

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2021**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>PAN AMERICAN DEVELOPMENT FOUNDATION</b>		<b>D</b> Employer identification number <b>52-6054268</b>
	Doing business as		<b>E</b> Telephone number <b>202-458-3969</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>141,133,395.</b>
	1889 F STREET NW 2ND FLOOR		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20006</b>		<b>H(b)</b> Are all subordinates included? Yes No	
<b>F</b> Name and address of principal officer: <b>KATHERINE TAYLOR</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527			
<b>J</b> Website: ▶ <b>WWW.PADF.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>L</b> Year of formation: <b>1962</b>	<b>M</b> State of legal domicile: <b>DC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>20</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>20</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) ..... <b>5</b> <b>94</b>
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>20</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>101,791,276.</b> <b>141,073,324.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>65,348.</b> <b>57,875.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>2,894.</b> <b>2,196.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>39.</b> <b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>101,859,557.</b> <b>141,133,395.</b>
	<b>Expenses</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b>	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>17,919,000.</b> <b>22,847,457.</b>	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b>	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>875,647.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>31,162,691.</b> <b>49,235,636.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>102,060,242.</b> <b>140,785,066.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>-200,685.</b> <b>348,329.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>40,424,098.</b> <b>59,020,345.</b>
	<b>21</b> Total liabilities (Part X, line 26) ..... <b>34,221,701.</b> <b>51,584,329.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>6,202,397.</b> <b>7,436,016.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>KATHERINE TAYLOR, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RICHARD J. LOCASTRO, CPA</b>	Preparer's signature <i>Richard J. Locastro</i>	Date <b>08/14/2023</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00288314</b>
	Firm's name ▶ <b>GELMAN, ROSENBERG &amp; FREEDMAN</b>	Firm's EIN ▶ <b>52-1392008</b>	Firm's address ▶ <b>4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930</b>		
			Phone no. <b>301-951-9090</b>		

May the IRS discuss this return with the preparer shown above? See instructions .....  Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE PAN AMERICAN DEVELOPMENT FOUNDATION (PADF) BELIEVES IN CREATING A HEMISPHERE OF OPPORTUNITY, FOR ALL. WE 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 If "Yes," describe these new services on Schedule O.

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

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

4a (Code: ) (Expenses \$ 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 \$ )

4e Total program service expenses 128,438,934.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules** (continued)

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	20	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	20	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>7a</b>			X
<b>7b</b>			X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>8a</b>		X	
<b>8b</b>		X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **KATHERINE TAYLOR - 202-458-3969**  
**1889 F STREET NW 2ND FLOOR, WASHINGTON, DC 20006**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHERINE TAYLOR EXECUTIVE DIRECTOR	40.00			X				327,422.	0.	56,482.
(2) SORAYA OSORIO REGIONAL DIRECTOR	40.00				X			240,523.	0.	31,247.
(3) BEATRIZ CONINGHAM CHIEF PEOPLE OFFICER	40.00			X				205,961.	0.	25,350.
(4) JOSEPH BLUBAUGH DIRECTOR OF GRANTS AND CONTRACTS	40.00					X		161,813.	0.	39,912.
(5) BERNARD FRUCTUOSO SR. DIRECTOR OF FINANCE & RISK	40.00			X				165,044.	0.	35,333.
(6) ROBERTO OBANDO REGIONAL DIRECTOR	40.00				X			148,398.	0.	45,020.
(7) LANCE LEVERENZ SR. DIRECTOR, NEW BUSINESS DEV'L	40.00				X			157,058.	0.	34,544.
(8) CAROLINA BREA REGIONAL DIRECTOR	40.00			X				154,022.	0.	34,401.
(9) DANIELA COLAIACOVO SR. DIRECTOR COMMUNICATIONS	40.00				X			139,921.	0.	23,671.
(10) LAURA ARAGON THEMATIC DIR., WOMEN & GENDER	40.00				X			140,456.	0.	14,933.
(11) ELIZABETH FOX CHIEF TECHNICAL LEADERSHIP OFFICER	40.00			X				135,325.	0.	14,067.
(12) GUILLERMO FLOREZ CHIEF INFO. OFFICER (BEG. 05/21)	40.00			X				132,041.	0.	15,228.
(13) ALEXANDRA AGUIRRE PRESIDENT & GENERAL COUNSEL	1.00	X		X				0.	0.	0.
(14) MINA PACHECO NAZEMI 1ST VICE PRESIDENT	1.00	X		X				0.	0.	0.
(15) GERMAN HERRERA 2ND VICE PRESIDENT	1.00	X		X				0.	0.	0.
(16) NICHOLAS GALT TREASURER	1.00	X		X				0.	0.	0.
(17) ALEXANDRA VALDERRAMA SECRETARY	1.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANDRE POUSADA TRUSTEE	1.00	X						0.	0.	0.
(19) EMIL R. INFANTE TRUSTEE	1.00	X						0.	0.	0.
(20) GILBERT F. CASELLAS TRUSTEE	1.00	X						0.	0.	0.
(21) JEAN-PIERRE L. CONTE TRUSTEE	1.00	X						0.	0.	0.
(22) JUDY BROWN TRUSTEE	1.00	X						0.	0.	0.
(23) JULIANNE CANAVAGGIO TRUSTEE	1.00	X						0.	0.	0.
(24) KATHLEEN C. BARCLAY TRUSTEE	1.00	X						0.	0.	0.
(25) LUIS UBINAS TRUSTEE	1.00	X						0.	0.	0.
(26) LUIS ALBERTO FERRE RANGEL TRUSTEE	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,107,984.	0.	370,188.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,107,984.	0.	370,188.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **25**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
EAGLE TECH CORP., 7405 ALBAN STATION CT, SUITE 220, SPRINGFIELD, VA 22150	IT SERVICES	972,588.
GRF CPA AND ADVISORS, 4550 MONTGOMERY AVE., #800N, BETHESDA, MD 20814	AUDIT SERVICES	199,443.
INSTITUTO DELPHOS, URB. LA ALAMEDA, CALLE A, CARACAS, VENEZUELA	PROGRAM, DATA MANAGEMENT	195,637.
PMART CONSULTANCY 5447 S ELLIS AVE, CHICAGO, IL 60615	PROGRAM, METHODOLOGY DEVELOPMENT	186,806.
INOVASOFT SAS CALLE 46 SUR NO. 23-96, BOGOTA, COLOMBIA	PROGRAM, SOFTWARE DEVELOPMENT	149,466.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **8**

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	137,377,079.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,696,245.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 220,439.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		141073324.			
Program Service Revenue	<b>2 a</b>	SHIPPING REIMBURSABLES	<b>Business Code</b>				
			900099	57,875.	57,875.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
<b>g</b>	<b>Total.</b> Add lines 2a-2f		57,875.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		2,196.		2,196.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses					
	<b>7 c</b>	Gain or (loss)					
<b>d</b>	Net gain or (loss)						
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
<b>8 b</b>	Less: direct expenses						
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>9 b</b>	Less: direct expenses						
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold						
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d					
<b>12</b>	<b>Total revenue.</b> See instructions		141133395.	57,875.	0.	2,196.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,499,700.	1,499,700.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> 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.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,894,907.	336,752.	1,558,155.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	13,614,654.	10,937,094.	2,226,998.	450,562.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	403,944.	359,829.	32,053.	12,062.
<b>9</b> Other employee benefits	6,363,314.	4,564,474.	1,655,169.	143,671.
<b>10</b> Payroll taxes	570,638.	404,730.	153,260.	12,648.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	25,363.		25,363.	
<b>c</b> Accounting	244,404.		244,404.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	12,688,877.	10,982,859.	1,515,385.	190,633.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	3,911,207.	2,362,832.	1,541,510.	6,865.
<b>14</b> Information technology	498,160.	432,711.	65,087.	362.
<b>15</b> Royalties				
<b>16</b> Occupancy	1,326,045.	1,151,827.	173,253.	965.
<b>17</b> Travel	3,424,195.	2,792,099.	595,459.	36,637.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	797,871.	461,570.	335,637.	664.
<b>20</b> Interest	2,961.		2,961.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	154,788.	134,452.	20,224.	112.
<b>23</b> Insurance	237,627.	168,539.	63,821.	5,267.
<b>24</b> 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.)				
<b>a HUMANITARIAN ASSISTANCE</b>	14,895,052.	14,895,052.		
<b>b LOGISTIC EXPENSES</b>	3,913,496.	3,763,438.	149,758.	300.
<b>c MATERIAL SUPPORT</b>	1,689,008.	1,469,676.	218,101.	1,231.
<b>d PROJECT RELATED EXP.</b>	1,360,837.	1,182,048.	177,799.	990.
<b>e All other expenses</b>	4,065,745.	3,336,979.	716,088.	12,678.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	140,785,066.	128,438,934.	11,470,485.	875,647.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	23,188,760.	<b>1</b>	31,110,063.
	<b>2</b> Savings and temporary cash investments .....	1,196,359.	<b>2</b>	1,438,404.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	12,882,757.	<b>4</b>	23,564,833.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	193,419.	<b>9</b>	457,620.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,004,652.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,396,653.	<b>10c</b>	1,607,999.
	<b>11</b> Investments - publicly traded securities .....	45,041.	<b>11</b>	38,134.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,233,706.	<b>15</b>	803,292.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	40,424,098.	<b>16</b>	59,020,345.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	24,322,300.	<b>17</b>	39,533,184.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	9,899,401.	<b>25</b>	12,051,145.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	34,221,701.	<b>26</b>	51,584,329.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	5,748,819.	<b>27</b>	6,225,308.
	<b>28</b> Net assets with donor restrictions .....	453,578.	<b>28</b>	1,210,708.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	6,202,397.	<b>32</b>	7,436,016.
<b>33</b> Total liabilities and net assets/fund balances .....	40,424,098.	<b>33</b>	59,020,345.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	141,133,395.
2	Total expenses (must equal Part IX, column (A), line 25)	2	140,785,066.
3	Revenue less expenses. Subtract line 2 from line 1	3	348,329.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,202,397.
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	885,290.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,436,016.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2021)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	68613195.	63142976.	67896524.	101791276	141073324	442517295
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	68613195.	63142976.	67896524.	101791276	141073324	442517295
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						442517295

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	68613195.	63142976.	67896524.	101791276	141073324	442517295
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4,079.	4,962.	3,543.	2,894.	2,196.	17,674.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	3.	31,830.	8,789.	39.		40,661.
<b>11 Total support.</b> Add lines 7 through 10						442575630
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	334,438.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.99 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	99.98 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶ <input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**  ►

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization  ►

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization  ►

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



**Part IV Supporting Organizations**

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

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No	
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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 (reasonable 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	<b>Total</b> 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: \$		
a	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	<b>Excess distributions carryover to 2022.</b> 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

**Part VI**

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

Horizontal lines for supplemental information input.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

PAN AMERICAN DEVELOPMENT FOUNDATION

Employer identification number

52-6054268

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>49,110,075.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>46,955,379.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>31,499,417.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>6,505,073.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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



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

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

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

2021

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions about monitoring, staff hours, expenses, and reporting requirements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures under FASB ASC 958, with sub-rows for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		503,240.		503,240.
b Buildings		1,630,906.	680,052.	950,854.
c Leasehold improvements		90,152.	69,156.	20,996.
d Equipment				
e Other		1,780,354.	1,647,445.	132,909.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,607,999.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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) <b>REFUNDABLE ADVANCES</b>	11,208,679.
(3) <b>OPERATING LEASE LIABILITY</b>	800,564.
(4) <b>CAPITAL LEASE OBLIGATIONS</b>	41,902.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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 ...

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	143,433,043.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	2,299,648.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,299,648.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	141,133,395.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	141,133,395.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	143,084,714.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	2,299,648.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,299,648.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	140,785,066.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	140,785,066.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

FOR THE YEARS ENDED SEPTEMBER 30, 2022 AND 2021, THE FOUNDATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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

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

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

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

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

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

Schedule F (Form 990) 2021

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	ADDRESS NEEDS OF VULNERABLE POPULATIONS	80,249.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADDRESS NEEDS OF VULNERABLE POPULATIONS	156,041.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADDRESS NEEDS OF VULNERABLE POPULATIONS	16,260.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADDRESS NEEDS OF VULNERABLE POPULATIONS	96,905.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADDRESS NEEDS OF VULNERABLE POPULATIONS	111,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADDRESS NEEDS OF VULNERABLE POPULATIONS	115,955.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADDRESS NEEDS OF VULNERABLE POPULATIONS	63,992.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADDRESS NEEDS OF VULNERABLE POPULATIONS	184,071.	WIRES/ACHS/CRED IT CARDS	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 ..... **314**

3 Enter total number of other organizations or entities ..... **54**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	ADDRESS NEEDS OF VULNERABLE POPULATIONS	42,514.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADDRESS NEEDS OF VULNERABLE POPULATIONS	52,074.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADDRESS NEEDS OF VULNERABLE POPULATIONS	178,828.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADDRESS NEEDS OF VULNERABLE POPULATIONS	26,666.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADDRESS NEEDS OF VULNERABLE POPULATIONS	75,918.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADDRESS NEEDS OF VULNERABLE POPULATIONS	23,400.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADDRESS NEEDS OF VULNERABLE POPULATIONS	5,974.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADDRESS NEEDS OF VULNERABLE POPULATIONS	58,406.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADDRESS NEEDS OF VULNERABLE POPULATIONS	206,628.	WIRES/ACHS/CRED IT CARDS	0.		



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	ADDRESS NEEDS OF VULNERABLE POPULATIONS	208,630.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADDRESS NEEDS OF VULNERABLE POPULATIONS	12,579.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADDRESS NEEDS OF VULNERABLE POPULATIONS	41,546.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	10,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	58,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	7,895.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	79,960.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	72,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	15,000.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	102,272.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	7,248.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	60,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	48,570.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	15,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	98,033.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	6,900.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	52,250.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	69,946.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	17,071.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	24,863.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	9,784.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	22,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	10,500.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	55,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	23,500.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	29,359.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	10,282.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	77,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	59,551.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	315,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	7,600.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	6,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	49,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	7,176.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	197,699.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	48,000.	WIRES/ACHS/CRED IT CARDS	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	12,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	24,019.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	54,933.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	104,999.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	58,333.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	22,620.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	26,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	6,155.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	14,999.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	29,840.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	9,600.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	6,546.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	96,500.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	5,233.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	43,200.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	23,160.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	45,772.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	67,246.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	8,400.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	54,365.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	15,222.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	29,833.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	43,500.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	ADVANCE RIGHTS AND JUSTICE	45,080.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	20,062.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	28,975.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	39,010.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	17,550.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	326,440.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	21,150.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	30,991.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	246,245.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	15,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	11,356.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	38,080.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	22,938.	WIRES/ACHS/CRED IT CARDS	0.		



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	292,374.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	14,500.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	22,950.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	9,574.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	22,953.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	21,900.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	21,600.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	100,885.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	28,989.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	15,998.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	66,800.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	20,452.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	140,580.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	22,754.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	305,580.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	22,293.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	499,990.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	19,870.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	11,733.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	216,716.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	22,950.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	17,605.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	22,557.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	25,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	8,478.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	23,352.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	19,326.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	80,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	77,124.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	5,180.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	23,932.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	19,622.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	98,782.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	34,204.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	84,198.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	25,388.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	12,672.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	22,959.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	23,181.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	137,673.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	18,387.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	7,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	50,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	10,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	7,500.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	15,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	20,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	15,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	25,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	40,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	7,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	30,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	25,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	10,000.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	35,000.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	7,815.	WIRES/ACHS/CRED IT CARDS	0.		
		CENTRAL AMERICA & CARIBBEAN	PROMOTE SUSTAINABLE LIVELIHOODS	7,013.	WIRES/ACHS/CRED IT CARDS	0.		
		NORTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	8,500.	WIRES/ACHS/CRED IT CARDS	0.		
		NORTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	9,465.	WIRES/ACHS/CRED IT CARDS	0.		
		NORTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	8,800.	WIRES/ACHS/CRED IT CARDS	0.		
		NORTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	9,000.	WIRES/ACHS/CRED IT CARDS	0.		
		NORTH AMERICA	ADVANCE RIGHTS AND JUSTICE	6,700.	WIRES/ACHS/CRED IT CARDS	0.		
		NORTH AMERICA	PEACE, JUSTICE AND SECURITY	6,700.	WIRES/ACHS/CRED IT CARDS	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	PEACE, JUSTICE AND SECURITY	6,700.	WIRES/ACHS/CRED IT CARDS	0.		
		NORTH AMERICA	PEACE, JUSTICE AND SECURITY	5,400.	WIRES/ACHS/CRED IT CARDS	0.		
		NORTH AMERICA	PEACE, JUSTICE AND SECURITY	18,377.	WIRES/ACHS/CRED IT CARDS	0.		
		NORTH AMERICA	PEACE, JUSTICE AND SECURITY	17,256.	WIRES/ACHS/CRED IT CARDS	0.		
		NORTH AMERICA	PEACE, JUSTICE AND SECURITY	90,000.	WIRES/ACHS/CRED IT CARDS	0.		
		NORTH AMERICA	PEACE, JUSTICE AND SECURITY	38,650.	WIRES/ACHS/CRED IT CARDS	0.		
		NORTH AMERICA	PEACE, JUSTICE AND SECURITY	6,500.	WIRES/ACHS/CRED IT CARDS	0.		
		NORTH AMERICA	PEACE, JUSTICE AND SECURITY	38,619.	WIRES/ACHS/CRED IT CARDS	0.		
		NORTH AMERICA	PEACE, JUSTICE AND SECURITY	7,175.	WIRES/ACHS/CRED IT CARDS	0.		



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	PEACE, JUSTICE AND SECURITY	70,000.	WIRES/ACHS/CRED IT CARDS	0.		
		NORTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	11,030.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	243,648.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	117,655.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	95,845.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	92,277.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	36,286.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	76,916.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	424,340.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	20,207.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	317,717.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	146,970.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	7,988.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	12,176.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	14,000.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	182,837.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	147,354.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	162,316.	WIRES/ACHS/CRED IT CARDS	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	46,700.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	80,207.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	162,311.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	401,918.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	98,000.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	168,760.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	142,100.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	10,489.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	307,494.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	132,320.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	110,460.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	255,453.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	218,916.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	323,633.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	8,500.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	10,000.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	9,100.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	7,560.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	12,195.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	108,375.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	9,500.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	21,313.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	57,093.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	92,010.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	96,674.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	33,814.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	9,500.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	10,679.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	471,775.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	8,415.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	11,645.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	126,167.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	76,373.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	69,306.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	9,878.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	49,737.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ADDRESS NEEDS OF VULNERABLE POPULATIONS	25,274.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	27,739.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	47,687.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	136,419.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	56,455.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	146,200.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	7,572.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	56,963.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	14,986.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	378,397.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	6,000.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	6,375.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	48,128.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	97,063.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	13,915.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	79,593.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	5,500.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	91,065.	WIRES/ACHS/CRED IT CARDS	0.		



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	21,875.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	39,300.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	73,935.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	45,000.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	65,749.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	40,828.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	5,204.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	17,500.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	36,591.	WIRES/ACHS/CRED IT CARDS	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	54,577.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	34,158.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	70,887.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	83,050.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	5,032.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	59,536.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	35,030.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	66,449.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	169,381.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	274,094.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	10,000.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	5,940.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	17,650.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	5,400.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	282,568.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	91,647.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	11,366.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	57,409.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	29,769.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	18,659.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	61,179.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	212,136.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	6205171.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	30,926.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	76,837.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	9,289.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	47,790.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	13,617.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	8,400.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	405,583.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	158,318.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	8,846.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	51,049.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	96,155.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	5,940.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	36,362.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	277,739.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	278,124.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	54,359.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	25,653.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	83,726.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	101,636.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	53,930.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	108,642.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	19,000.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	17,403.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	63,209.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	9,900.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	45,720.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	101,979.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	55,703.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	64,604.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	127,966.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	6,000.	WIRES/ACHS/CRED IT CARDS	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	143,972.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	18,188.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	45,000.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	639,782.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	111,305.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	152,527.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	88,503.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	212,551.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	6,000.	WIRES/ACHS/CRED IT CARDS	0.		



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	666,604.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	6,940.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	103,284.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	22,454.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	7,540.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	15,400.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	15,000.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	11,907.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	104,443.	WIRES/ACHS/CRED IT CARDS	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	68,169.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	124,048.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	6,000.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	89,040.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	168,126.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	6,000.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	76,260.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	5,524.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	8,335.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	8,433.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	26,896.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	ADVANCE RIGHTS AND JUSTICE	16,416.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	50,424.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	41,077.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	97,430.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	263,071.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	32,964.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	8,660.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	62,987.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	225,679.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	78,359.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	63,152.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	450,476.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	44,500.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	34,374.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	69,562.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	5,052.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	42,000.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	72,326.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	60,900.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	8,400.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	138,700.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	54,675.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	5,253.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	135,000.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	5,350.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	32787790	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	5,458.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	30,000.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	6,417.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	9,134.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	24,469.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	92,010.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	41,432.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	14,492.	WIRES/ACHS/CRED IT CARDS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	62,906.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	479,270.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	14,120.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	10,440.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	9,053.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	32,731.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	29,702.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	101,440.	WIRES/ACHS/CRED IT CARDS	0.		
		SOUTH AMERICA	PROMOTE SUSTAINABLE LIVELIHOODS	21,316.	WIRES/ACHS/CRED 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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
PARTICIPANT SUPPORT	SOUTH AMERICA	3,059	2122838.	WIRES/ACHS/CREDIT CARDS	0.		
PARTICIPANT SUPPORT	CENTRAL AMERICA AND THE CARIBBEAN	27	11,362.	WIRES/ACHS/CREDIT CARDS	0.		



Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

**PART I, LINE 2:**

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

**PART I, LINE 3, COLUMN (E):**

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: 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 I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
OAS ORGANIZATION OF THE AMERICAN STATES - 1889 F STREET NW - WASHINGTON, DC 20006		GOVERNMENT	513,829.	0.			PROMOTE SUSTAINABLE LIVELIHOODS AND ADVANCE RIGHTS AND JUSTICE.
WORLD RESOURCES INSTITUTE 10 G STREET NE #800 WASHINGTON, DC 20002	52-1257057	501(C)(3)	30,000.	0.			ADDRESS NEEDS OF VULNERABLE POPULATIONS
INNOVATIONS FOR POVERTY ACTION 1440 G STREET NW, SUITE 9142 WASHINGTON, DC 20005	06-1660068	501(C)(3)	335,324.	0.			ADVANCE RIGHTS AND JUSTICE
INSIGHT CRIME, INC. 4801 MASSACHUSETTS AVE., NW SUITE 5 WASHINGTON, DC 20016	82-3793490	501(C)(3)	529,000.	0.			ADVANCE RIGHTS AND JUSTICE
LAB4U, INC 673 BRANNAN, UNIT 116 SAN FRANCISCO, CA 94107		OTHER	16,000.	0.			PROMOTE SUSTAINABLE LIVELIHOODS
UNIDOS SIN FRONTERAS, INC. 2852 GRAND BEND CT. ORLANDO, FL 32837	84-2633911	501(C)(3)	12,420.	0.			ADVANCE RIGHTS AND JUSTICE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 3.

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

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 JUSTICE
DREAM TIME DIVE RESORT, LLC 29 AMISTAD DRIVE ST. AUGUSTINE, FL 32086	81-4418320	OTHER	15,000.	0.			PROMOTE SUSTAINABLE LIVELIHOODS

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

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

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

**PART I, LINE 2:**

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**PAN AMERICAN DEVELOPMENT FOUNDATION**

Employer identification number

**52-6054268**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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.

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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	12	127,704.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>AGRIC. SUPP.</u> )	X	4	75,307.	FMV
26 Other ▶ ( <u>TRAINING MAT.</u> )	X	13	17,428.	FMV
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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

SCHEDULE M, PART I, COLUMN (B):

THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for data entry.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

PAN AMERICAN DEVELOPMENT FOUNDATION

Employer identification number

52-6054268

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

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

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