IV Checklist of Required Schedules (continued)			
	· (contained)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 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			
	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		Х
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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	L
Pa	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>	<u></u>	X
		_	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 75	,		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

132004 12-09-21

Form **990** (2021)

27153__2

(gambling) winnings to prize winners?

Form 990 (2021) PAN AMERICAN DEVELOPMENT FOUNDATION
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	o o i (continued)			Ι
			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		37	
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.	_		37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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	_	v	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
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).			v
5a	, , , , , , , , , , , , , , , , , , , ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Α.
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		-
D	and the desired the Color	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
, a	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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
•	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? 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:			
a	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			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	·			
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	izu		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		

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 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									
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		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
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						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	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								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	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									
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process on 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)	availal	ole						
	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, and	financ	ial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	KATHERINE TAYLOR - 202-458-3969									
	1889 F STREET NW 2ND FLOOR, WASHINGTON, DC 20006									

132006 12-09-21 Form **990** (2021)

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r	nor any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week	—	cer ar	ia a a	recto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	ndividual trustee or director	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	Institutional trustee		/ee	mpen		1099-NEC)	1099-1120)	and related
	below	dual t	utio na	_	Key employee	st co	Ē	.555		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			· ·
(1) KATHERINE TAYLOR	40.00									
EXECUTIVE DIRECTOR				Х				327,422.	0.	56,482.
(2) SORAYA OSORIO	40.00									
REGIONAL DIRECTOR					Х			240,523.	0.	31,247.
(3) BEATRIZ CONINGHAM	40.00									
CHIEF PEOPLE OFFICER			L	Х				205,961.	0.	25,350.
(4) JOSEPH BLUBAUGH	40.00									
DIRECTOR OF GRANTS AND CONTRACTS						Х		161,813.	0.	39,912.
(5) BERNARD FRUCTUOSO	40.00									
SR. DIRECTOR OF FINANCE & RISK					Х			165,044.	0.	35,333.
(6) ROBERTO OBANDO	40.00									
REGIONAL DIRECTOR						X		148,398.	0.	45,020.
(7) LANCE LEVERENZ	40.00									
SR. DIRECTOR, NEW BUSINESS DEV'L						X		157,058.	0.	34,544.
(8) CAROLINA BREA	40.00									
REGIONAL DIRECTOR					Х			154,022.	0.	34,401.
(9) DANIELA COLAIACOVO	40.00									
SR. DIRECTOR COMMUNICATIONS						X		139,921.	0.	23,671.
(10) LAURA ARAGON	40.00									
THEMATIC DIR., WOMEN & GENDER						X		140,456.	0.	14,933.
(11) ELIZABETH FOX	40.00									
CHIEF TECHNICAL LEADERSHIP OFFICER				Х				135,325.	0.	14,067.
(12) GUILLERMO FLOREZ	40.00									
CHIEF INFO. OFFICER (BEG. 05/21)				Х				132,041.	0.	15,228.
(13) ALEXANDRA AGUIRRE	1.00]								
PRESIDENT & GENERAL COUNSEL		Х		X				0.	0.	0.
(14) MINA PACHECO NAZEMI	1.00]								
1ST VICE PRESIDENT		Х		X				0.	0.	0.
(15) GERMAN HERRERA	1.00									
2ND VICE PRESIDENT		Х		X				0.	0.	0.
(16) NICHOLAS GALT	1.00]								
TREASURER		Х		Х				0.	0.	0.
(17) ALEXANDRA VALDERRAMA	1.00]								
SECRETARY		Х		Х				0.	0.	0.
132007 12-09-21										Form 990 (2021)

132007 12-09-21

Form **990** (2021

27153

	ERICAN DEV	ĽL	OP	MŁ	ИŢ	. F.	UU	INDAT.TON	52-6054	<u>∠68</u>	Pa	age 8
Part VII Section A. Officers, Directors, T	rustees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per week	box	not c , unle:	ss per	more rson i	than o s both r/trus	an	Reportable compensation from	Reportable compensation from related	l	stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fi org an	npensa rom the ganizat d relate anizatie	e ion ed
(18) ANDRE POUSADA	1.00											
TRUSTEE		Х						0.	0.			0.
(19) EMIL R. INFANTE	1.00											
TRUSTEE		X						0.	0.			0.
(20) GILBERT F. CASELLAS	1.00								•			_
TRUSTEE		Х						0.	0.			0.
(21) JEAN-PIERRE L. CONTE	1.00											_
TRUSTEE		Х						0.	0.			0.
(22) JUDY BROWN	1.00							_				
TRUSTEE		Х						0.	0.			0.
(23) JULIANNE CANAVAGGIO	1.00											
TRUSTEE		Х						0.	0.			0.
(24) KATHLEEN C. BARCLAY	1.00											
TRUSTEE		Х						0.	0.			0.
(25) LUIS UBINAS	1.00											
TRUSTEE		Х						0.	0.			0.
(26) LUIS ALBERTO FERRE RANGEL	1.00											
TRUSTEE		Х						0.	0.			0.
1b Subtotal								2,107,984.	0.	37	0,1	<u>88.</u>
c Total from continuation sheets to Par	t VII, Section A							0.	0.			0.
d Total (add lines 1b and 1c)								2,107,984.	0.	37	0,1	88.
2 Total number of individuals (including b							o re	eceived more than \$100,0	000 of reportable			
compensation from the organization	<u> </u>											25
											Yes	No
3 Did the organization list any former offi		,	,	•	,	,	_		•			
line 1a? If "Yes," complete Schedule J f										3		X
4 For any individual listed on line 1a, is th	=							•	ne organization		37	
and related organizations greater than 9	\$150 0002 # "Vaa			-+- (2060	ما، ،ام		la or a combatte date of all comb		1 4	IXI	i

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C)
Name and business address	Description of services	Compensation
EAGLE TECH CORP., 7405 ALBAN STATION CT,		
SUITE 220, SPRINGFIELD, VA 22150	IT SERVICES	972,588.
GRF CPA AND ADVISORS, 4550 MONTGOMERY		
AVE., #800N, BETHESDA, MD 20814	AUDIT SERVICES	199,443.
INSTITUTO DELPHOS, URB. LA ALAMEDA, CALLE	PROGRAM, DATA	
A, CARACAS, VENEZUELA	MANAGEMENT	195,637.
PMART CONSULTANCY	PROGRAM, METHODOLOGY	
5447 S ELLIS AVE, CHICAGO, IL 60615	DEVELOPMENT	186,806.
INOVASOFT SAS	PROGRAM, SOFTWARE	
CALLE 46 SUR NO. 23-96, BOGOTA, COLOMBIA	DEVELOPMENT	149,466.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization		
~	~	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 PAN AMER	ICMN DEA	ĿL	IOF	ME	IM.T.	r	ΟU	NDATION	52-605	4200
Part VII Section A. Officers, Directors, Tru	ustees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(cl			ition that		ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) NEIL PARSAN PRUSTEE	1.00	Х						0.	0.	0.
(28) PHILIPPE R. ARMAND	1.00	х						0.	0.	0.
(29) ROBERT M. MCGEE	1.00									
PRUSTEE (30) ROBERTO MATUS	1.00	Х						0.	0.	0.
TRUSTEE (31) STEPHEN DONEHOO	1.00	Х						0.	0.	0.
TRUSTEE		х						0.	0.	0.
(32) STEVE LISTON TRUSTEE	1.00	Х						0.	0.	0.

			Check if Schedule O cont	ains a res	ponse	or note to any lin	e in this Part VIII			
				<u></u>	p 01100	o	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
					т —					30000013 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns							
3ra Iou			Membership dues		_					
S, (Fundraising events							
ar Jar		d	Related organizations	10						
s, (е	Government grants (contributi	ions) 10	•	137,377,079.				
ion		f	All other contributions, gifts, gran	ts, and						
but			similar amounts not included above	ve 11	:	3,696,245.				
ÖĘ		g	Noncash contributions included in lines	1a-1f 1 g	3 \$	220,439.				
Sor		h	Total. Add lines 1a-1f			•	141073324.			
<u> </u>						Business Code				
	2	_	SHIPPING REIMBURSABLES			900099	57,875.	57,875.		
ice	_	_	-			200022	0,,0,0,	07,070.		
er ue		b								
n S /en		С	_							
Jrar Se		d								
Program Service Revenue		е								
Δ			All other program service reve							
		g	Total. Add lines 2a-2f				57,875.			
	3		Investment income (including	dividends	s, intere	st, and				
			other similar amounts)			2,196.			2,196.	
	4		Income from investment of tax							
	5		Royalties							
			,	(i) R	eal	(ii) Personal				
	6	а	Gross rents 6a							
			Less: rental expenses 6b							
			Rental income or (loss) 6c							
			Net rental income or (loss)	•						
			Gross amount from sales of	(i) Secu		(ii) Other				
	′	a		- ''	arrei00	(ii) Othor				
			assets other than inventory 7a							
		D	Less: cost or other basis							
ığ			and sales expenses							
š		С	Gain or (loss) 7c							
her Revenue			Net gain or (loss)			•				
þe	8	а	Gross income from fundraising ev	ents (not						
ᅙ			including \$	0	f					
			contributions reported on line	1c). See						
			Part IV, line 18		8a					
		b	Less: direct expenses		8b					
		С	Net income or (loss) from fund	Iraising ev	/ents					
			Gross income from gaming ac							
			Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from gam							
			Gross sales of inventory, less							
		u	and allowances		10a					
		L								
			Less: cost of goods sold			•				
$\overline{}$		C	Net income or (loss) from sale	S OI IIIVEI	itory	Business Code				
Sn		_				Business Code				
Miscellaneous Revenue	17									
llar ren		b								
sce Be		С	<u> </u>							
Βis			All other revenue							
		е	Total. Add lines 11a-11d				444		_	
	12		Total revenue. See instructions				141133395.	57,875.	0.	2,196.

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

Δ.	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	1 400 700	1 400 700		
	and domestic governments. See Part IV, line 21	1,499,700.	1,499,700.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	67,202,273.	67,202,273.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,894,907.	336,752.	1,558,155.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	13,614,654.	10,937,094.	2,226,998.	450,562
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	403,944.		32,053.	12,062
9	Other employee benefits	6,363,314.	4,564,474.	1,655,169.	143,671
0	Payroll taxes	570,638.	404,730.	153,260.	12,648
1	Fees for services (nonemployees):				
а	Management				
b	Legal	25,363.		25,363.	
С	Accounting	244,404.		244,404.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	10 600 000	10 000 050	4 545 205	100 600
	column (A), amount, list line 11g expenses on Sch O.)	12,688,877.	10,982,859.	1,515,385.	190,633
2	Advertising and promotion	2 011 007	0 260 020	1 541 510	6 065
3	Office expenses		2,362,832.	1,541,510.	6,865
4	Information technology	498,160.	432,711.	65,087.	362
5	Royalties	1 206 045	1 151 007	172 052	0.65
6	Occupancy	1,326,045.		173,253.	965
7	Travel	3,424,195.	2,792,099.	595,459.	36,637
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	707 071	4.61 570	225 627	
9	Conferences, conventions, and meetings	797,871.	461,570.	335,637.	664
0	Interest	2,961.		2,961.	
1	Payments to affiliates	154,788.	124 452	20 224	112
2	Depreciation, depletion, and amortization	237,627.	134,452.	20,224.	5,267
3	Insurance	231,021.	168,539.	63,821.	3,40
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	HUMANITARIAN ASSISTANCE	14,895,052.	14,895,052.		
b	LOGISTIC EXPENSES	3,913,496.		149,758.	300
c	MATERIAL SUPPORT	1,689,008.		218,101.	1,231
d	PROJECT RELATED EXP.	1,360,837.		177,799.	990
	All other expenses	4,065,745.	3,336,979.	716,088.	12,678
5	Total functional expenses. Add lines 1 through 24e	140,785,066.		11,470,485.	875,647
<u>5 </u>	Joint costs. Complete this line only if the organization	, , , , , , , , ,		. ,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	I			

Га	IL A	Dalatice Stieet					
		Check if Schedule O contains a response or note to	any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			23,188,760.	1	31,110,063.
	2	Savings and temporary cash investments	1,196,359.	2	1,438,404.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		12,882,757.	4	23,564,833.	
	5	Loans and other receivables from any current or form					
		trustee, key employee, creator or founder, substanti	al co	ntributor, or 35%			
		controlled entity or family member of any of these pe		5			
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described in s	section	on 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges			193,419.	9	457,620.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D10)a	4,004,652.			
	b	Less: accumulated depreciation10		2,396,653.	1,684,056.	10c	1,607,999.
	11	Investments - publicly traded securities			45,041.	11	38,134.
	12	Investments - other securities. See Part IV, line 11	Г		12		
	13	Investments - program-related. See Part IV, line 11	Г		13		
	14	Intangible assets	4 000 506	14	222		
	15	Other assets. See Part IV, line 11	1,233,706.	15	803,292.		
	16	Total assets. Add lines 1 through 15 (must equal lin			40,424,098.	16	59,020,345.
	17	Accounts payable and accrued expenses		24,322,300.	17	39,533,184.	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part				21	
es	22	Loans and other payables to any current or former of					
≣		trustee, key employee, creator or founder, substanti		T I			
Liabilities		controlled entity or family member of any of these pe				22	
_	23	Secured mortgages and notes payable to unrelated				23	
	24	Unsecured notes and loans payable to unrelated this		Г		24	
	25	Other liabilities (including federal income tax, payabl parties, and other liabilities not included on lines 17-					
		of Schedule D	24). (Complete Part A	9,899,401.	25	12,051,145.
	26	Total liabilities. Add lines 17 through 25			34,221,701.	26	51,584,329.
	20	Organizations that follow FASB ASC 958, check h			01/221//021	20	31/331/3231
es		and complete lines 27, 28, 32, and 33.					
ů	27				5,748,819.	27	6,225,308.
3ale	28	Net assets with donor restrictions	453,578.	28	1,210,708.		
٦		Organizations that do not follow FASB ASC 958,			, , , , , , , , , , , , , , , , , , , ,		, , ,
Ē		and complete lines 29 through 33.					
þ	29	Capital stock or trust principal, or current funds				29	
;ets	30	Paid-in or capital surplus, or land, building, or equip				30	
Ass	31	Retained earnings, endowment, accumulated incom				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			6,202,397.	32	7,436,016.
	33	Total liabilities and net assets/fund balances			40,424,098.	33	59,020,345.
							Form 990 (2021)

	1330 (2021)		000 =		ı uş	gc :-
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)	1	141			
2	Total expenses (must equal Part IX, column (A), line 25)	2	140	<u>,78</u>	5,0	<u>66.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		34	8,3	<u> 29.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	,20	2,3	97.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		88	5,2	90.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	7	,43	6,0	16.
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 on 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	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	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 the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C) .			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Au	dit			
	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 require	ed aud	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b	Х	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization PAN AMERICAN DEVELOPMENT FOUNDATION 52-6054268 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 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 on 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 PAN AMERICAN DEVELOPMENT FOUNDATION 52-6054

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	, piou	a	,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(=, == 1,	(2, 2010	(5, 25.5	(5, 2525	(5, 252)	(1)
	membership fees received. (Do not						
	include any "unusual grants.")	68613195.	63142976.	67896524.	101791276	141073324	442517295
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	68613195.	63142976.	67896524.	101791276	141073324	442517295
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						442517295
	ction B. Total Support		Т	T	1	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	68613195.	63142976.	67896524.	101791276	141073324	442517295
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	4 000	4 060	2 542	0 004	0.106	15 654
	and income from similar sources	4,079.	4,962.	3,543.	2,894.	2,196.	17,674.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	3.	21 020	0 700	20		10 661
	assets (Explain in Part VI.)	3.	31,830.	8,789.	39.		40,661.
	Total support. Add lines 7 through 10		`				334,438.
	Gross receipts from related activities	,	,			12	334,430.
13	First 5 years. If the Form 990 is for the	· ·			•	* * * * *	ightharpoonup
Sec	organization, check this box and stocktion C. Computation of Publ					•••••	
	Public support percentage for 2021 (column (f))		14	99.99 %
	Public support percentage from 2020					15	99.98 %
	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies						▶ 😈
b	33 1/3% support test - 2020. If the		~				
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances to				•		\sim
b	10% -facts-and-circumstances test	-	•	*	-	17a, and line 15 is	10% or
	more, and if the organization meets t	he facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s >
						Cobodulo A	(Form 990) 2021

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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22

Schedule A (Form 990) 2021

Т..

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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		
	•		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4-		
	4c		
	5a		
	- Gu		
	5b		
	5c		
	6		
	_		
	7		
	C		
	8		
	9a		
	Ju		
	9b		
	9с		
	10a		
	10b		
_		- 000	0004

132024 01-04-21

27153 2

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has tl	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
				Yes	No
		ne 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, tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Saat	super	vised, or controlled the supporting organization.	2		
Seci	1011	C. Type II Supporting Organizations		1	
				Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed	4		
Sect	the su	upported organization(s). D. All Type III Supporting Organizations	1		
		Divin Typo in Supporting SiguinEditions		Yes	No
4	Did #h	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	nization'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			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	_	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		· · · · · · · · · · · · · · · · · · ·	3		
Sect	ion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	Ш	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 ins	truction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined	_		
		hese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in	OL		
		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	_ iu ii	to organization occided a substantial adgree of another ever the policies, producting, and activities of Cacil			

27153__2

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete s	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		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	ally integrate	d Type III supporting orga	nization (see
	instructions).			·

Schedule A (Form 990) 2021

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

27153__2

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

PAN AMERICAN DEVELOPMENT FOUNDATION

Employer identification number

52-6054268

Organization type (check one):						
Filers of:		Section:				
Form 99	0 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 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(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.				
	· ·	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	Rules					
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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 education	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., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year				
answer '	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).				

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Pag

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	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>49,110,075.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 46,955,379.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>31,499,417.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 6,505,073.	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)

27153___2

Name of organization Employer identification number

PAN AMERICAN DEVELOPMENT FOUNDATION

52-6054268

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(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
123/153 11_11.	01		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

AN AN	MERICAN DEVELOPMENT FOU	NDATION			52-6054268
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	ions to organizations describe) through (e) and the following charitable, etc., contributions of \$1,0	line entry. For or	ganizations	at total more than \$1,000 for the year
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Descr	ription of how gift is held
Part I	(b) Ful pose of gift	(c) use of gift	·	(u) Desci	iption of now gift is field
		(e) Transfer	of gift		
_	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tran	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Descr	ription of how gift is held
	Transferee's name, address, a	(e) Transfer	nsfer of gift Relationship of transferor to transferee		
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Dagg	vintion of how wift in hold
Part I	(b) Fullpose of grit	(c) Use of gift		(u) Desci	ription of how gift is held
-		(e) Transfer	of gift		
-	Transferee's name, address, a			elationship of tran	nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Desci	ription of how gift is held
}		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of tran	sferor 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

Inspection

Name of the organization

PAN AMERICAN DEVELOPMENT FOUNDATION

Employer identification number 52-6054268

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nds or Ac	counts. Complete if the
	organization anomored 100 orn orn 000,1 artify, into	(a) Donor advised funds	(1	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 v	vriting that the assets held in donor	advised fund	s
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	oose conferri	ng
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form	990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) Preservat	ion of a histo	rically important land area
	Protection of natural habitat	Preservat	ion of a certit	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the	form of a cor	servation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic s	tructure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated b	y the organiz	zation during the tax
	year ▶			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	• • • • •	g of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing	conservation	n easements during the year
	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing con-	servation eas	ements during the year
_	> \$. = = (1) (1) (=) (
8	Does each conservation easement reported on line 2(d) above	•	. , . , . , .	
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	·		
	balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements.	•	atements ma	it describes the
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures. c	r Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form			
12	If the organization elected, as permitted under FASB ASC 958		ent and hala	nce sheet works
ıu	of art, historical treasures, or other similar assets held for pub	, ,		
	service, provide in Part XIII the text of the footnote to its finan	,		oc of public
h	If the organization elected, as permitted under FASB ASC 958			sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	childright, education, or recearer in	r iai ti ioi ai ioo	or public corvice,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				k 4
2	If the organization received or held works of art, historical trea			provide
_	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	· ·		> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

132051 10-28-21

Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	Similar	Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	make sig	gnificant u	se of its	-	-	
	collection items (check all that apply):										
а	Public exhibition	d	ı 🗌	Loan or excl	hange progra	am					
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	ey further th	e organizatio	n's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, his	storical treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgar	nization's col	lection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered '	'Yes" on I	Form 990	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contributions	s or other ass	sets not ir	ncluded				
	on Form 990, Part X?							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance						1f				
	Did the organization include an amount on Fe						y?	\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	rm 990, Part						
		(a) Current year	(b) F	rior year	(c) Two year	rs back ((d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment >	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held an	nd administer	ed for the	e organiza	tion			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		—
	(ii) Related organizations								3a(ii)		—
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part IV	/, line 11a. S	ee Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or o		, ,	or other	٠,	cumulate	d	(d) Bool	k valu	ıe
		basis (investr	nent)	basis	· ·	dep	reciation				
	Land	I			3,240.						40.
	Buildings				0,906.	6	80,05				54.
	Leasehold improvements			9	0,152.		69,15	6.	20	J,9	96.
d	Equipment			4 = 6	2 2 5 7		45 4		4 4 4	<u> </u>	
	Other	•		•	0,354.		47,44	_		_	09.
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 10	Oc.)				1,60	•	
								Schodulo	D /F		1 0004

Schedule D (Form 990) 2021

	(Form 990) 2021			DEVELOPMENT	FOUNDATION	52-6054268	Pag
Part VII	Investments - Ot	her Se	curities.				
	Complete if the organi	ization an	swered "Yes" on	Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12		
4 3 5 1							

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Tatal (Cal (h) manat annual Farma COO Dant V and (D) line 10)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
<u>(1)</u>	
(2)	
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	11,208,679.
(3) OPERATING LEASE LIABILITY	800,564.
(4) CAPITAL LEASE OBLIGATIONS	41,902.
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 12,051,145.

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

Schedule D (Form 990) 2021

27153__2

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l			T
1	Total revenue, gains, and other support per audited financial statements			1	143,433,043.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	. 2b	2,299,648.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	2,299,648.
3	Subtract line 2e from line 1			3	141,133,395.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b					
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	141,133,395.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per R	etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total expenses and losses per audited financial statements			1	143,084,714.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, ,
	Donated services and use of facilities	2a	2,299,648.		
b	Prior year adjustments				
c	Other losses	1 1			
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	2,299,648.
3	Subtract line 2e from line 1				140,785,066.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	—			
	Add lines 4a and 4b			4c	0.
5					140,785,066.
	t XIII Supplemental Information.				, . , ,
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV lines 1	h and 2h· Part V line 4·	Part	X line 2· Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			, r are	7, 1110 2, 1 41174,
	and 15, and 1 arryin, into 24 and 15.7 libe complete the part to provide any add	incional inio	mation.		
PAF	RT X, LINE 2:				
	·				
FOF	R THE YEARS ENDED SEPTEMBER 30, 2022 AND 20	021, Т	HE FOUNDATION	ON :	HAS
DOC	CUMENTED ITS CONSIDERATION OF FASB ASC 740-	-10, I	NCOME TAXES	, Т	HAT
PRO	VIDES GUIDANCE FOR REPORTING UNCERTAINTY	IN INC	COME TAXES A	ND	HAS
DE'	ERMINED THAT NO MATERIAL UNCERTAIN TAX POS	SITION	IS QUALIFY F	OR	EITHER
REC	COGNITION OR DISCLOSURE IN THE FINANCIAL ST	TATEME	ENTS.		

Schedule D (Form 990) 2021

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.

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Form 990, Part IV, line 14b.

Employer identification number

PAN AMERICAN DEVELOPMENT FOUNDATION 52-6054268

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

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

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

			an be duplicated if additional space is n		(f) Total
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	(e) If activity listed in (d) is a program service,	(f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to	describe specific type	for and
		contractors in the region	recipients located in the region)	of service(s) in the region	investments in the region
		in the region		ADDRESS NEEDS OF	
				VULNERABLE POPULATIONS,	
CENTRAL AMERICA AND				PROMOTE SUSTAINABLE	
THE CARIBBEAN	12	99	PROGRAM SERVICES	LIVELIHOODS AND ADVANCE	16,920,548
				ADDRESS NEEDS OF	
				VULNERABLE POPULATIONS,	
				PROMOTE SUSTAINABLE	
NORTH AMERICA	1	11	PROGRAM SERVICES	LIVELIHOODS AND ADVANCE	720,940
				ADDRESS NEEDS OF	
				VULNERABLE POPULATIONS,	
				PROMOTE SUSTAINABLE	
SOUTH AMERICA	34	736	PROGRAM SERVICES	LIVELIHOODS AND ADVANCE	44,395,120
CENTRAL AMERICA AND		_	GRANTS TO RECIPIENTS		1
THE CARIBBEAN	0	0	LOCATED IN THE REGION		8,025,912
			GRANTS TO RECIPIENTS		
NORTH AMERICA	0	0	LOCATED IN THE REGION		410,558
			GRANTS TO RECIPIENTS		
SOUTH AMERICA	0	0	LOCATED IN THE REGION		58,765,803
		0.5			120 220 221
3 a Subtotal	47	846			129,238,881
b Total from continuation	0	0			
sheets to Part I	0	0			0
c Totals (add lines 3a					

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2021

132071 12-20-21

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)
			ADDRESS NEEDS OF					
		CENTRAL AMERICA &	VULNERABLE		WIRES/ACHS/CRED			
		CARIBBEAN	POPULATIONS	80,249.	IT CARDS	0.		
			ADDRESS NEEDS OF					
		CENTRAL AMERICA &	VULNERABLE		WIRES/ACHS/CRED			
		CARIBBEAN	POPULATIONS	156,041.	IT CARDS	0.		
			ADDRESS NEEDS OF					
					WIRES/ACHS/CRED			
			VULNERABLE	16 260		0		
		CARIBBEAN	POPULATIONS	16,260.	IT CARDS	0.		
			ADDRESS NEEDS OF					
			VULNERABLE		WIRES/ACHS/CRED			
		CARIBBEAN	POPULATIONS	96,905.	IT CARDS	0.		
			ADDRESS NEEDS OF					
		CENTRAL AMERICA &	VULNERABLE		WIRES/ACHS/CRED			
		CARIBBEAN	POPULATIONS	111,000.	IT CARDS	0.		
			ADDRESS NEEDS OF					
		CENTRAL AMERICA &	VULNERABLE		WIRES/ACHS/CRED			
		CARIBBEAN	POPULATIONS	115,955.		0.		
				Í				
			ADDRESS NEEDS OF					
		CENTRAL AMERICA &	VULNERABLE		WIRES/ACHS/CRED			
		CARIBBEAN	POPULATIONS	63,992.	IT CARDS	0.		
			ADDDEGG MEEDG OF					
		CENTRAL AMERICA A	ADDRESS NEEDS OF		MIDEG /AGUG /CDED			
		CENTRAL AMERICA &	VULNERABLE	104 071	WIRES/ACHS/CRED			
		CARIBBEAN	POPULATIONS recognized as charities by the	184,071.		0.		

2 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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2021

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions 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)
			ADDRESS NEEDS OF					
		CENTRAL AMERICA &	VULNERABLE		WIRES/ACHS/CRED	_		
		CARIBBEAN	POPULATIONS	42,514.	IT CARDS	0.		
			ADDDEGG MEEDG OF					
		GENERAL AMERICA C	ADDRESS NEEDS OF		MIDEG /AGUG /GDED			
		CENTRAL AMERICA &	VULNERABLE	E2 074	WIRES/ACHS/CRED			
		CARIBBEAN	POPULATIONS	52,074.	IT CARDS	0.		
			ADDRESS NEEDS OF					
		CENTRAL AMERICA &	VULNERABLE		WIRES/ACHS/CRED			
		CARIBBEAN	POPULATIONS	170 020	IT CARDS	0.		
		CARIBBEAN	FOLUMITONS	170,020.	II CARDS	· · ·		
			ADDRESS NEEDS OF					
		CENTRAL AMERICA &	VULNERABLE		WIRES/ACHS/CRED			
		CARIBBEAN	POPULATIONS	26 666	IT CARDS	0.		
				20,000.				
			ADDRESS NEEDS OF					
		CENTRAL AMERICA &	VULNERABLE		WIRES/ACHS/CRED			
		CARIBBEAN	POPULATIONS	75 918.	IT CARDS	0.		
				, , , , , , , , ,				
			ADDRESS NEEDS OF					
		CENTRAL AMERICA &	VULNERABLE		WIRES/ACHS/CRED			
		CARIBBEAN	POPULATIONS	23,400.	IT CARDS	0.		
				•				
			ADDRESS NEEDS OF					
		CENTRAL AMERICA &	VULNERABLE		WIRES/ACHS/CRED			
		CARIBBEAN	POPULATIONS	5,974.	IT CARDS	0.		
			ADDRESS NEEDS OF					
		CENTRAL AMERICA &	VULNERABLE		WIRES/ACHS/CRED			
		CARIBBEAN	POPULATIONS	58,406.	IT CARDS	0.		
			ADDRESS NEEDS OF					
		CENTRAL AMERICA &	VULNERABLE		WIRES/ACHS/CRED			
		CARIBBEAN	POPULATIONS	206,628.	IT CARDS	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90). Part II. line 1)	r ago 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)
			ADDRESS NEEDS OF					
		CENTRAL AMERICA &	VULNERABLE		WIRES/ACHS/CRED	_		
		CARIBBEAN	POPULATIONS	208,630.	IT CARDS	0.		
			ADDRESS NEEDS OF					
		CENTRAL AMERICA &	WULNERABLE		WIRES/ACHS/CRED			
		CARIBBEAN	POPULATIONS	12 579.	IT CARDS	0.		
				,				
			ADDRESS NEEDS OF					
		CENTRAL AMERICA &	VULNERABLE		WIRES/ACHS/CRED			
		CARIBBEAN	POPULATIONS	41,546.	IT CARDS	0.		
			ADVANCE RIGHTS AND	10.000	WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	10,000.	IT CARDS	0.		
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE		IT CARDS	0.		
				, -				
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	7,895.	IT CARDS	0.		
			10001000 DIGUES 1000					
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND	70.060	WIRES/ACHS/CRED	0		
		CARIBBEAN	JUSTICE	79,960.	IT CARDS	0.		
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	72,000.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	15,000.	IT CARDS	0.		

Part II Continuation of Grants	and Other Assistance to Organia	ations or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ago z
1 (b) IRS	code section (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)
	CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	102 272	WIRES/ACHS/CRED IT CARDS	0.		
	CARIDDEAN	JUSTICE	102,272.	IT CARDS	0.		
	CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
	CARIBBEAN	JUSTICE	7,248.	IT CARDS	0.		
	CENTRAL AMERICA &			WIRES/ACHS/CRED			
	CARIBBEAN	JUSTICE	60,000.	IT CARDS	0.		
	CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
	CARIBBEAN	JUSTICE	48,570.	IT CARDS	0.		
			,				
	CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
	CARIBBEAN	JUSTICE	15,000.	IT CARDS	0.		
	CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE		WIRES/ACHS/CRED IT CARDS	0.		
	CARIBBEAN	JUSTICE	36,033.	IT CARDS	0.		
	CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
	CARIBBEAN	JUSTICE	6,900.	IT CARDS	0.		
	CENTRAL AMERICA &		_	WIRES/ACHS/CRED			
	CARIBBEAN	JUSTICE	52,250.	IT CARDS	0.		
	CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
	CARIBBEAN	JUSTICE		IT CARDS	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	17 071	WIRES/ACHS/CRED IT CARDS	0.		
		CARIBBEAN	DUSTICE	17,071.	II CARDS	0.		+
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	24,863.	IT CARDS	0.		
			ADVANCE RIGHTS AND	0.704	WIRES/ACHS/CRED IT CARDS	0		
		CARIBBEAN	JUSTICE	9,784.	IT CARDS	0.		
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		 WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	22,000.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	10,500.	IT CARDS	0.		
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE		IT CARDS	0.		
				, -		-		
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	23,500.	IT CARDS	0.		
		CENTED AL AMEDICA C	ADVANCE DICHEC AND		MIDEC/ACHC/CRED			
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	29 350	WIRES/ACHS/CRED IT CARDS	0.		
		OILLI DDIIII	7 051101	27,339.	- CIMDS	3.		+
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	10,282.	IT CARDS	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	77 000	WIRES/ACHS/CRED IT CARDS	0.		
		CARIBBEAN	DUSTICE	77,000.	IT CARDS	0.		
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	59,551.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	315,000.	IT CARDS	0.		
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	7 600	IT CARDS	0.		
			5 0 5 1 1 0 1	,,,,,,,,,		3.		
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	6,000.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	49,000.	IT CARDS	0.		
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	7.176.	IT CARDS	0.		
				,		_		
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	197,699.	IT CARDS	0.		
		GDVMD 31 3255 5	ADVANCE DIGUES 1300		HTDEG / 2 CTG / CTG			
			ADVANCE RIGHTS AND JUSTICE		WIRES/ACHS/CRED IT CARDS	0.		
		CAKIRBEAN	DOSTICE	40,000.	LI CAKDS	U .		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1)	r ago 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)
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	12 000	WIRES/ACHS/CRED IT CARDS	0.		
		CARIBBEAN	DUSTICE	12,000.	IT CARDS	0.		
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	24,019.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	54,933.	IT CARDS	0.		
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	104 999	IT CARDS	0.		
			5 0 5 1 1 0 2	101,333.		3.		
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	58,333.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	22,620.	IT CARDS	0.		
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	26,000.	IT CARDS	0.		
				,				
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	6,155.	IT CARDS	0.		
		GDVMD31 3255763 -	ADVANCE DIGUES 1300		HTDEG / 2 CTG / CTG			
			ADVANCE RIGHTS AND JUSTICE		WIRES/ACHS/CRED IT CARDS	0.		
		CAKIBBEAN	DOSTICE	14,999.	LI CAKDS	U .		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions 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)
		COMMUNITATION C	ADVANCE DIGUEG AND		MIDEG /AGUG /GDED			
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	29 840	WIRES/ACHS/CRED IT CARDS	0.		
				25,010.				
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	9,600.	IT CARDS	0.		
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	6.546.	IT CARDS	0.		
				, -		-		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	96,500.	IT CARDS	0.		
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	5,233.	IT CARDS	0.		
				·				
		CENTRAL AMERICA &	ADVANCE RIGHTS AND	40.000	WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	43,200.	IT CARDS	0.		
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	23,160.	IT CARDS	0.		
		GDVMD31 3255763 -	ADVANCE DIGUES 1300		HTDEG / 2 CTG / CTG			
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	45 772	WIRES/ACHS/CRED IT CARDS	0.		
		CANIBBEAN	0001100	45,112.	TI CARDS	0.		
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	67,246.	IT CARDS	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) 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)
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	8 400	WIRES/ACHS/CRED IT CARDS	0.		
		CARIBBEAN	DUSTICE	8,400.	IT CARDS	0.		
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	54,365.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	15,222.	IT CARDS	0.		
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	29 833	IT CARDS	0.		
			5051101	25,033.		3.		
		CENTRAL AMERICA &	ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	43,500.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		CARIBBEAN	JUSTICE	45,080.	IT CARDS	0.		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	20.062.	IT CARDS	0.		
				,				
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	28,975.	IT CARDS	0.		
		G 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DROMORE GUGESTINE		HTDEG / 2 CTG / CTG			
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS		WIRES/ACHS/CRED IT CARDS	0.		
		CAKIBBEAN	PIAFFIHOOD2	39,010.	LI CAKDS	U .		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</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)
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	17 550	WIRES/ACHS/CRED IT CARDS	0.		
		CARIBBEAN	ETVEHINOODS	17,330.	II CANDS	0.		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	326,440.	IT CARDS	0.		
			PROMOTE SUSTAINABLE	21 150	WIRES/ACHS/CRED	0		
		CARIBBEAN	LIVELIHOODS	21,150.	IT CARDS	0.		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	30,991.	IT CARDS	0.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED	_		
		CARIBBEAN	LIVELIHOODS	246,245.	IT CARDS	0.		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS		IT CARDS	0.		
				, -		-		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	11,356.	IT CARDS	0.		
		CENUDAL AMEDICA C	DDOMORE CHCMATNADIE		MIDEC/ACHC/CDED			
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	38 080	WIRES/ACHS/CRED IT CARDS	0.		
		OILLI DDIIII	21,201110000	30,000.	- CIMDS	3.		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	22,938.	IT CARDS	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1)	r ago 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)
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	202 274	WIRES/ACHS/CRED IT CARDS	0.		
		CARIBBEAN	FIVETIHOODS	292,374.	IT CARDS	0.		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	14,500.	IT CARDS	0.		
			PROMOTE SUSTAINABLE	00.050	WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	22,950.	IT CARDS	0.		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		   WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	9,574.	IT CARDS	0.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	22,953.	IT CARDS	0.		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS		IT CARDS	0.		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	21,600.	IT CARDS	0.		
		COMMUNICATION OF	DDONOME GUGMATNADI E		HIDDER / NOWS / STEE			
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	100 005	WIRES/ACHS/CRED IT CARDS	0.		
		CULTODEVI	HI A PHILLOODS	100,003.	II CANDS	J .		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	28,989.	IT CARDS	0.		

	Part II Continuation o	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
CENTRAL AMERICA & PROMOTE SUSTAINABLE CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN CENTRAL AMERICA & PROMOTE SUSTAINABLE CENTRAL AMERICA & PROMOTE SUSTAINABLE CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN CENTRAL AMERICA & PROMOTE SUSTAINABLE			(c) Region			''	non-cash	of non-cash	(i) Method of valuation (book, FMV, appraisal, other)
CENTRAL AMERICA & PROMOTE SUSTAINABLE CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN CENTRAL AMERICA & PROMOTE SUSTAINABLE CENTRAL AMERICA & PROMOTE SUSTAINABLE CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN CENTRAL AMERICA & PROMOTE SUSTAINABLE									
CENTRAL AMERICA & PROMOTE SUSTAINABLE CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN CENTRAL AMERICA & PROMOTE SUSTAINABLE CENTRAL AMERICA & PROMOTE SUSTAINABLE CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN CENTRAL AMERICA & PROMOTE SUSTAINABLE			CENTRAL AMERICA C	DDOMOTE CHCTATNARLE		WIDEG/ACHG/CDED			
CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN LIVELIHOODS LIVELI					15,998.		0.		
CENTRAL AMERICA & PROMOTE SUSTAINABLE CENTRAL AMERICA & PROMOTE SUSTAINABLE CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN CENTRAL AMERICA & PROMOTE SUSTAINABLE WIRES/ACHS/CRED					·				
CENTRAL AMERICA & PROMOTE SUSTAINABLE CENTRAL AMERICA & PROMOTE SUSTAINABLE CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN CENTRAL AMERICA & PROMOTE SUSTAINABLE WIRES/ACHS/CRED  CENTRAL AMERICA & PROMOTE SUSTAINABLE WIRES/ACHS/CRED									
CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN  CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN  CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN  CENTRAL AMERICA & PROMOTE SUSTAINABLE CENTRAL AMERICA & PROMOTE SUSTAINABLE  CENTRAL AMERICA & PROMOTE SUSTAINABLE  WIRES/ACHS/CRED  O.  CENTRAL AMERICA & PROMOTE SUSTAINABLE  WIRES/ACHS/CRED					66 900		0		
CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN  CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN  CENTRAL AMERICA & PROMOTE SUSTAINABLE  CENTRAL AMERICA & PROMOTE SUSTAINABLE  WIRES/ACHS/CRED  WIRES/ACHS/CRED			CARIBBEAN	LIVELIHOODS	00,000.	IT CARDS	0.		
CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN  CENTRAL AMERICA & PROMOTE SUSTAINABLE CARIBBEAN  CENTRAL AMERICA & PROMOTE SUSTAINABLE CENTRAL AMERICA & PROMOTE SUSTAINABLE  WIRES/ACHS/CRED  WIRES/ACHS/CRED									
CENTRAL AMERICA & PROMOTE SUSTAINABLE WIRES/ACHS/CRED CARIBBEAN LIVELIHOODS 140,580. IT CARDS 0.  CENTRAL AMERICA & PROMOTE SUSTAINABLE WIRES/ACHS/CRED			CENTRAL AMERICA &	PROMOTE SUSTAINABLE					
CARIBBEAN LIVELIHOODS 140,580. IT CARDS 0.  CENTRAL AMERICA & PROMOTE SUSTAINABLE WIRES/ACHS/CRED			CARIBBEAN	LIVELIHOODS	20,452.	IT CARDS	0.		
CARIBBEAN LIVELIHOODS 140,580. IT CARDS 0.  CENTRAL AMERICA & PROMOTE SUSTAINABLE WIRES/ACHS/CRED									
CENTRAL AMERICA & PROMOTE SUSTAINABLE WIRES/ACHS/CRED			CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
			CARIBBEAN	LIVELIHOODS	140,580.	IT CARDS	0.		
			CENTEDAT AMEDICA C	DDOMOTE CIICTATNADIE		WIDEG/ACUG/CDED			
			l .		22.754.		0.		
					, -		-		
CENTRAL AMERICA & PROMOTE SUSTAINABLE WIRES/ACHS/CRED			l .		205 500		0		
CARIBBEAN LIVELIHOODS 305,580. IT CARDS 0.			CARIBBEAN	LIVELIHOODS	305,560.	IT CARDS	0.		
CENTRAL AMERICA & PROMOTE SUSTAINABLE WIRES/ACHS/CRED				PROMOTE SUSTAINABLE					
CARIBBEAN LIVELIHOODS 22,293. IT CARDS 0.			CARIBBEAN	LIVELIHOODS	22,293.	IT CARDS	0.		
CENTRAL AMERICA & PROMOTE SUSTAINABLE WIRES/ACHS/CRED			CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
CARIBBEAN LIVELIHOODS 499,990. IT CARDS 0.					499,990.		0.		
CENTRAL AMERICA & PROMOTE SUSTAINABLE WIRES/ACHS/CRED			CENTRAL AMERICA C	PROMOTE SIISTATNARIE		MIBES/VCHS/CDED			
CARIBBEAN LIVELIHOODS 19,870. IT CARDS 0.			l .		19,870.		0.		

Part II Cont	inuation of	Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of org	ganization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
			CARIBBEAN	LIVELIHOODS	11,733.	IT CARDS	0.		
					,				
				PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
			CARIBBEAN	LIVELIHOODS	216,716.	IT CARDS	0.		
			CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
			CARIBBEAN	LIVELIHOODS	22,950.	IT CARDS	0.		
			CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
			CARIBBEAN	LIVELIHOODS	17 605.	IT CARDS	0.		
				PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
			CARIBBEAN	LIVELIHOODS	22,557.	IT CARDS	0.		
			CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
			CARIBBEAN	LIVELIHOODS	25,000.	IT CARDS	0.		
				DDOMONE GUGMATNADI E		HIDEG /AGUG /GDED			
			CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	8 478	WIRES/ACHS/CRED IT CARDS	0.		
					0,170.				
			CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
			CARIBBEAN	LIVELIHOODS	23,352.	IT CARDS	0.		
			CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
			CARIBBEAN	LIVELIHOODS	19,326.	IT CARDS	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</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)
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	80 000	WIRES/ACHS/CRED IT CARDS	0.		
		CARIBBEAN	ETVEHINOODS	00,000.	II CANDS	0.		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	77,124.	IT CARDS	0.		
			PROMOTE SUSTAINABLE	E 100	WIRES/ACHS/CRED	0		
		CARIBBEAN	LIVELIHOODS	5,180.	IT CARDS	0.		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		 WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	23,932.	IT CARDS	0.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	19,622.	IT CARDS	0.		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS		IT CARDS	0.		
				, -		-		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	34,204.	IT CARDS	0.		
		COMPAL AMEDICA A	DDOMONE GUGMATNADIE		MIDEG / AGUG / CDED			
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	84 198	WIRES/ACHS/CRED IT CARDS	0.		
		CITTIDENI		04,190.	II CANDO	0.		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	25,388.	IT CARDS	0.		

Part II Continuation	of Grants and Other	Assistance to Organiza	tions 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)
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	12,672.	IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	22 050	WIRES/ACHS/CRED IT CARDS	0.		
		CARIBBEAN	LIVELINOODS	22,939.	IT CARDS	0.		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	23,181.	IT CARDS	0.		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	137,673.	IT CARDS	0.		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	18.387.	IT CARDS	0.		
				, -		-		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE	7 000	WIRES/ACHS/CRED	0		
		CARIBBEAN	LIVELIHOODS	7,000.	IT CARDS	0.		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	50,000.	IT CARDS	0.		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	10,000.	IT CARDS	0.		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	7,500.	IT CARDS	0.		
			l .					-1

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	15 000	WIRES/ACHS/CRED IT CARDS	0.		
		CARIBBEAN	ETVEHINOODS	15,000.	II CANDS	0.		-
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	20,000.	IT CARDS	0.		
			PROMOTE SUSTAINABLE	15 000	WIRES/ACHS/CRED IT CARDS	0		
		CARIBBEAN	LIVELIHOODS	15,000.	IT CARDS	0.		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	25,000.	IT CARDS	0.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED	_		
		CARIBBEAN	LIVELIHOODS	40,000.	IT CARDS	0.		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	7,000.	IT CARDS	0.		
				,				
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	30,000.	IT CARDS	0.		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	25 000	IT CARDS	0.		
		OILLE DELLIN	21,221110000	25,000.	II CIMDS	0.		+
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	10,000.	IT CARDS	0.		

Part II Continua	ation of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organiz	zation (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)
		CENTED AL AMEDICA C	DDOMORE CHCMAINADLE		MIDEC /ACUC /CDED			
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	35 000	WIRES/ACHS/CRED IT CARDS	0.		
				00,000.				
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	7,815.	IT CARDS	0.		
		CENTRAL AMERICA &	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		CARIBBEAN	LIVELIHOODS	7,013.	IT CARDS	0.		
				,				
			ADDRESS NEEDS OF					
			VULNERABLE		WIRES/ACHS/CRED			
		NORTH AMERICA	POPULATIONS	8,500.	IT CARDS	0.		
			ADDRESS NEEDS OF					
			VULNERABLE		WIRES/ACHS/CRED			
		NORTH AMERICA	POPULATIONS	9,465.	IT CARDS	0.		
			ADDRESS NEEDS OF					
			VULNERABLE		WIRES/ACHS/CRED			
		NORTH AMERICA	POPULATIONS	8,800.	IT CARDS	0.		
			ADDRESS NEEDS OF					
			VULNERABLE		WIRES/ACHS/CRED			
		NORTH AMERICA	POPULATIONS	9,000.	IT CARDS	0.		
		NODEL AMEDICA	ADVANCE RIGHTS AND	6 700	WIRES/ACHS/CRED			
		NORTH AMERICA	JUSTICE	6,700.	IT CARDS	0.		
			PEACE, JUSTICE AND		WIRES/ACHS/CRED			
		NORTH AMERICA	SECURITY	6,700.	IT CARDS	0.		

Part II Continuation o			tions or Entities Outside the		(Schedule F (Form 9	90). Part II. line 1	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
			DEACE THEMTCE AND		WIRES/ACHS/CRED			
		NORTH AMERICA	PEACE, JUSTICE AND SECURITY	6,700.	IT CARDS	0.		
				, -		-		
			PEACE, JUSTICE AND		WIRES/ACHS/CRED			
		NORTH AMERICA	SECURITY	5,400.	IT CARDS	0.		
			PEACE, JUSTICE AND		WIRES/ACHS/CRED			
		NORTH AMERICA	SECURITY	18,377.	IT CARDS	0.		
			PEACE, JUSTICE AND		 WIRES/ACHS/CRED			
		NORTH AMERICA	SECURITY	17,256.	IT CARDS	0.		
		NORTH AMERICA	PEACE, JUSTICE AND SECURITY		WIRES/ACHS/CRED IT CARDS	0.		
		NORTH AMERICA	SECURITI	30,000.	II CARDS	0.		
			PEACE, JUSTICE AND		WIRES/ACHS/CRED			
		NORTH AMERICA	SECURITY	38,650.	IT CARDS	0.		
			PEACE, JUSTICE AND		WIRES/ACHS/CRED			
		NORTH AMERICA	SECURITY	6,500.	IT CARDS	0.		
			DEACE THOMTOF AND		MIDEC/ACHC/CDED			
		NORTH AMERICA	PEACE, JUSTICE AND SECURITY	38 619.	WIRES/ACHS/CRED IT CARDS	0.		
				,,		3,		
			PEACE, JUSTICE AND		WIRES/ACHS/CRED			
		NORTH AMERICA	SECURITY	7,175.	IT CARDS	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	r ago <u>z</u>
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
			PEACE, JUSTICE AND	70 000	WIRES/ACHS/CRED	0		
		NORTH AMERICA	SECURITY	70,000.	IT CARDS	0.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		NORTH AMERICA	LIVELIHOODS	11,030.	IT CARDS	0.		
			ADDRESS NEEDS OF					
			VULNERABLE		WIRES/ACHS/CRED	_		
		SOUTH AMERICA	POPULATIONS	243,648.	IT CARDS	0.		
			ADDRESS NEEDS OF					
			WULNERABLE		WIRES/ACHS/CRED			
			POPULATIONS	117,655.	IT CARDS	0.		
				,				
			ADDRESS NEEDS OF					
			VULNERABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	95,845.	IT CARDS	0.		
			ADDRESS NEEDS OF					
		SOUTH AMERICA	VULNERABLE POPULATIONS	92 277	WIRES/ACHS/CRED IT CARDS	0.		
		BOOTH AMERICA	FOFULATIONS	32,211.	II CARDS	0.		
			ADDRESS NEEDS OF					
			VULNERABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	36,286.	IT CARDS	0.		
			ADDRESS NEEDS OF					
			VULNERABLE		WIRES/ACHS/CRED	_		
		SOUTH AMERICA	POPULATIONS	76,916.	IT CARDS	0.		
			ADDRESS NEEDS OF					
			WULNERABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	424,340.	IT CARDS	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	r age z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
			ADDRESS NEEDS OF					
			VULNERABLE		WIRES/ACHS/CRED	_		
		SOUTH AMERICA	POPULATIONS	20,207.	IT CARDS	0.		
			ADDDEGG MEEDG OF					
			ADDRESS NEEDS OF					
			VULNERABLE	245 545	WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	317,717.	IT CARDS	0.		
			ADDDEGG MEEDG OF					
			ADDRESS NEEDS OF					
			VULNERABLE	146 050	WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	146,970.	IT CARDS	0.		
			ADDDEGG MEEDG OF					
			ADDRESS NEEDS OF					
			VULNERABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	7,988.	IT CARDS	0.		
			ADDRESS NEEDS OF					
			VULNERABLE	10 156	WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	12,176.	IT CARDS	0.		
			ADDRESS NEEDS OF					
			VULNERABLE	14.000	WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	14,000.	IT CARDS	0.		
			ADDDEGG MEEDG OF					
			ADDRESS NEEDS OF					
			VULNERABLE	100 000	WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	182,837.	IT CARDS	0.		
			ADDDEGG MEEDG OF					
			ADDRESS NEEDS OF		WTDDG /2 CTG / CTG			
		GOLIMII AMERICA	VULNERABLE	145 35 1	WIRES/ACHS/CRED	[
		SOUTH AMERICA	POPULATIONS	147,354.	TT CARDS	0.		
			ADDDEGG MEEDS OF					
			ADDRESS NEEDS OF		WTDDG /2 CTG / CTG			
		GOLIMIT AMEDICA	VULNERABLE	160 216	WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	162,316.	IT CARDS	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	r age z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
			ADDRESS NEEDS OF					
			VULNERABLE		WIRES/ACHS/CRED	_		
		SOUTH AMERICA	POPULATIONS	46,700.	IT CARDS	0.		
			ADDDEGG MEEDG OF					
			ADDRESS NEEDS OF		MIDEG /AGUG /GDED			
		GOLIMIT AMEDICA	VULNERABLE DODULA TIONS	90 207	WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	80,207.	IT CARDS	0.		
			ADDRESS NEEDS OF					
			WULNERABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	162 311	IT CARDS	0.		
		DOUTH AMERICA	FOIGUATIONS	102,311.	II CARDS	0.		
			ADDRESS NEEDS OF					
			VULNERABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	401 918.	IT CARDS	0.		
			1 01 0211110112	102,510.				
			ADDRESS NEEDS OF					
			VULNERABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS		IT CARDS	0.		
				,				
			ADDRESS NEEDS OF					
			VULNERABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	168,760.	IT CARDS	0.		
			ADDRESS NEEDS OF					
			VULNERABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	142,100.	IT CARDS	0.		
			ADDRESS NEEDS OF					
			VULNERABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	10,489.	IT CARDS	0.		
			ADDRESS NEEDS OF					
			VULNERABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	307,494.	IT CARDS	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	r ugo z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
			ADDRESS NEEDS OF					
			VULNERABLE		WIRES/ACHS/CRED	_		
		SOUTH AMERICA	POPULATIONS	132,320.	IT CARDS	0.		
			ADDDEGG MEEDG OF					
			ADDRESS NEEDS OF					
			VULNERABLE	110 160	WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	110,460.	IT CARDS	0.		
			ADDDEGG MEEDG OF					
			ADDRESS NEEDS OF		WIDEG /AGUG /GDED			
		GOVERN AMERICA	VULNERABLE	255 452	WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	255,453.	IT CARDS	0.		
			ADDDECC NEEDC OF					
			ADDRESS NEEDS OF		MIDEG /AGUG /GDED			
		SOUTH AMERICA	VULNERABLE DODULA TIONS	210 016	WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	210,910.	IT CARDS	0.		
			ADDRESS MEEDS OF					
			ADDRESS NEEDS OF		MIDEC/ACHC/CDED			
		SOUTH AMERICA	VULNERABLE DODIN AUTONG	222 622	WIRES/ACHS/CRED	0.		
		SOUTH AMERICA	POPULATIONS	323,633.	IT CARDS	0.		
			ADDRESS NEEDS OF					
			WULNERABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA		9 500	IT CARDS	0.		
		SOUTH AMERICA	POPULATIONS	8,300.	IT CARDS	0.		
			ADDRESS NEEDS OF					
			WULNERABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	10 000	IT CARDS	0.		
		BOOTH AMERICA	FOFULATIONS	10,000.	II CARDS	0.		
			ADDRESS NEEDS OF					
			WULNERABLE		 WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	9 100	IT CARDS	0.		
		DOUTH AMERICA	FOLOTATIONS	9,100.	LI CANDS	0.		
			ADDRESS NEEDS OF					
			WULNERABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	7 560	IT CARDS	0.		
		POOTH AMERICA	E OF OTIVITORIS	7,300.	LI CHUDS	١. ١		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	r ago <u>z</u>
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
			ADDRESS NEEDS OF					
			VULNERABLE		WIRES/ACHS/CRED	_		
		SOUTH AMERICA	POPULATIONS	12,195.	IT CARDS	0.		
			ADDDEGG MEEDG OF					
			ADDRESS NEEDS OF					
			VULNERABLE	100 255	WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	108,375.	IT CARDS	0.		
			ADDDEGG MEEDG OF					
			ADDRESS NEEDS OF		WIDEG /AGUG /GDED			
		GOLIELL AMEDICA	VULNERABLE	0 500	WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	9,500.	IT CARDS	0.		
			ADDRESS NEEDS OF					
					MIDEC/ACHC/CDED			
		SOUTH AMERICA	VULNERABLE POPULATIONS	21 212	WIRES/ACHS/CRED IT CARDS	ا م		
		SOUTH AMERICA	POPULATIONS	21,313.	IT CARDS	0.		
			ADDRESS NEEDS OF					
			WULNERABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS		IT CARDS	0.		
		BOOTH AMERICA	FOFULATIONS	37,093.	II CARDS	0.		
			ADDRESS NEEDS OF					
			WULNERABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	92 010	IT CARDS	0.		
		DOUTH AMERICA	FOLOUMITONS	32,010.	II CARDS	0.		
			ADDRESS NEEDS OF					
			VULNERABLE		 WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	96 674.	IT CARDS	0.		
				20,000				
			ADDRESS NEEDS OF					
			VULNERABLE		 WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	33.814.	IT CARDS	0.		
				, , , , , , , , , , , , , , , , , , , ,		2.		
			ADDRESS NEEDS OF					
			 VULNERABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	9,500.	IT CARDS	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	r age z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
			ADDRESS NEEDS OF					
			VULNERABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	10,679.	IT CARDS	0.		
			1000000 WHERE OF					
			ADDRESS NEEDS OF					
			VULNERABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	471,775.	IT CARDS	0.		
			1000000 WHERE OF					
			ADDRESS NEEDS OF					
			VULNERABLE	0 415	WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	8,415.	IT CARDS	0.		
			ADDDEGG MEEDG OF					
			ADDRESS NEEDS OF		WIDEG /AGUG /GDED			
		GOVERN AMERICA	VULNERABLE	11 645	WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	11,645.	IT CARDS	0.		
			ADDDEGG MEEDG OF					
			ADDRESS NEEDS OF		WIDEG /AGUG /GDED			
		GOVERN AMERICA	VULNERABLE	106 167	WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	126,167.	IT CARDS	0.		
			ADDDEGG MEEDG OF					
			ADDRESS NEEDS OF		WIRES/ACHS/CRED			
		SOUTH AMERICA	VULNERABLE	76 272	IT CARDS			
		SOUTH AMERICA	POPULATIONS	76,373.	IT CARDS	0.		
			ADDDEGG MEEDG OF					
			ADDRESS NEEDS OF		MIDEG /AGUG /GDED			
		SOUTH AMERICA	VULNERABLE	60 206	WIRES/ACHS/CRED	0.		
		SOUTH AMERICA	POPULATIONS	69,306.	IT CARDS	0.		
			ADDRESS NEEDS OF					
					MIDEC/ACUC/CDED			
		SOUTH AMERICA	VULNERABLE	0 970	WIRES/ACHS/CRED IT CARDS	0.		
		BOOTH AMERICA	POPULATIONS	3,0/0.	LI CAKDS	0.		+
			ADDRESS NEEDS OF					
			VULNERABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	49 737	IT CARDS	0.		
		POULH AMERICA	FOLOTALIONS	49,131.	HI CWEDS	١. ٠		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
			ADDRESS NEEDS OF					
			VULNERABLE	05 054	WIRES/ACHS/CRED			
		SOUTH AMERICA	POPULATIONS	25,274.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	27 739.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	47,687.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	136,419.	IT CARDS	0.		
			ADVANCE RIGHTS AND		 WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	56 455	IT CARDS	0.		
				50,100.				
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	146,200.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	7,572.	IT CARDS	0.		
			ADVANCE DICUMO AND		WIDEG / ACUG / CDED			
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	56 963	WIRES/ACHS/CRED IT CARDS	0.		
		DOUTH MILITIA	7 0 5 1 1 0 1	30,703.	- CIMDS	3.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	14,986.	IT CARDS	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	378,397.	IT CARDS	0.		
				,				
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED	0		
		SOUTH AMERICA	JUSTICE	6,000.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	6,375.	IT CARDS	0.		
			ADVANCE RIGHTS AND		 WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	48,128.	IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE		WIRES/ACHS/CRED IT CARDS	0.		
		BOUTH AMERICA	DUSTICE	37,003.	II CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	13,915.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	79,593.	IT CARDS	0.		
			ADVANCE DIGUES AND		MIDEG /ACUG /CDED			
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE		WIRES/ACHS/CRED IT CARDS	0.		
				2,200.		3,		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	91,065.	IT CARDS	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	21 875	WIRES/ACHS/CRED IT CARDS	0.		
		DOUTH IMMERICAN	5 0 5 1 1 0 2	21,073.		3.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	39,300.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	73,935.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	45,000.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	65,749.	IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE		WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	DUSTICE	40,020.	II CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	5,204.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	17 500.	IT CARDS	0.		
			· · · · 	=:,====				
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	36,591.	IT CARDS	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
			ADVANCE DIGUEG AND		MIDEG / AGUG / GDED			
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	54 577.	WIRES/ACHS/CRED IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	34,158.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	70,887.	IT CARDS	0.		
			ADVANCE RIGHTS AND	02.050	WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	83,050.	IT CARDS	0.		+
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	5,032.	IT CARDS	0.		
			ADVANCE DIGUEG AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	59 536	IT CARDS	0.		
				02,000.				
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	35,030.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	66,449.	IT CARDS	0.		
				,				
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED	_		
		SOUTH AMERICA	JUSTICE	169,381.	IT CARDS	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	274,094.	IT CARDS	0.		
				,				
			ADVANCE RIGHTS AND	10 000	WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	10,000.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	5,940.	IT CARDS	0.		
			ADVANCE RIGHTS AND		 WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	17,650.	IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	5 400	WIRES/ACHS/CRED IT CARDS	0.		
		DOUTH AMERICA	DUSTICE	3,400.	II CANDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	282,568.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	91,647.	IT CARDS	0.		
			ADVANCE DICUMO AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	11.366.	IT CARDS	0.		
				,				
			ADVANCE RIGHTS AND	=	WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	57,409.	IT CARDS	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
			ADVANCE DIGUEG AND		MIDEG / AGUG / GDED			
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	29 769.	WIRES/ACHS/CRED IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	18,659.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	61,179.	IT CARDS	0.		
			ADVANCE RIGHTS AND	010 106	WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	212,136.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	6205171.	IT CARDS	0.		
			ADVANCE DIGUEG AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	30 926	IT CARDS	0.		
				00,520.				
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	76,837.	IT CARDS	0.		
			ADVANCE RIGHTS AND		 WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	9,289.	IT CARDS	0.		
				,				
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED	_		
		SOUTH AMERICA	JUSTICE	47,790.	IT CARDS	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1)	r age <u>z</u>
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	13 617	WIRES/ACHS/CRED IT CARDS	0.		
		DOUTH AMERICA	DOSTICE	13,017.	II CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	8,400.	IT CARDS	0.		
			ADVANCE DIGUEG AND		MIDEG /AGUG /GDED			
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	405 583	WIRES/ACHS/CRED IT CARDS	0.		
		DOUTH MAINTEN	0001101	403,303.	TT CIMBB	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	158,318.	IT CARDS	0.		
			ADVINAT DEGUMA AND					
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	8 846	WIRES/ACHS/CRED IT CARDS	0.		
		DOUTH AMERICA	DUSTICE	0,040.	II CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	51,049.	IT CARDS	0.		
			ADVANCE DIGUES AND		WIDER (AGUS (SDED			
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	96 155	WIRES/ACHS/CRED IT CARDS	0.		
		DOUTH MADRICA	0001101	30,133.	TT CIMBB	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	5,940.	IT CARDS	0.		
			ADVANCE DIGUES AND		WIDEG / 2 CT = -			
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	36 362	WIRES/ACHS/CRED IT CARDS	0.		
		POOTH AMERICA	POSITCE	30,302.	LI CHUDS	٠.		

Part II Continuation	n of Grants and Other	Assistance to Organiza	tions 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)
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	277,739.	IT CARDS	0.		
				,				
		GOLIMIT AMEDICA	ADVANCE RIGHTS AND	270 124	WIRES/ACHS/CRED	0		
		SOUTH AMERICA	JUSTICE	2/8,124.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	54,359.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	25,653.	IT CARDS	0.		
			ADMANGE DIGUMG AND		MIDEC/ACUC/CDED			
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	83 726.	WIRES/ACHS/CRED IT CARDS	0.		
				,				
		GOVERN AMERICA	ADVANCE RIGHTS AND	101 626	WIRES/ACHS/CRED	0		
		SOUTH AMERICA	JUSTICE	101,636.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	53,930.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	108,642.	IT CARDS	0.		
			ADVANCE DIGUES AND		MIDEG /ACUG /CDED			
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	19,000.	WIRES/ACHS/CRED IT CARDS	0.		
			I.		1			

Part II Continuation o			tions or Entities Outside the		(Schedule F (Form 9	90). Part II. line 1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	17,403.	IT CARDS	0.		
				, -		-		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	63,209.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	9,900.	IT CARDS	0.		
			ADVANCE RIGHTS AND		 WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	45,720.	IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE		WIRES/ACHS/CRED IT CARDS	0.		
		BOUTH AMERICA	DUSTICE	101,979.	II CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	55,703.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	64,604.	IT CARDS	0.		
			ADVANCE DICHMC AND		MIDEC/ACHC/CDED			
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	127,966.	WIRES/ACHS/CRED IT CARDS	0.		
						, ,,		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	6,000.	IT CARDS	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
			ADVANCE DICUMS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	143,972.	IT CARDS	0.		
				,				
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED	0		
		SOUTH AMERICA	JUSTICE	18,188.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	45,000.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	639,782.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED	0.		
		SOUTH AMERICA	JUSTICE	111,303.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	152,527.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	88,503.	IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	212 551	WIRES/ACHS/CRED IT CARDS	0.		
		DOUTH AMBRICA	5051102	212,331.	II CANDO	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	6,000.	IT CARDS	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	666 604	WIRES/ACHS/CRED IT CARDS	0.		
		DOUTH IMMERICAN	5 0 5 1 1 0 2	000,001.		3.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	6,940.	IT CARDS	0.		
			ADVANCE RIGHTS AND		 WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	103,284.	IT CARDS	0.		
				·				
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED	_		
		SOUTH AMERICA	JUSTICE	22,454.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	7,540.	IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	15 400	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	DUSTICE	13,400.	II CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	15,000.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	11 907.	IT CARDS	0.		
			· · · · 					
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	104,443.	IT CARDS	0.		

Part II Continuation o			tions or Entities Outside the		(Schedule F (Form 9	90). Part II. line 1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
			ADVANCE DIGUEG AND		MIDEG /AGUG /GDED			
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	68 169.	WIRES/ACHS/CRED IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	124,048.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	6,000.	IT CARDS	0.		
			ADVANCE RIGHTS AND	00.040	WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	89,040.	IT CARDS	0.		+
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	168,126.	IT CARDS	0.		
			ADVANCE DIGUEG AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	6 000	IT CARDS	0.		
			5 0 5 1 1 0 2	0,000.		3.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	76,260.	IT CARDS	0.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE		IT CARDS	0.		
				, = 0				
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	8,335.	IT CARDS	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
			ADVANCE DIGUEG AND		MIDEG / AGUG / GDED			
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	8 433	WIRES/ACHS/CRED IT CARDS	0.		
		DOUTH IMMERICAN	5 0 5 1 1 0 2	0,133.		3.		
			ADVANCE RIGHTS AND		WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	26,896.	IT CARDS	0.		
			ADVANCE RIGHTS AND		 WIRES/ACHS/CRED			
		SOUTH AMERICA	JUSTICE	16,416.	IT CARDS	0.		
				·				
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED	_		
		SOUTH AMERICA	LIVELIHOODS	50,424.	IT CARDS	0.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	41,077.	IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	97 430	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	LIVELINOODS	37,430.	II CARDS	0.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	263,071.	IT CARDS	0.		
			DDOMONE CIICMATNADIE		WIDEG / ACUG / CDED			
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	32 964	WIRES/ACHS/CRED IT CARDS	0.		
				22,504.		3.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	8,660.	IT CARDS	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	62 987	WIRES/ACHS/CRED IT CARDS	0.		
		DOUTH IMMERICAN		02,507.		3.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	225,679.	IT CARDS	0.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	78,359.	IT CARDS	0.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	63,152.	IT CARDS	0.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	450,476.	IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE		WIRES/ACHS/CRED IT CARDS	0		
		SOUTH AMERICA	LIVELIHOODS	44,500.	IT CARDS	0.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	34,374.	IT CARDS	0.		
			DDOMONE GUGENTANTE		MIDEG /ACUG /CDED			
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	69 562	WIRES/ACHS/CRED IT CARDS	0.		
				05,502.				
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	5,052.	IT CARDS	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	42 000.	IT CARDS	0.		
				, -		-		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	72,326.	IT CARDS	0.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	60,900.	IT CARDS	0.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	8 400.	IT CARDS	0.		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	138,700.	IT CARDS	0.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	54,675.	IT CARDS	0.		
			DDOMORE GUGENTANTE		MIDEG /AGUG /CDED			
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	5 253	WIRES/ACHS/CRED IT CARDS	0.		
				3,233.		•		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	135,000.	IT CARDS	0.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	5,350.	IT CARDS	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
			DDOMONE GUGMATNADI E		MIDEG /AGUG /GDED			
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	32787790	WIRES/ACHS/CRED IT CARDS	0.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	5,458.	IT CARDS	0.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	30,000.	IT CARDS	0.		
			PROMOTE SUSTAINABLE	6 41 5	WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	6,417.	IT CARDS	0.		+
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	9,134.	IT CARDS	0.		
			DDOMONE GUGMATNADI E		MIDEG /AGUG /GDED			
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS		WIRES/ACHS/CRED IT CARDS	0.		
				21,103.				
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	92,010.	IT CARDS	0.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	41,432.	IT CARDS	0.		
				,				
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	14,492.	IT CARDS	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	62,906.	IT CARDS	0.		
				, -				
			PROMOTE SUSTAINABLE	450 050	WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	479,270.	IT CARDS	0.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	14,120.	IT CARDS	0.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	10,440.	IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS		WIRES/ACHS/CRED IT CARDS	0.		
		BOUTH AMERICA	LIVELINOODS	9,033.	II CARDS	0.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	32,731.	IT CARDS	0.		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	29,702.	IT CARDS	0.		
			DDOMORE CHCMAINADIR		MIDEC/ACHC/CDED			
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	101 440.	WIRES/ACHS/CRED IT CARDS	0.		
						3,		
			PROMOTE SUSTAINABLE		WIRES/ACHS/CRED			
		SOUTH AMERICA	LIVELIHOODS	21,316.	IT 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. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (f) Amount of (d) Amount of (e) Manner of (g) Description of (b) Region (a) Type of grant or assistance cash disbursement recipients cash grant noncash noncash assistance assistance PARTICIPANT SUPPORT SOUTH AMERICA 3,059 2122838. WIRES/ACHS/CREDIT CARDS 0. CENTRAL AMERICA PARTICIPANT SUPPORT AND THE CARIBBEAN 27 11,362. WIRES/ACHS/CREDIT CARDS 0

Schedule F (Form 990) 2021 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	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	X 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) 2021

27153__2

Page 5

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: ADDRESS NEEDS OF VULNERABLE POPULATIONS, PROMOTE SUSTAINABLE LIVELIHOODS AND ADVANCE RIGHTS AND JUSTICE.

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: ADDRESS NEEDS OF VULNERABLE POPULATIONS, PROMOTE SUSTAINABLE LIVELIHOODS AND ADVANCE RIGHTS AND JUSTICE.

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: ADDRESS NEEDS OF VULNERABLE POPULATIONS, PROMOTE SUSTAINABLE LIVELIHOODS AND ADVANCE RIGHTS AND JUSTICE.

Schedule F (Form 990) 2021

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection Name of the organization **Employer identification number** PAN AMERICAN DEVELOPMENT FOUNDATION 52-6054268 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV. line 21. for any

Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ONG ODGANIZATION OF THE AMEDICAN							PROMOTE SUSTAINABLE
OAS ORGANIZATION OF THE AMERICAN STATES - 1889 F STREET NW -							PROMOTE SUSTAINABLE LIVELIHOODS AND ADVANCE
		GOVERNMENT	E12 020	0			
WASHINGTON, DC 20006		GOVERNMENT	513,829.	0.			RIGHTS AND JUSTICE.
WORLD RESOURCES INSTITUTE							
10 G STREET NE #800							ADDRESS NEEDS OF
WASHINGTON, DC 20002	52-1257057	501(C)(3)	30,000.	0.			VULNERABLE POPULATIONS
,			,				
INNOVATIONS FOR POVERTY ACTION							
1440 G STREET NW, SUITE 9142							ADVANCE RIGHTS AND
WASHINGTON, DC 20005	06-1660068	501(C)(3)	335,324.	0.			JUSTICE
INSIGHT CRIME, INC.							
4801 MASSACHUSETTS AVE., NW SUITE 5							ADVANCE RIGHTS AND
WASHINGTON, DC 20016	82-3793490	501(C)(3)	529,000.	0.			JUSTICE
LAB4U, INC							
673 BRANNAN, UNIT 116							PROMOTE SUSTAINABLE
SAN FRANCISCO, CA 94107		OTHER	16,000.	0.			LIVELIHOODS
DAN FRANCISCO, CA 54107		DIMER	10,000.	0.			ET A ELITIOODS
UNIDOS SIN FRONTERAS, INC.							
2852 GRAND BEND CT.							ADVANCE RIGHTS AND
ORLANDO FL 32837	84-2633911	501(C)(3)	12,420.	0.			JUSTICE

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
USA LATIN NETWORKING, LLC 4793 NW 110TH CT. DORAL, FL 33178	84-4791228	OTHER	30,662.	0.			ADVANCE RIGHTS AND JUSTICE		
AUBURN UNIVERSITY 208 M. WHITE SMITH HALL, 381 MELL S AUBURN, AL 36849	63-6000724	501(C)(3)	17,465.	0.			ADVANCE RIGHTS AND		
DREAM TIME DIVE RESORT, LLC 29 AMISTAD DRIVE ST. AUGUSTINE, FL 32086	81-4418320	OTHER	15,000.	0.			PROMOTE SUSTAINABLE LIVELIHOODS		

(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
t IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
RT I, LINE 2:					
OF HAS INTERNAL PROCEDURES ON HO	W TO MONI	TOR SUBGRA	ANTS. PRE A	WARD SURVEYS	
E DONE AT THE TIME OF SUBGRANTEE	SELECTIO	N. FIELD V	/ISITS OR O	NLINE/VIDEO	
AINING IS DONE PRIOR TO IMPLEMEN	TATION AN	D THROUGHO	OUT THE PRO	JECT.	
NTHLY OR QUARTERLY REPORTS FROM	SUBGRANTE	ES ARE REC	QUIRED; MON	ITORING AND	
ALUATION IS DONE THROUGHOUT THE			-		
VEN UNTIL AFTER PRIOR ADVANCES H	AVE BEEN	CLEARED. T	THE FINANCI.	AL REPORTS	
OM SUBGRANTEES ARE REVIEWED BY A					
OGRAM 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

Internal Revenue Service Name of the organization

Department of the Treasury

PAN AMERICAN DEVELOPMENT FOUNDATION

Employer identification number 52-6054268

Pa	art I Questions Regarding Compensation							
			Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel X 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							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	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							
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a related organization:							
а	Receive a severance payment or change-of-control payment?	4a		X				
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х				
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X				
	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:	_		v				
	The organization?	5a		X				
b	Any related organization?	5b						
_	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:	0-		v				
	The organization?	6a		X				
D	Any related organization?	6b						
_	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		v					
•	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			v				
_	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		1				

132111 11-02-21

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

Schedule J (Form 990) 2021

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-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) KATHERINE TAYLOR	(i)	326,822.	600.	0.	33,101.	23,381.	383,904.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) SORAYA OSORIO	(i)	239,923.	600.	0.	22,887.	8,360.	271,770.	0.	
REGIONAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) BEATRIZ CONINGHAM	(i)	205,361.	600.	0.	14,698.	10,652.	231,311.	0.	
CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) JOSEPH BLUBAUGH	(i)	161,213.	600.	0.	22,016.	17,896.	201,725.	0.	
DIRECTOR OF GRANTS AND CONTRACTS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) BERNARD FRUCTUOSO	(i)	164,444.	600.	0.	17,033.	18,300.	200,377.	0.	
SR. DIRECTOR OF FINANCE & RISK	(ii)	0.	0.	0.	0.	0.		0.	
(6) ROBERTO OBANDO	(i)	147,798.	600.	0.	15,958.	29,062.	193,418.	0.	
REGIONAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) LANCE LEVERENZ	(i)	156,458.	600.	0.	16,244.	18,300.	191,602.	0.	
SR. DIRECTOR, NEW BUSINESS DEV'L	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) CAROLINA BREA	(i)	153,422.	600.	0.	15,673.	18,728.	188,423.	0.	
REGIONAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) DANIELA COLAIACOVO	(i)	139,321.	600.	0.	11,222.	12,449.	163,592.	0.	
SR. DIRECTOR COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) LAURA ARAGON	(i)	139,856.	600.	0.	12,896.	2,037.	155,389.	0.	
THEMATIC DIR., WOMEN & GENDER	(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 FOR EXPATRIATES AND/OR THIRD COUNTRY NATIONALS ONLY.
PART I, LINE 7:
EACH EMPLOYEE LISTED ON PART VII RECEIVED A \$600 BONUS INCLUDED IN THEIR
REPORTABLE COMPENSATION.

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

Par	t I Types of Property				1		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributior amounts reported on Form 990, Part VIII, line	noncash coi	(d) of determining ntribution amoui	nts
1	Art - Works of art				9		
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 \dots						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	X	12	127,70	4.FMV		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (AGRIC. SUPP.	X	4		7. FMV		
26	Other \blacktriangleright ($\underline{TRAINING MAT.}$)	X	13	17,42	8.FMV		
27	Other ()						
28	Other (
29	Number of Forms 8283 received by the organization						
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			Т
						Yes	s No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date	_	,	•			v
	exempt purposes for the entire holding period?	<i>'</i>				30a	<u> </u>
	If "Yes," describe the arrangement in Part II.	1:		-£	de dise	04 V	
31	Does the organization have a gift acceptance p					31 X	+-
32a	Does the organization hire or use third parties		_	· ·		20-	x
L	contributions?					32a	+
	If "Yes," describe in Part II.	/ - \ ·	v a truno of managerit	, for which only was (a) !-	ab a alca d		
33	If the organization didn't report an amount in c	oiumn (c) foi	a type of property	ior which column (a) is o	спескеа,		
	describe in Part II.					Inda NA (Farma 00	

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

Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021 Open 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:

GENERATIONS. FOR OVER 60 YEARS, WE HAVE SERVED THE MOST VULNERABLE

COMMUNITIES, INVESTING RESOURCES THROUGHOUT THE HEMISPHERE. WE PARTNER

WITH AND ENABLE CIVIL SOCIETY, GOVERNMENTS, AND THE PRIVATE SECTOR FOR

THE GREATER GOOD OF THE REGION.

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

ARUBA, BRAZIL, COLOMBIA, COSTA RICA,

CURACAO, ECUADOR, EL SALVADOR, GUATEMALA,

GUYANA, HAITI, HONDURAS, MEXICO,

PERU, ST VINCENT/GRENADINES, TRINIDAD AND TOBAGO

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR

MANAGEMENT. A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF TRUSTEES

BEFORE IT WAS FILED WITH THE IRS.

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

ON AN ANNUAL BASIS, ANY TRUSTEE OR OFFICER WHO BELIEVES HE OR SHE MAY HAVE

A CONFLICT OF INTEREST OR A POSSIBLE APPEARANCE OF A CONFLICT OF INTEREST

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.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

PAN AMERICAN DEVELOPMENT FOUNDATION

Name of the organization Employer identification number

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 2022.

THE EXECUTIVE DIRECTOR AND CHIEF OF STAFF ARE RESPONSIBLE FOR DETERMINING

THE SALARIES OF SENIOR MANAGEMENT. EXTERNAL COMPARATIVE SALARY DATA IS USED

IN THIS DECISION PROCESS.

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

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

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

FOREIGN CURRENCY TRANSLATION GAIN 885,290.

52-6054268