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PUBLIC DISCLOSURE COPY

# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

FOR THE YEAR ENDING  
SEPTEMBER 30, 2014

<b>Prepared for</b>	PAN AMERICAN DEVELOPMENT FOUNDATION 1889 F STREET NW 2ND FLOOR WASHINGTON, DC 20006
<b>Prepared by</b>	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning OCT 1, 2013, and ending SEP 30, 2014

# 2013

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo)**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

**PAN AMERICAN DEVELOPMENT FOUNDATION**

**52-6054268**

Name and title of officer

**JOHN SANBRAILO  
EXECUTIVE DIRECTOR**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>89,824,870.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **GELMAN, ROSENBERG & FREEDMAN** to enter my PIN **27153**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**52697404550**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning OCT 1, 2013, and ending SEP 30, 2014

# 2013

▶ **Do not send to the IRS. Keep for your records.**

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Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

**PAN AMERICAN DEVELOPMENT FOUNDATION**

**52-6054268**

Name and title of officer

**JOHN SANBRAILO  
EXECUTIVE DIRECTOR**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input checked="" type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> <u>0.</u>

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **GELMAN, ROSENBERG & FREEDMAN** to enter my PIN **27153**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**52697404550**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

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

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public Inspection

**A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>PAN AMERICAN DEVELOPMENT FOUNDATION</b>		<b>D Employer identification number</b> <b>52-6054268</b>
	Doing Business As		<b>E Telephone number</b> <b>202-458-3969</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1889 F STREET NW 2ND FLOOR</b>	<b>G Gross receipts \$</b> <b>89,824,870.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20006</b>		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>F Name and address of principal officer:</b> <b>JOHN SANBRAILO</b> <b>SAME AS C ABOVE</b>			
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ <b>WWW.PADF.ORG</b>			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> <b>1962</b>
<b>M State of legal domicile:</b> <b>DC</b>			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE PART III, LINE 1.</u>		
	<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> 18	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 18	
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b> 62	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 18	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 69,511,533.	<b>Current Year</b> 89,230,305.
	<b>9</b> Program service revenue (Part VIII, line 2g)	35,145.	163,394.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,311.	30,189.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-506,112.	400,982.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	69,042,877.	89,824,870.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	34,872,847.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,029,859.	10,977,721.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>663,404.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		24,464,719.	28,960,508.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	68,367,425.	89,613,907.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	675,452.	210,963.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 39,337,402.	<b>End of Year</b> 43,959,576.
	<b>21</b> Total liabilities (Part X, line 26)	32,562,408.	36,973,619.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	6,774,994.	6,985,957.

**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		
	JOHN SANBRAILO, EXECUTIVE DIRECTOR				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ <b>GELMAN, ROSENBERG &amp; FREEDMAN</b>	Firm's EIN ▶ <b>52-1392008</b>		Phone no. (301) 951-9090	
Firm's address ▶ <b>4550 MONTGOMERY AVE SUITE 650N</b>		<b>BETHESDA, MD 20814-2930</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 BRINGS TOGETHER MANY STAKEHOLDERS TO IMPROVE LIVELIHOODS, EMPOWER COMMUNITIES, STRENGTHEN CIVIL SOCIETY, SUPPORT HUMAN RIGHTS, PROTECT THE ENVIRONMENT, AND RESPOND TO NATURAL DISASTERS IN LATIN AMERICA AND THE CARIBBEAN.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 68,242,664. including grants of \$ 43,332,282.) (Revenue \$ 163,394.) CREATE ECONOMIC OPPORTUNITIES: PADF BELIEVES THAT PROVIDING ACCESS TO THE RIGHT OPPORTUNITIES IS CRUCIAL IN HELPING COMMUNITIES THRIVE, ESPECIALLY THOSE WHO FACE ECONOMIC DISPARITY, CIVIL CONFLICT, AND RACIAL OR ETHNIC PREJUDICES. THEREFORE, WE FOCUS ON CREATING JOBS FOR VULNERABLE INDIVIDUALS AND FAMILIES, DEVELOPING SUCCESSFUL SMALL BUSINESSES, SUPPORTING RURAL DEVELOPMENT AND WORKFORCE DEVELOPMENT, CONSERVING NATURAL RESOURCES, AND IMPROVING COMMUNITY INFRASTRUCTURE-ALL OF WHICH CAN IMPROVE COMMUNITIES' LIVES AND INCREASE PROSPERITY. WE ALSO ENCOURAGE COOPERATION BETWEEN NATIONS IN AREAS WHERE THEY HAVE UNIQUE EXPERTISE AND WORK WITH PRIVATE SECTOR COMPANIES WHO WANT TO INVEST SOCIALLY THROUGH INNOVATIVE MODELS THAT CREATE SUSTAINABLE CHANGE.

4b (Code: ) (Expenses \$ 10,276,731. including grants of \$ 6,104,393.) (Revenue \$ ) STRENGTHEN COMMUNITIES AND CIVIL SOCIETY: TO FOSTER RESILIENT COMMUNITIES AND ENGAGED SOCIETIES, PADF PARTNERS WITH CIVIL SOCIETY ORGANIZATIONS TO STRENGTHEN THEIR CAPACITY TO BETTER RESPOND TO COMMUNITY NEEDS. WE BELIEVE THAT ADDRESSING COMMUNITY NEEDS AND INCREASING CITIZEN PARTICIPATION IN CIVIC MATTERS ARE FUNDAMENTAL FOR A HEALTHY DEMOCRACY. IN THE PAST YEAR, CIVIL SOCIETY PROGRAMMING REACHED 242,000 INDIVIDUALS THROUGH PROGRAMS THAT FOSTER DEMOCRATIC PRACTICES, HUMAN AND CIVIL RIGHTS, MEDIA FREEDOM AND RELIGIOUS TOLERANCE. WE HAVE ALSO WORKED THROUGHOUT THE AMERICAS TO PROMOTE GREATER SOCIAL AND WORKFORCE INCLUSION FOR VULNERABLE AND EXCLUDED GROUPS SO THEY CAN ACHIEVE DIGNITY AND GREATER SELF-RELIANCE.

4c (Code: ) (Expenses \$ 3,866,698. including grants of \$ 220,229.) (Revenue \$ ) PROMOTE SOCIAL PROGRESS: PROVIDING THE TOOLS, TECHNOLOGIES AND METHODS THAT ENABLE COMMUNITIES TO BECOME STRONG AND DYNAMIC CREATES A PLATFORM ON WHICH HUMAN DEVELOPMENT AND SOCIAL PROGRESS CAN HAPPEN. BECAUSE WE BELIEVE THAT LOCAL PARTICIPATION IS KEY, WE WORK CLOSELY WITH COMMUNITIES TO IDENTIFY THEIR MOST IMPORTANT PRIORITIES, THEN WE COLLABORATE IN IMPLEMENTING THOSE IDEAS. WE ALSO INTEGRATE PUBLIC AND PRIVATE SECTOR PARTNERS AND DIASPORA GROUPS TO ADDRESS YOUTH-RELATED ISSUES, EDUCATION, HEALTH, INFRASTRUCTURE, COMMUNITY DEVELOPMENT AND OTHER PRIORITY NEEDS IN IMPOVERISHED AREAS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 526,299. including grants of \$ 18,774.) (Revenue \$ )

4e Total program service expenses 82,912,392.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 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) and 501(c)(4) 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<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 in Schedule O for Part VI, lines 11b and 19? .....	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for question number, description, sub-questions, and Yes/No columns. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and various organizational requirements.

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

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

**Section A. Governing Body and Management**

		Yes	No
<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 in Schedule O.		
	1a 18		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b 18		
<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, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in 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>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>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>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<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?		

**Section C. Disclosure**

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSE MIGUEL INSULZA CHAIRMAN	1.00			X				0.	0.	0.
(2) ALBERT R. RAMDIN VICE CHAIRMAN	1.00			X				0.	0.	0.
(3) FRANK GOMEZ PRESIDENT	1.00	X		X				0.	0.	0.
(4) FRANK KANAYET YEPES 1ST VICE PRESIDENT	1.00	X		X				0.	0.	0.
(5) REGINALD BOULOS 2ND VICE PRESIDENT	1.00	X		X				0.	0.	0.
(6) GLADYS COUPET TREASURER	1.00	X		X				0.	0.	0.
(7) RUTH ESPEY-ROMERO SECRETARY	1.00	X		X				0.	0.	0.
(8) MICHAEL RONAN TRUSTEE	1.00	X						0.	0.	0.
(9) MARILYN BLANCO-REYES TRUSTEE	1.00	X						0.	0.	0.
(10) IVELISSE ESTRADA TRUSTEE	1.00	X						0.	0.	0.
(11) JESUS J. CANAHUATI TRUSTEE	1.00	X						0.	0.	0.
(12) WILLIAM D. GAMBREL TRUSTEE	1.00	X						0.	0.	0.
(13) JUAN MANUEL CARREON TRUSTEE	1.00	X						0.	0.	0.
(14) CRAIG KELLY TRUSTEE	1.00	X						0.	0.	0.
(15) PEDRO T. ESTEVA TRUSTEE	1.00	X						0.	0.	0.
(16) WILLIAM IRWIN TRUSTEE	1.00	X						0.	0.	0.
(17) PAUL G. KNOLLMAIER TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROBERT M. MCGEE TRUSTEE	1.00	X					0.	0.	0.	
(19) ARMANDO R. PEREZ TRUSTEE	1.00	X					0.	0.	0.	
(20) JOSE ORIVE TRUSTEE	1.00	X					0.	0.	0.	
(21) JOHN SANBRAILO EXECUTIVE DIRECTOR	40.00			X			222,721.	0.	37,166.	
(22) JUDITH HERMANSON OGLIVIE DEPUTY EXECUTIVE DIRECTOR & COO	40.00			X			189,945.	0.	19,359.	
(23) KRISTAN BECK SENIOR DIR. OF FIN. & ADMIN.	40.00			X			154,681.	0.	32,503.	
(24) SORAYA OSORIO COLOMBIA COUNTRY DIRECTOR	40.00				X		147,022.	0.	22,459.	
(25) NADIA CHERROUK HAITI COUNTRY DIRECTOR	40.00				X		216,707.	0.	41,753.	
(26) LOUIS ALEXANDER SENIOR PROGRAMS DIRECTOR	40.00				X		127,000.	0.	13,875.	
<b>1b Sub-total</b>							<b>1,058,076.</b>	<b>0.</b>	<b>167,115.</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>351,702.</b>	<b>0.</b>	<b>55,517.</b>	
<b>d Total (add lines 1b and 1c)</b>							<b>1,409,778.</b>	<b>0.</b>	<b>222,632.</b>	

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 **9**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
APPLIED INTELLIGENCE GROUP 5005 N. 14H STREET, ARLINGTON, VA 22205	IT SERVICES	214,999.

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 **1**

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>	77,756,281.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	11,474,024.				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		8,208,117.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		89,230,305.				
	Program Service Revenue	<b>2 a</b>	SHIPPING REIMBURSABLES	<b>Business Code</b>				
			900099	163,394.	163,394.			
<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		163,394.					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		30,189.			30,189.	
	<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				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		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>a</b>					
		Less: direct expenses	<b>b</b>					
		Net income or (loss) from fundraising events						
	<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
Less: direct expenses		<b>b</b>						
Net income or (loss) from gaming activities								
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>a</b>						
	Less: cost of goods sold	<b>b</b>						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			<b>Business Code</b>					
<b>11 a</b>	FOREIGN EXCHANGE LOSS	900099	398,694.			398,694.		
<b>b</b>	MISCELLANEOUS REVENUE	900099	2,288.			2,288.		
<b>c</b>								
<b>d</b>	All other revenue							
<b>e</b>	<b>Total.</b> Add lines 11a-11d		400,982.					
<b>12</b>	<b>Total revenue.</b> See instructions.		89,824,870.	163,394.	0.	431,171.		

**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 governments and organizations in the United States. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	49,675,678.	49,675,678.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	677,376.		677,376.	
<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	8,655,386.	5,851,074.	2,460,246.	344,066.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	234,171.	200,423.	3,513.	30,235.
<b>9</b> Other employee benefits	1,116,849.	788,150.	209,801.	118,898.
<b>10</b> Payroll taxes	293,939.	201,528.	62,009.	30,402.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	14,589.	6,195.	7,865.	529.
<b>c</b> Accounting	91,618.	38,904.	49,394.	3,320.
<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.)	1,257,231.	533,860.	677,807.	45,564.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	466,187.	206,733.	254,560.	4,894.
<b>14</b> Information technology	246,180.	23,475.	222,705.	
<b>15</b> Royalties				
<b>16</b> Occupancy	739,391.	52,303.	686,942.	146.
<b>17</b> Travel	848,945.	529,490.	246,682.	72,773.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	127,747.	27,032.	98,886.	1,829.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	229,536.	32,665.	196,871.	
<b>23</b> Insurance	158,806.	11,608.	147,198.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SHARED COST	-35,106.	803,117.	-838,223.	
<b>b</b> PROJECT OPERATIONS	15,955,430.	15,955,430.		
<b>c</b> PROJECT RELATED EXP.	5,170,581.	4,836,030.	331,962.	2,589.
<b>d</b> IN-KIND GOODS	2,712,816.	2,712,816.		
<b>e</b> All other expenses	976,557.	425,881.	542,517.	8,159.
<b>25</b> Total functional expenses. Add lines 1 through 24e	89,613,907.	82,912,392.	6,038,111.	663,404.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	28,077,497.	1	30,885,787.	
	<b>2</b> Savings and temporary cash investments .....	760,360.	2	760,740.	
	<b>3</b> Pledges and grants receivable, net .....		3		
	<b>4</b> Accounts receivable, net .....	6,904,865.	4	7,391,249.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....	1,315,613.	8	1,279,997.	
	<b>9</b> Prepaid expenses and deferred charges .....	315,054.	9	450,794.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,346,377.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 687,562.	1,964,013.	<b>10c</b>	2,658,815.
	<b>11</b> Investments - publicly traded securities .....		11		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	15	532,194.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	39,337,402.	16	43,959,576.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	11,814,788.	17	9,357,139.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....		19		
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<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 .....	20,747,620.	25	27,616,480.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	32,562,408.	26	36,973,619.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	4,420,044.	27	5,028,283.	
	<b>28</b> Temporarily restricted net assets .....	2,354,950.	28	1,957,674.	
	<b>29</b> Permanently restricted net assets .....		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
<b>33</b> Total net assets or fund balances .....	6,774,994.	33	6,985,957.		
<b>34</b> Total liabilities and net assets/fund balances .....	39,337,402.	34	43,959,576.		

**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	89,824,870.
2	Total expenses (must equal Part IX, column (A), line 25)	2	89,613,907.
3	Revenue less expenses. Subtract line 2 from line 1	3	210,963.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,774,994.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,985,957.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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		X
2b	Were the organization's financial statements audited by an independent accountant? 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	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2013)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> <b>PAN AMERICAN DEVELOPMENT FOUNDATION</b>	<b>Employer identification number</b> <b>52-6054268</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	55,466,211.	50,322,415.	53,659,512.	69,511,533.	89,230,305.	318,189,976.
<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 .....	55,466,211.	50,322,415.	53,659,512.	69,511,533.	89,230,305.	318,189,976.
<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.						318,189,976.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	55,466,211.	50,322,415.	53,659,512.	69,511,533.	89,230,305.	318,189,976.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	6,279.	11,306.	6,925.	2,311.	30,189.	57,010.
<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 IV.) .....	29,654.	27,011.	179,377.	506,112.	400,982.	130,912.
<b>11 Total support.</b> Add lines 7 through 10						318,377,898.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	517,610.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.94	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	99.88	%
<b>16a 33 1/3% support test - 2013.</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 - 2012.</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 - 2013.</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 IV 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 - 2012.</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 IV 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 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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	<hr/> <hr/> <hr/> <hr/>	\$ <u>15,591,921.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/> <hr/>	\$ <u>57,510,465.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/> <hr/>	\$ <u>7,758,708.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PAN AMERICAN DEVELOPMENT FOUNDATION</b>	Employer identification number <b>52-6054268</b>
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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
1	<u>TOOLS FOR TRAINING AND HEALTH SERVICE</u> <u>EQUIPMENT</u> <hr/> <hr/> <hr/>	\$ <u>5,308,285.</u>	<u>09/30/14</u>
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

<b>Name of organization</b>  <b>PAN AMERICAN DEVELOPMENT FOUNDATION</b>	<b>Employer identification number</b>  52-6054268
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

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" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes (land for public use, natural habitat, open space, historic land area, historic structure) and a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 8/17/06).

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 2a, 2b regarding reporting requirements and amounts.

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

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

(check all that apply):

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

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to 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	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

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

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

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

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

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

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

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

- (i) unrelated organizations 

	Yes	No
<b>3a(i)</b>		
- (ii) related organizations 

	Yes	No
<b>3a(ii)</b>		

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

	Yes	No
<b>3b</b>		

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" to 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		272,814.		272,814.
b Buildings		1,595,196.	27,970.	1,567,226.
c Leasehold improvements				
d Equipment		1,218,854.	606,520.	612,334.
e Other		259,513.	53,072.	206,441.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>2,658,815.</b>

**Part VII Investments - Other Securities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	27,309,186.
(3) CAPITAL LEASE OBLIGATIONS	307,294.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	27,616,480.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	92,771,979.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	2,947,109.	
<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>	2,947,109.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	89,824,870.
<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>	89,824,870.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	92,561,016.
<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>	2,947,109.	
<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>	2,947,109.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	89,613,907.
<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>	89,613,907.

**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:**

**EXPLANATION: FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, 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.**

**THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED.**



**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. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	14	1000	PROGRAM SERVICE ACTIVITIES	CREATING ECONOMIC OPPORTUNITIES, PROMOTING SOCIAL PROGRESS, STRENGTHENING	7,112,830.
NORTH AMERICA	0	0	PROGRAM SERVICE ACTIVITIES	STRENGTHENING COMMUNITIES AND PROMOTING SOCIAL PROGRESS	94,954.
SOUTH AMERICA	4	352	PROGRAM SERVICE ACTIVITIES	CREATING ECONOMIC OPPORTUNITIES, PROMOTING SOCIAL PROGRESS, STRENGTHENING	28,976,039.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		8,717,505.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		191,373.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		40,766,800.
<b>3 a</b> Sub-total .....	18	1352			85,859,501.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	18	1352			85,859,501.

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

Schedule F (Form 990) 2013

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PROMOTING SOCIAL PROGRESS	191,517.	WIRES/CHECK	0.		
		NORTH AMERICA	PROMOTING SOCIAL PROGRESS	5,000.	WIRES/CHECK	0.		
		SOUTH AMERICA	PROMOTING SOCIAL PROGRESS	23,713.	WIRES/CHECK	0.		
		SOUTH AMERICA	RESPONDING TO NATURAL DISASTERS	10,000.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	RESPONDING TO NATURAL DISASTERS	8,774.	WIRES/CHECK	0.		
		SOUTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	18,236.	WIRES/CHECK	0.		
		SOUTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	39,093.	WIRES/CHECK	0.		
		SOUTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	69,797.	WIRES/CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **179**

3 Enter total number of other organizations or entities ..... **0**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	75,632.	WIRES/CHECK	0.		
		SOUTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	30,015.	WIRES/CHECK	0.		
		SOUTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	21,127.	WIRES/CHECK	0.		
		SOUTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	23,901.	WIRES/CHECK	0.		
		SOUTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	295,103.	WIRES/CHECK	0.		
		SOUTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	6,200.	WIRES/CHECK	0.		
		SOUTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	9,000.	WIRES/CHECK	0.		
		NORTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	15,859.	WIRES/CHECK	0.		
		NORTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	14,000.	WIRES/CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	12,777.	WIRES/CHECK	0.		
		NORTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	100,000.	WIRES/CHECK	0.		
		NORTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	15,000.	WIRES/CHECK	0.		
		SOUTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	37,000.	WIRES/CHECK	0.		
		SOUTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	18,875.	WIRES/CHECK	0.		
		SOUTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	30,925.	WIRES/CHECK	0.		
		SOUTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	5,783.	WIRES/CHECK	0.		
		SOUTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	7,949.	WIRES/CHECK	0.		
		SOUTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	15,600.	WIRES/CHECK	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	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	6,738.	WIRES/CHECK	0.		
		SOUTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	14,939.	WIRES/CHECK	0.		
		SOUTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	6,279.	WIRES/CHECK	0.		
		SOUTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	5,200.	WIRES/CHECK	0.		
		SOUTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	7,300.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	60,000.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	13,466.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	92,000.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	68,614.	WIRES/CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	35,000.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	45,000.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	40,000.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	84,603.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	12,334.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	13,998.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	6,083.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	20,000.	WIRES/CHECK	0.		
		SOUTH AMERICA	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	15,000.	WIRES/CHECK	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	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	15,000.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	20,660.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	39,674.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	17,803.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	28,484.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	18,173.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	36,338.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	9,087.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	13,352.	WIRES/CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	40,056.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	7,160.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	44,507.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	44,507.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	22,253.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	31,801.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	6,961.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	8,901.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	18,171.	WIRES/CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	13,216.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	29,416.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	44,507.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	40,058.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	8,901.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	22,626.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	18,153.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	17,939.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	7,121.	WIRES/CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	44,569.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	22,626.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	6,750.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	8,901.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	54,176.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	46,517.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	25,949.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	46,520.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	427,075.	WIRES/CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	24,713.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	20,158.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	52,504.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	27,500.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	86,165.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	268,435.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	33,326.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	81,337.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	119,228.	WIRES/CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	665,142.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	7,857.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	37,924.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	24,212.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	40,760.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	110,242.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	41,428.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	323,800.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	10,000.	WIRES/CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	46,911.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	25,839.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	61,800.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	12,997.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	47,114.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	12,837.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	16,000.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	39,894.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	143,166.	WIRES/CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	385,308.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	14,640.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	95,189.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	448,162.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING COMMUNITIES AND CIVIL SOCIETY	13,930.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	25,003.	WIRES/CHECK	0.		
		SOUTH AMERICA	CREATING ECONOMIC OPPORTUNITIES	50,020.	WIRES/CHECK	0.		
		SOUTH AMERICA	CREATING ECONOMIC OPPORTUNITIES	25,000.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	15,000.	WIRES/CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	8,612.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	8,612.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	8,612.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	12,918.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	8,613.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	12,918.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	9,000.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	10,000.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	8,612.	WIRES/CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	10,000.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	14,308.	WIRES/CHECK	0.		
		NORTH AMERICA	CREATING ECONOMIC OPPORTUNITIES	20,738.	WIRES/CHECK	0.		
		NORTH AMERICA	CREATING ECONOMIC OPPORTUNITIES	8,000.	WIRES/CHECK	0.		
		SOUTH AMERICA	CREATING ECONOMIC OPPORTUNITIES	8,612.	WIRES/CHECK	0.		
		SOUTH AMERICA	CREATING ECONOMIC OPPORTUNITIES	7,500.	WIRES/CHECK	0.		
		SOUTH AMERICA	CREATING ECONOMIC OPPORTUNITIES	12,583.	WIRES/CHECK	0.		
		SOUTH AMERICA	CREATING ECONOMIC OPPORTUNITIES	34,714,197.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	7,130.	WIRES/CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	102,132.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	18,534.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	17,015.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	70,620.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	180,000.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	146,126.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	28,147.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	7,950.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	15,000.	WIRES/CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	66,290.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	100,000.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	116,141.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	79,350.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	80,000.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	54,364.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	172,300.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	25,000.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	30,100.	WIRES/CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	97,450.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	178,000.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	48,284.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	164,498.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	50,000.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	123,286.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	59,772.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	167,077.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	188,000.	WIRES/CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	51,000.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	21,601.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	73,594.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	22,430.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	45,775.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	34,860.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	19,463.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	41,171.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	13,396.	WIRES/CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	10,085.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	17,243.	WIRES/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	0.		481,562.	MEDICAL SUPPLIES, COMPUTERS AND OFFICE FURNITURE	
		SOUTH AMERICA	CREATING ECONOMIC OPPORTUNITIES	0.		977,903.	MEDICAL SUPPLIES, COMPUTERS AND OFFICE FURNITURE	
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING ECONOMIC OPPORTUNITIES	0.		138,214.	COMPUTERS AND OFFICE FURNITURE	
		SOUTH AMERICA	CREATING ECONOMIC OPPORTUNITIES	0.		566,029.	COMPUTERS AND OFFICE FURNITURE	
		SOUTH AMERICA	CREATING ECONOMIC OPPORTUNITIES	0.		1,403,558.	MEDICAL EQUIPMENT AND SUPPLIES	
		SOUTH AMERICA	CREATING ECONOMIC OPPORTUNITIES	0.		1,166,102.	MEDICAL EQUIPMENT AND SUPPLIES	
		SOUTH AMERICA	CREATING ECONOMIC OPPORTUNITIES	0.		827,278.	MEDICAL EQUIPMENT AND SUPPLIES	



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 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)* .....  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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2013

**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.

**PART I, LINE 2:**

**EXPLANATION: PADF HAS INTERNAL PROCEDURES ON HOW TO MONITOR SUBGRANTS. ADVANCES ARE GIVEN FOR A SPECIFIC PERIOD, NORMALLY 30 DAYS AFTER THE ADVANCE IS GIVEN. MONTHLY FINANCIAL REPORTS FROM SUBGRANTEES ARE REQUIRED, NO NEW ADVANCE IS GIVEN UNTIL AFTER THE PREVIOUS GRANT HAS BEEN CLEARED. THE FINANCIAL REPORTS FROM SUBGRANTEES ARE REVIEWED BY APPROPRIATE STAFF IN THE FINANCE AND PROGRAM DEPARTMENT.**

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

**REGION: CENTRAL AMERICA AND THE CARIBBEAN**

**(E) SPECIFIC TYPES OF SERVICES IN REGION: CREATING ECONOMIC OPPORTUNITIES, PROMOTING SOCIAL PROGRESS, STRENGTHENING COMMUNITIES AND CIVIL SOCIETY AND RESPONDING TO NATURAL DISASTERS**

**REGION: SOUTH AMERICA**

**(E) SPECIFIC TYPES OF SERVICES IN REGION: CREATING ECONOMIC OPPORTUNITIES, PROMOTING SOCIAL PROGRESS, STRENGTHENING COMMUNITIES AND CIVIL SOCIETY AND RESPONDING TO NATURAL DISASTERS**

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2013**

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

PAN AMERICAN DEVELOPMENT FOUNDATION

Employer identification number

52-6054268

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2013

**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 in 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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN SANBRAILO EXECUTIVE DIRECTOR	(i)	222,721.	0.	0.	22,500.	14,666.	259,887.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JUDITH HERMANSON OGLIVIE DEPUTY EXECUTIVE DIRECTOR & COO	(i)	189,945.	0.	0.	16,625.	2,734.	209,304.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KRISTAN BECK SENIOR DIR. OF FIN. & ADMIN.	(i)	154,681.	0.	0.	14,667.	17,836.	187,184.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SORAYA OSORIO COLOMBIA COUNTRY DIRECTOR	(i)	147,022.	0.	0.	12,667.	9,792.	169,481.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NADIA CHERROUK HAITI COUNTRY DIRECTOR	(i)	216,707.	0.	0.	12,660.	29,093.	258,460.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GREGORY HEMPHILL CHIEF OF PARTY LEAD PROJECT IN HAITI	(i)	238,306.	0.	0.	10,331.	29,093.	277,730.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 1A:

EXPLANATION: HOUSING ALLOWANCES ARE PROVIDED FOR EXPATRIATES ONLY

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

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	X		167,961.	FMV
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	3	228,020.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( MEDICAL EQUIP )	X	2	3,145,887.	FMV
26 Other ▶ ( COMP. & OFFIC )	X	9	2,501,166.	FMV
27 Other ▶ ( SCHOOL SUPPLI )	X	37	1,311,296.	FMV
28 Other ▶ ( CONSTRUCTION )	X	21	512,858.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

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

PART I, OTHER TYPES OF PROPERTY:

LIVESTOCK SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 227065.

(D) METHOD OF DETERMINING REVENUE: FMV

AGRICULTURE SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 5

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 113864.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTORS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

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:

ESTABLISHED BY THE ORGANIZATION OF AMERICAN STATES IN 1962, PADF HAS WORKED IN EVERY COUNTRY IN THE REGION. THE MISSION OF THE PAN AMERICAN DEVELOPMENT FOUNDATION IS TO ASSIST VULNERABLE AND EXCLUDED PEOPLE AND COMMUNITIES IN THE AMERICAS TO ACHIEVE SUSTAINABLE ECONOMIC AND SOCIAL PROGRESS, STRENGTHEN THEIR COMMUNITIES AND CIVIL SOCIETY, PROMOTE DEMOCRATIC PARTICIPATION AND INCLUSION, AND PREPARE FOR AND RESPOND TO NATURAL DISASTERS AND OTHER HUMANITARIAN CRISES, THEREBY ADVANCING THE PRINCIPLES OF THE ORGANIZATION OF AMERICAN STATES AND CREATING A HEMISPHERE OF OPPORTUNITY FOR ALL.

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

RESPOND TO NATURAL DISASTERS: LATIN AMERICA AND THE CARIBBEAN REGION ARE AMONG THE MOST DISASTER-PRONE AREAS OF THE WORLD. EACH YEAR HURRICANES, EARTHQUAKES, FLOODS AND VOLCANIC ERUPTIONS CAUSE EXTENSIVE DAMAGE AND AFFECT MILLIONS OF PEOPLE. FOR THIS REASON, PADF CARRIES OUT INITIATIVES TO PREPARE FOR FUTURE DISASTERS AND MITIGATE THEIR EFFECTS. BUT WHEN DISASTERS STRIKE, WE COORDINATE RESPONSES WITH GOVERNMENT AGENCIES, PRIVATE SECTOR PARTNERS, AND AFFECTED COMMUNITIES. WE ALSO IMPLEMENT DISASTER REHABILITATION AND RECONSTRUCTION PROGRAMS TO HELP COMMUNITIES RECOVER. OUR GOAL IS TO ENSURE THAT OUR INITIATIVES PROVIDE THE RELIEF THAT COMMUNITIES NEED, BUT ALSO HELPS THEM BECOME BETTER PREPARED AND MORE RESILIENT SO THEY CAN BETTER MITIGATE FUTURE DISASTERS.

EXPENSES \$ 526,299. INCLUDING GRANTS OF \$ 18,774. REVENUE \$ 0.

Name of the organization PAN AMERICAN DEVELOPMENT FOUNDATION	Employer identification number 52-6054268
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FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

COLOMBIA, HAITI, SURINAME, ST VINCENT/GRENADINES,  
HONDURAS

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

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

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

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

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

Name of the organization PAN AMERICAN DEVELOPMENT FOUNDATION	Employer identification number 52-6054268
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FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: 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 JANUARY 2015. THE BOARD IS ALSO RESPONSIBLE FOR DETERMINING OTHER OFFICERS AND KEY EMPLOYEE COMPENSATION.

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

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>PAN AMERICAN DEVELOPMENT FOUNDATION</b>	Employer identification number (EIN) or <b>52-6054268</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1889 F STREET NW 2ND FLOOR</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20006</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**KRISTAN BECK**

• The books are in the care of  **1889 F STREET NW 2ND FLOOR - WASHINGTON, DC 20006**  
Telephone No.  **202-458-3969** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2015**.

5 For calendar year , or other tax year beginning **OCT 1, 2013**, and ending **SEP 30, 2014**.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension **ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date