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Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Inspection

<u>A</u>	For the	2010 calendar year, or tax year beginning	and ending										
В	Check if applicable	C Name of organization		D Employer identific	ation number								
	Addres	AVINA AMERICAS, INC.			•								
	Name change			26-35	525897								
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number									
	Termin ated	1314 RHODE ISLAND AVE NW	APT. 2	202-9	<u>986-3605                                    </u>								
	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$ 2,881,699									
	Application	WASHINGTON, DC 20005	_	H(a) Is this a group re									
	pendin	F Name and address of principal officer EMILY FINTEL KALS	SER	for affiliates?	Yes X No								
		SAME AS C ABOVE		H(b) Are all affiliates incl	uded? Yes No								
		mpt status $X = 501(c)(3)$ $= 501(c)( )$ (insert no.) $= 4947(a)$	(1) or 527	7	list (see instructions)								
		e: > WWW.AVINAAMERICAS.ORG	· r	H(c) Group exemption									
		organization: X Corporation	L Year	of formation: 2008 M	State of legal domicile: DE								
LP	Part I Summary  1 Briefly describe the organization's mission or most significant activities. SEE PART TIT TITLE 1.												
1 Briefly describe the organization's mission or most significant activities SEE PART III, LINE 1.													
2 Check this box Inf the organization discontinued its operations or disposed of more than 25% of its net assets  Number of voting members of the governing body (Part VI, line 1a)  A Number of independent voting members of the governing body (Part VI, line 1b)													
Veri	2		sposea or more		sets 5								
ő	3	Number of voting members of the governing body (Part VI, line 1a)	1b)	3	3								
•₹	4	Number of independent voting members of the governing body (Part VI, line 1	16)	4	3								
Activities &	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	4								
Ξ <u>.</u>	6	Total number of volunteers (estimate if necessary)		6	0.								
Ac	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a 7b	0.								
_	- В	Net unrelated business taxable income from Form 990.1 line 34.7 V	<del>18 </del>	Prior Year	Current Year								
		Contributions and grants (Part VIII line 1b)	SO	6,754,864.	789,257.								
ne	8	Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)	S-(S	0,734,804.	109,231.								
Revenue	9	Program service revenue (Part VIII, line 2g)	4,383.	41,353.									
Be	10	Investment income (Part VIII, column (A), lines 3 4, and 7d)	] [ ]	4,383.	<u>41,333.</u>								
		Other revenue (Part VIII, column (A), lines 5, 6d, Bc, 9c, (10 Can File),		6,759,247.	830,610.								
		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 1	2)	1,050,000.	2,216,708.								
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>├</b> -	0.	<u> </u>								
	1	Benefits paid to or for members (Part IX, column (A), line 4)	10)	201,057.	265,238.								
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	10)	0.	203,238.								
ě	Iba	Professional fundraising fees (Part IX, column (A), line 11e)	,677.										
) H	, D	- · · · · · · · · · · · · · · · · · · ·	<del>,                                    </del>	56,704.	173,130.								
5		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,307,761.	2,655,076.								
7		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<del></del>	5,451,486.	-1,824,466.								
	(19 (1)	Revenue less expenses Subtract line 18 from line 12	D.										
Sets or		Tabel and the (Dark V. June 40)		eginning of Current Year 6,166,607.	End of Year 4,087,420.								
-SS-0	20	Total assets (Part X, line 16)	<u> </u>	722,857.	475,300.								
Net	21	Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20	<b>—</b>	5,443,750.	3,612,120.								
	art II	Signature Block		<u> </u>	<u> </u>								
_		Ities of perjury, I declare that I have examined this return, including accompanying sche	dules and staten	nents, and to the hest of my	knowledge and helief it is								
		t, and complete. Declaration of preparer (other than officer) is based on all information			,,,,								
<u> </u>	0, 00,,00	1 24 11 - 20 -	<u> </u>	9191									
Sış	nn	Signature of officer		Date									
	ere	EMILY FINTEL KAISER, EXECUTIVE DIRE	CTOR										
		Type or print name and title	<u> </u>										
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN								
Pa	id	JAN Shuman, CPA Vein St.	CPA-	9911 self-employe	Poory8515								
	eparer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	· · · · · · · · · · · · · · · · · · ·								
	e Only	Firm's address 4550 MONTGOMERY AVE., SUITE 6	50 NORTH										
	•	BETHESDA, MD 20814-2930		1	301) 951-9090								
Ma	ay the If	RS discuss this return with the preparer shown above? (see instructions)		·	X Yes No								
	May the IRS discuss this return with the preparer shown above? (see instructions)  LA Yes INO  Discuss this return with the preparer shown above? (see instructions)  LA Yes INO  Discuss this return with the preparer shown above? (see instructions)  Form 990 (2010)												

Form	990 (2010) AVINA AMERICAS, INC.	<u>26-3525897</u>	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		$\mathbf{x}$
1	Briefly describe the organization's mission		<u> </u>
•	TO CONTRIBUTE TO SUSTAINABLE DEVELOPMENT PRIMARILY IN	TAUTH AMEDICA	עם ג
			A DI
	ENCOURAGING PRODUCTIVE ALLIANCES BASED ON TRUST AMONG		
	BUSINESS LEADERS AND BY BROKERING CONSENSUS AROUND AGE	INDAS FOR ACT	ION.
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?		x X No
		L res	ONLAL
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? ∟Yes	s X No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	/ exnenses	
•			
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	, or grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 1,125,999. including grants of \$ 1,108,687.	) (Revenue \$	)
	PARTNERSHIP TO COMBAT DEFORESTATION AND THE EFFECTS OF	CLIMATE CHAP	NGE
	IN THE AMAZON.		
		·	
	450,020		<del></del>
4b	(Code) (Expenses \$ 452, 232. including grants of \$ 431, 072.		)
	PROGRAM TO SUPPORT THE SOCIO-ECONOMIC INTEGRATION OF V	VASTE PICKERS	IN
	BRAZIL.		
		<del></del>	<del>.</del>
4-	(004)	) (D	
4C	(Code) (Expenses \$687,025. including grants of \$676,949.		,
	PROGRAM TO CONSOLIDATE A CONTINENT-WIDE STRATEGY AND S	3TRENGTHEN	
	IMPLEMENTATION CAPACITY TOWARD A MOVEMENT OF SUSTAINAL	BLE CITIES IN	
	LATIN AMERICA.		
			·
		<del> </del>	
		<del></del>	
			-
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ 147,452. including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 2,412,708.		
		Enra (	990 (2010)
03200		FOITE	(2010)

Form 990 (2010) AVINA AMERICAS, INC.
Part IV Checklist of Required Schedules

	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		7.5
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	NT /	70
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	N/	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	6		Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	U		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
-	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			7,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	444		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	х	•
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	ļ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ. <u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			3.5
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ļ <del></del> _	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	l	x
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18	<u> </u>	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	200		
~	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
			990	(2010)
				•

X Form 990 (2010)

37

Х

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

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

Form **990** (2010)

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2010) 26-3525897 Page 6 AVINA AMERICAS, 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 to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a b Each committee with authority to act on behalf of the governing body? Х a8 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done X 12c Х 13 Does the organization have a written whistleblower policy? 13 X 14 Does the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Another's website Own website X Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

State the name, physical address, and telephone number of the person who possesses the books and records of the organization EMILY FINTEL KAISER - 202-986-3605

1314 RHODE ISLAND AVE NW #2, WASHINGTON, 20005

Form 990 (2010)

Check if Schedule O contains a response to any question 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 organ										
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	_ ا		Pos				Reportable	Reportable	Estimated
	hours per week	$\vdash$	nec:	( aii i	tnat	app	iy)	compensation from	compensation from related	amount of other
	(describe	ector						the	organizations	compensation
	hours for	Đ io	8	i		ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		e de	шреп		(W-2/1099-MISC)		organization
	organizations	Individual trustee or director	Institutional trustee	_	l ge	stcor	<u>.</u>			and related
	ın Schedule O)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			organizations
BRIZIO BIONDI-MORRA	0.50			Ī.,					265 222	25 454
CHAIR	0.50	X	_	X	₩	-		0.	265,000.	25,454.
CARLOS OXENFORD						'	1		422 252	05 050
TREASURER	0.50	X	_	Х	▙	₩		0.	139,253.	25,250.
MARIA CAVALCANTI					ŀ				004 650	•
DIRECTOR (THROUGH 8/10)	0.50	X	<del> </del>	-	-	<del> </del>		0.	231,653.	0.
KATHERINE MARSHALL	0.50	\ <b>.</b>						7 500	0.	0.
DIRECTOR (SEE SCHED, O)	0.50	^			<del> </del>	$\vdash$		7,500.	0.	0.
LARRY H. SLESINGER DIRECTOR (SEE SCHED. O)	0.50	v			Ì			7,500.	0.	0.
JOHN C. ICKIS	0.30	1	<u> </u>	╁	<del>                                     </del>	+-		7,300.	J	
DIRECTOR (SEE SCHED, O)	0.50	x						3,750.	0.	0.
EMILY FINTEL KAISER	- 0.30	1	<del> </del>	$\vdash$	$\vdash$	+	-	3,730.		
EXECUTIVE DIRECTOR	50.00			X				158,044.	16,499.	10,000.
BIMCOTTVE BIRBETOR	33733					$\vdash$		200,0111		
					<u> </u>					
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Total number of independent contractors (including but not limited to those listed above) who received more than

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3

\$100,000 in compensation from the organization

LPa	rt VII	Statement of Reven	iue					
	,	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts		Membership dues	1b					
S,E		Fundraising events	1c					
# E		Related organizations	1d					
S,E	е	Government grants (contributi	ions) 1e					
들힌	f	All other contributions, gifts, grant						
the E		similar amounts not included above		789,257.				
달	q	Noncash contributions included in lines	1a-1f \$	i				
유민		Total. Add lines 1a-1f		<u> </u>	789,257.			
				Business Code				
ا بر	2 a							<u> </u>
اله ق	b				_		-	
S	С							<u> </u>
ewe	d							ı
Program Service Revenue	е							
۵	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		<b>&gt;</b>				
l	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		<b>▶</b> [	35,844.	_		35,844.
	4	Income from investment of tax	x-exempt bond p	oroceeds 🕨				
	5	Royalties		<b>•</b>				
			(ı) Real	(II) Personal				1
	6 a	Gross Rents						1
	b	Less rental expenses						1
	С	Rental income or (loss)						1
	d	Net rental income or (loss)		, <b>•</b>				ļ
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	2,056,598.			İ		
	b	Less cost or other basis	1					
		and sales expenses	2,051,089					
	С	Gain or (loss)	5,509.					
	d	Net gain or (loss)		<b>&gt;</b>	5,509.			5,509.
ě	8 a	Gross income from fundraising	•					
en.		including \$						
è.		contributions reported on line	1c) See					
Other Revenue		Part IV, line 18	а					
ott		Less direct expenses	. b					
		Net income or (loss) from fund	_	<b>P</b>				
	9 a	Gross income from gaming ac						
		Part IV, line 19	a					
		Less direct expenses	b					
		Net income or (loss) from gam	_					
	10 a	Gross sales of inventory, less						
		and allowances	a					
		Less cost of goods sold	b					
	с	Net income or (loss) from sale		Duguesas O		<del>                                     </del>	<u> </u>	<del></del>
	44	Miscellaneous Revenu		Business Code				
	11 a						<del></del>	
	b		<del></del>					<u> </u>
	0							
	d					<del>                                     </del>	-	
		Total. Add lines 11a-11d  Total revenue See instructions			830,610.	0.	0.	41,353.
0320		TOTAL LEAGURE SEE HISH OCHOUS		<u> </u>	030,010.		<u> </u>	Form <b>990</b> (2010)
12-2	1- 10							(2010)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	Section 501(c)(3 All other organizations must comp		tions must complete all not required to complete		-
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	2,216,708.	2,216,708.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	186,794.	97,466.	77,565.	11,763.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	57,493.	17,820.	38,703.	970 <u>.</u>
8	Pension plan contributions (include section 401(k)			1	
	and section 403(b) employer contributions)				
9	Other employee benefits	7,052.	2,862.	3,938.	252.
10	Payroll taxes	13,899.	7,060.	6,063.	776.
11	Fees for services (non-employees)		İ		
_	Management	20 055	11 015	15 060	
b	Legal	28,875.	11,015.	17,860.	2 1 4 17
	Accounting	42,198.	18,854.	20,197.	3,147.
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	17,472.	4 660	6 126	6 667
g	Other	11,412.	4,669.	6,136.	6,667.
12	Advertising and promotion	16,390.	7,781.	7,487.	1,122.
13	Office expenses Information technology	10,390.	1,701.	7,407.	1,144.
14	**************************************				
15	Royalties	36,580.	16,344.	17,508.	2,728.
16	Occupancy Travel	28,969.	10,959.	12,945.	5,065.
17		20,303.	10,333.	12,943.	5,005.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	_			<del></del>
19 20	Conferences, conventions, and meetings Interest	86.	66.	17.	3.
21	Payments to affiliates	00.			<u></u>
22	Depreciation, depletion, and amortization	167.	75.	80.	12.
23	Insurance	107.	75.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
а	amount, list line 24f expenses on Schedule 0.)  FURNITURE & EQUIPMENT	2,118.	946.	1,014.	158.
a b	TAXES	186.	83.	89.	14.
C	EMPLOYEE TRAINING	89.	- 00.	89.	T.A.•
d		05.		03.	
e					
f	All other expenses				-
25	Total functional expenses. Add lines 1 through 24f	2,655,076.	2,412,708.	209,691.	32,677.
26	Joint costs Check here If following SOP	2,000,010.	2, 212, 100 ·	200,001.	32,011.
20	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pai	τX	Balance Sheet			
		•	(A) Beginning of year		(B) End of year
	1 `	Cash · non-interest-bearing	445,438.	1	207,048.
	2	Savings and temporary cash investments	2,191,420.	2	1,448,265.
	3	Pledges and grants receivable, net	2,466,666.	3	1,332,474.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	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			
v		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	<u> </u>
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,546.	9	3,755.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 1,004.	2		0.27
		Less accumulated depreciation 10b 167.	0.	10c	837.
	11	Investments - publicly traded securities	1,050,546.	11	1,086,353.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets  Other coachs, See Rest IV, Inc. 11	6,991.	14	8,688.
	15	Other assets See Part IV, line 11	6,166,607.	15 16	4,087,420.
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)  Accounts payable and accrued expenses	22,857.	17	24,300.
	18	Grants payable	700,000.	18	451,000.
	19	Deferred revenue	700,000.	19	431,000.
	20	Tax-exempt bond liabilities		20	
w	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
api		highest compensated employees, and disqualified persons. Complete Part II			
Ë		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	·	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	722,857.	26_	475,300.
	ļ	Organizations that follow SFAS 117, check here   X  and complete			
es		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	2,591,893.	27	599,726.
Bal	28	Temporarily restricted net assets	2,851,857.	28	3,012,394.
힏	29	Permanently restricted net assets		29	
F		Organizations that do not follow SFAS 117, check here   and			
, o		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	F 443 556	32	2 (10 100
~	33	Total net assets or fund balances	5,443,750.	33	3,612,120.
	34	Total liabilities and net assets/fund balances	6,166,607.	34	4,087,420.

Form **990** (2010)

Form	990 (2010) AVINA AMERICAS, INC.	26-3	525897	Pag	ge <b>12</b>
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				$\mathbf{X}$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	830	),6	10.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,655	5,0	76.
3	Revenue less expenses Subtract line 2 from line 1	-1,824	1,4	66.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,443	3,7	50.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	- 7	7,1	64.
6_	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,612	2,1	20.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis X Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?	•	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2010)

### **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. ▶ See separate instructions.

2010 2010

Open to Public Inspection

iame of t	ne organizati	on							mpioyer id			
=		AVINA A	MERICAS, INC	•					26	<u>-3525</u>	<u>897</u>	
Part I	Reason	for Public Char	ty Status (All organiz	ations mu	st complet	te this part	) See inst	tructions				
he organi	zation is not a	ı prıvate foundation l	pecause it is (For lines 1	through 1	11, check	only one b	ox)					
1 🖳	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in <mark>se</mark>	ction 170	(b)(1)(A)(ı)	).				
2	A school des	cribed in section 17	<b>0(b)(1)(A)(ii).</b> (Attach Sci	hedule E )								
з 🖳	A hospital or	a cooperative hospit	tal service organization o	described	n section	170(b)(1)	(A)(iiı).					
4	A medical res	earch organization of	perated in conjunction	with a hos	pıtal desci	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter the	e hospital	s nam	ie,
	city, and state	e										
5 🗌	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governi	mental uni	t described	d in		
	section 170	(b)(1)(A)(ıv). (Comple	ete Part II )									
6 🗌	A federal, sta	te, or local governme	ent or governmental unit	described	d in sectio	n 170(b)(1	I)(A)(v).					
7 X			eives a substantial part o					r from the	general pu	ublic desc	rıbed ı	n
	section 170(	b)(1)(A)(vi). (Comple	te Part II)			-			•			
8 🗌			ection 170(b)(1)(A)(vı). (	(Complete	Part II)							
9 🗌			eives (1) more than 33 1			rom contri	butions, m	nembershi	p fees, and	d gross red	eipts	from
			nctions - subject to certa						-	-	•	
			axable income (less sect							-		
		509(a)(2). (Complete			•		•	, ,			•	
ю 🗆	An organizati	on organized and or	perated exclusively to test	st for publ	c safety S	See <b>sectio</b>	n 509(a)(4	4).				
11 🔲	-	_	perated exclusively for th	-	-			•	y out the p	urposes o	f one	or
		-	itions described in section							•		
			organization and comple					,	Λ,			
	a Type I	ь	Type II c	: 🔲 Тур	e III - Func	tionally int	egrated		d 🔲 .	Type III - C	Other	
е 📖	By checking t	this box, I certify tha	t the organization is not					r more dis		• •		n
	foundation m	anagers and other ti	han one or more publicly	supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or se	ection 509	(a)(2)	
f		-	ten determination from t		-				. , ,		. , , ,	
	supporting or	ganization, check th	is box		·							
g	Since August	: 17, 2006, has the o	rganization accepted an	y gift or co	ontribution	from any	of the folk	owing pers	sons?			
	(i) A persor	n who directly or ind	rectly controls, either ale	one or tog	ether with	persons o	lescribed i	ın (ıı) and (	ııı) below,		Yes	No
	the gove	erning body of the su	upported organization?	_				• • • • • • • • • • • • • • • • • • • •	•	11g(i)		
	(ii) A family	member of a persor	described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	9?					11g(iii)		
h	Provide the fo	ollowing information	about the supported org	ganization	(s)							
		_		-								
(i) Name	of supported	(ii) EIN	(III) Type of	(iv) Is the o	rganization	(v) Did you	ı notify the	(vi) ls	the	(vii) Am	nount o	ıf
	nization	(11) 2		in col. (i) lis	sted in your	organizat	ion in col.	organizátic (i) organiz	on in col. ! ed in the !	sup		•
·			above or IRC section	governing	document?	(ı) of your	support?	('', '' '' Ü S	,2			
		,	(see instructions))	Yes	No	Yes	No	Yes	No			
			-									
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otal												
	anerwork Re	duction Act Notice	see the Instructions for			-		Schodul	a A /Form	990 or 99	O-E71	2010

Form 990 or 990-EZ.

# Schedule A (Form 990 or 990-EZ) 2010 AVINA AMERICAS, INC. 26-35258 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support	-											
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total						
	Gifts, grants, contributions, and												
	membership fees received (Do not						•						
	include any "unusual grants ")				6,754,864.	789,257.	7,544,121.						
2	Tax revenues levied for the organ-												
	ization's benefit and either paid to												
	or expended on its behalf				1								
3	The value of services or facilities												
	furnished by a governmental unit to												
	the organization without charge												
4	Total. Add lines 1 through 3				6,754,864.	789,257.	7,544,121.						
5	The portion of total contributions												
•	by each person (other than a												
	governmental unit or publicly												
	supported organization) included												
	on line 1 that exceeds 2% of the		1										
	amount shown on line 11,	ı											
	column (f)	1					6,907,313.						
6	``												
	6 Public support. Subtract line 5 from line 4 636,808. Section B. Total Support												
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total						
	Amounts from line 4	(4) = 5 = 5	(3) = 3 3 .	(0) = 0.00	6,754,864.	789,257.	7,544,121.						
8	Gross income from interest,				0,752,002.		7,011,101,						
Ū	dividends, payments received on		1										
	securities loans, rents, royalties												
	and income from similar sources				5,122.	35,844.	40,966.						
9	Net income from unrelated business			<del> </del>									
3	activities, whether or not the												
	business is regularly carried on												
10	Other income Do not include gain	-											
10	or loss from the sale of capital												
	assets (Explain in Part IV)												
11	Total support. Add lines 7 through 10						7,585,087,						
12	Gross receipts from related activities,	etc (see instructi	ons)	<u> </u>	<u>I</u>	12	7,303,007,						
13	First five years. If the Form 990 is for	•	•	rd fourth or fifth t	av vear as a sectio								
10	organization, check this box and stop	•	3 m3t, 3000ma, tm	ira, ioarai, or illara	ax year as a sectio	11 30 1(0)(0)	$\triangleright x$						
Sec	ction C. Computation of Publ		rcentage		<del></del>		<u> </u>						
	Public support percentage for 2010 (I	<del></del>		column (f))		14	%						
15	Public support percentage from 2009	• • • • • • • • • • • • • • • • • • • •	•			15	%						
	33 1/3% support test - 2010.If the o			n line 13, and line	14 is 33 1/3% or m								
	stop here. The organization qualifies	-					▶□						
Ł	33 1/3% support test - 2009.If the o	. , , , ,	•		line 15 is 33 1/3%	or more, check the	s box						
	and stop here. The organization qual	=					▶□						
17:	10% -facts-and-circumstances tes	· · ·	•		e 13 16a or 16b a	nd line 14 is 10% (	or more						
.,,	and if the organization meets the "fac	-											
	meets the "facts-and-circumstances"			•	· ·	it iv now the organ	<b>▶</b> □						
J.	10% -facts-and-circumstances tes	-	·		-	7a and line 15 is 1	.0% or						
r.	more, and if the organization meets the												
					•		<b>.</b>						
10	organization meets the "facts-and-circ Private foundation. If the organization												
10	r i vate roundation. Il the organizatio	n did not crieck a	DONOTHINE TO, IC	<u>Ja, 100, 174, 01 17</u>		edule A (Form 990							

### 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

Section A. Public Support	low, please com	piete Part II )				
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)				I		
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 📙	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6 10a 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						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for	the organization	I s first second the	d fourth or fifth t	ax year as a section	 on 501(c)(3) organiz	l
check this box and stop here	34	, 0000110, 0111	,	,	(-)(-) 0.841112	▶□
Section C. Computation of Public	c Support Pe	ercentage				<u> </u>
15 Public support percentage for 2010 (lir			column (f))		15	%
16 Public support percentage from 2009	Schedule A, Par	t III, line 15			16	%
Section D. Computation of Inves						
17 Investment income percentage for 20	10 (line 10c, colu	mn (f) divided by lii	ne 13, column (f))		17	%
18 Investment income percentage from 2	009 Schedule A.	Part III, line 17			18	%
19a 33 1/3% support tests - 2010. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box an	d stop here. Th	e organization qua	lifies as a publicly	supported organi	zation	▶□
b 33 1/3% support tests - 2009. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and s	stop here. The orga	anızatıon qualıfıes	as a publicly supp	ported organization	▶Щ
20 Private foundation. If the organization	i did not check a	a box on line 14, 19	a, or 19b, check t	his box and see in	nstructions	<b>▶ </b>

### **SCHEDULE D**

(Form 990)

Department of the Treasury

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010
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Internal Revenue Service **Employer identification number** Name of the organization 26-3525897 AVINA AMERICAS, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Sche	dule D (Form 990) 2010 AVINA A	MERICAS, I	NC.				26-3 <u>5</u>	<u> 25</u> 897	Page 2
Par				reasures,	or Othe				
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of th	e following the	at are a si	gnificant i	use of its	collection	items
	(check all that apply)								
а	Public exhibition	d	Loan or ex	xchange progr	ams				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further	r the organizat	ion's exen	npt purpo	se in Par	t XIV	
5	During the year, did the organization solicit o			=					
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's	collection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organiza	tion answered	"Yes" to I	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par	rt X, line 21							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contributi	ons or other as	ssets not	ıncluded	_		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e		•	
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIV								
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" to I	orm 990, Part	IV, line 10	0			
		(a) Current year	(b) Prior year	(c) Two yea	rs back (	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance							<u> </u>	
b	Contributions		-						
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								· · · · · · · · · · · · · · · · · · ·
е	Other expenditures for facilities				1				
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year	r end balance held a	ıs						
а	Board designated or quasi-endowment	· · · · · · · · · · · · · · · · · · ·	_%						
b	Permanent endowment >	%							
С	Term endowment	%							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are held	and administe	ered for th	ne organiz	ation	_	
	by								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organizations							3b	
4	Describe in Part XIV the intended uses of the								
Par	t VI Land, Buildings, and Equipm	nent. See Form 990	O, Part X, line 10		•				
	Description of investment	(a) Cost or o	1 , ,	st or other		cumulate	ed	(d) Book	value
	<del>-</del>	basis (investr	nent) bas	is (other)	dep	reciation			
1a	Land								
b	Buildings								
С	Leasehold improvements			<u> </u>					
d	Equipment			1,004.		1	67.		837.
	Other		1		L		_		
Total	Add lines 1a through 1e (Column (d) must e	aual Form 000 Part	Y column (P) line	10(0)					837

Schedule D (Form 990) 2010

_	edule D (Form 990) 2010 AVINA AMERICAS, INC.		26-3525897 Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial Sta	atements
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	830,610.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,655,076.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,824,466.
4	Net unrealized gains (losses) on investments	4	-7,164.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	<u>-7,164.</u>
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and XII   Reconciliation of Revenue per Audited Financial Statements.		-1,831,630.
1	Total revenue, gains, and other support per audited financial statements	mio Will Hoveride per	1 823,446.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1 025,4401
a	Net unrealized gains on investments	2a   -7,164	a
h	Donated services and use of facilities	2b 7,105	<del>-</del>
•	Recoveries of prior year grants	2c	<del>- </del>
d	Other (Describe in Part XIV )	2d	
e	Add lines 2a through 2d	Zu	7 164
3	Subtract line 2e from line 1		$\begin{array}{ c c c c c }\hline 2e & -7,164. \\\hline 3 & 830,610. \\\hline \end{array}$
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		3 830,010:
7	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	40	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5 830,610.
	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses p	
1	Total expenses and losses per audited financial statements		1 2,655,076.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
е	Add lines 2a through 2d		2e 0.
3	Subtract line 2e from line 1		3 2,655,076.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
С	Add lines 4a and 4b		4c 0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5 2,655,076.
			41 101 5 414 4 5 4
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II		
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp	•	
PAR	RT X, LINE 2: IN JUNE 2006, THE FINANCIAL.	ACCOUNTING STAI	NDARDS BOARD
<u>(F</u>	ASB) RELEASED FASB ASC 740-10 (FORMERLY FI	N 48), INCOME	TAXES, THAT
PRO	OVIDES GUIDANCE FOR REPORTING UNCERTAINTY	IN INCOME TAXES	S. FOR THE YEAR
FNI	DED DECEMBER 31, 2010, AVINA HAS DOCUMENTE	D TWC CONCIDED:	AMIONI OF FACE
1111	DECEMBER 31, 2010, AVINA HAS DOCUMENTE	D IIB CONSIDER	ATTON OF FASE
ASC	C 740-10 AND DETERMINED THAT NO MATERIAL U	NCERTAIN TAX PO	OSITIONS QUALIFY
FOF	R EITHER RECOGNITION OR DISCLOSURE IN THE	FINANCIAL STAT	EMENTS.
			·

### SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

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

► Attach to Form 990. ► See separate instructions.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

	_						
AV.	INA AMERICAS,	TNC				26-35258	397
Pa	rt I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ate if the organ	uzation answered	l "Yes"
	to Form 990, Par			tordo tiro ornitod otatoo. Compre	ite ii tile organ	iization answered	
1			maintain record	ds to substantiate the amount of the gr	ants or assista	ince, the	
·				selection criteria used to award the gra		_	Yes No
	g	y granto er acci.		gra	, no or accional		2
2	For grantmakers, Desc	ribe in Part V the	e organization's	procedures for monitoring the use of gr	ant funds outs	side the United S	tates
			J				
3	Activities per Region (T	he following Part	: I, line 3 table ca	an be duplicated if additional space is n	eeded)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region		/ity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (e g , fundraising, program	is a prog	gram service,	expenditures
		ın the region	independent	services, investments, grants to		specific type	for and investments
			contractors _ in region	recipients located in the region)	of service	e(s) in region	in region
				GRANTS TO RECIPIENTS			
SOU'	TH AMERICA	0	0	LOCATED IN THE REGION			2,216,708.
		İ					
			ł				
		]					
		i e					
		ĺ					
		<del> </del>					
		1					
	·	<del>                                     </del>	_				
2 -	Sub-total	<del>-</del> -					2 21 5 722
	Total from continuation	0	00			<del>.</del>	2,216,708.
b	sheets to Part I		_				
_	Totals (add lines 3a	0	0				0
U	and 3b)	0	0				2 216 708.
	<u> </u>			1			_ 1 4.410.700.

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

Schedule F (Form 990) 2010

Page 2

Schedule	Schedule F (Form 990) 2010	AVINA AME	AMERICAS	I,	RICAS, INC. 26-3525897
Part II	Grants and Other Assis	tance to Org	ganizations or Ent	tities	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any
	recipient who received m	ore than \$5,(	000 Check this bo	ox if n	recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.
	Part II can be duplicated if additional space is needed	if additional	space is needed		

grant
AMAZON ECOSYSTEMS
CONSERVATION
SOCIO-ECONOMIC
INIEGRATION OF WASTEPICKERS IN
BRAZIL
SUSTAINABLE CITIES
SOCIO-ECONOMIC INTEGRATION OF
BRAZIL
AMAZON ECOSYSTEMS
CONSERVATION
AMAZON ECOSYSTEMS CONSERVATION
AMAZON ECOSYSTEMS
CONSERVATION
SOCIO-ECONOMIC INTEGRATION OF
WASTEPICKERS IN REATIL SIEDOR OF
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by

SEE PART V FOR COLUMN (D) DESCRIPTIONS 25 the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities

Schedule F (Form 990) 2010

Page 2		(i) Method of valuation (book, FMV, appraisal, other)													
		(h) Description of non-cash assistance													
25897	90), Part II, line 1)	(g) Amount of non-cash assistance	c		0	0	c		0	0		0	0.0	c	0
26-3525897	(Schedule F (Form 9	(f) Manner of cash disbursement	I I	TUT	WIRE	WIRE		MINE	WIRE	WIRE		WIRE	WIRE		ALRE I
·	United States.	(e) Amount of cash grant	c		21,684.	66,912,		•	19,920.	8.327,		22,000.	309535		148662,WIRE
INC.	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line	(d) Purpose of grant	SUPPORT OF SUSTAINABLE CITIES PROGRAM	THE ELECTION OF LOW	AMAZON ECOSYSTEMS CONSERVATION	AMAZON ECOSYSTEMS CONSERVATION	AMAZON ECOSYSTEMS	CONSERVALLON	AMAZON ECOSYSTEMS CONSERVATION	AMAZON ECOSYSTEMS CONSERVATION	AMAZON ECOSYSTEMS	CONSERVATION	AMAZON ECOSYSTEMS CONSERVATION	AMAZON ECOSYSTEMS	CONSERVATION
AMERICAS, I	Assistance to Organiza	. (c) Region		OCIU MIENICO	SOUTH AMERICA	SOUTH AMERICA		SOUTH AMERICA	SOUTH AMERICA	SOUTH AMERICA		SOUTH AMERICA	SOUTH AMERICA		SOUTH AMERICA
AVINA	Grants and Other	(b) IRS code section and EIN (if applicable)								V		yz_		,	
Schedule F (Form 990)	Part II Continuation of	1 (a) Name of organization													

Page 2		(i) Method of valuation (book, FMV, appraisal, other)	`																		
	()	(h) Description of non-cash assistance				!!															
25897	90), Part II, line 1	(g) Amount of non-cash assistance		c	0			•	0				0		0.	-		0	c		
26-3525897	(Schedule F (Form 9	(f) Manner of cash disbursement		# # # # # # # # # # # # # # # # # # #	WIRE				WIRE				WIRE		WIRE			WIRE	o di tra		
	United States.	(e) Amount of cash grant		0	000 06				35,500,WIRE		-		59,500.WIRE		38,949,WIRE			9,500	272661		
INC.	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	(d) Purpose of grant	SOCIO-ECONOMIC INTEGRATION OF	WASTEPICKERS IN	DEVELOPMENT OF SUSTAINABLE CITIES	SOCIO-ECONOMIC	INTEGRATION OF	WASTEPICKERS IN	BRAZIL	SOCIO-ECONOMIC	INTEGRATION OF	WASTEPICKERS IN	BRAZIL	SUSTAINABLE CITIES IN	PARAGUAY	SOCIO-ECONOMIC	INTEGRATION OF	WASTEPICKERS IN BRAZIL	AMAZON ECOSYSTEMS	NOT IN ANT TO AN O	
AMERICAS,	Assistance to Organiza	(c) Region		SOLIMH AMERICA	SOUTH AMERICA				SOUTH AMERICA				SOUTH AMERICA		SOUTH AMERICA			SOUTH AMERICA	K C + C C C + C C + C C C + C C C + C C C + C C C + C C C + C C C C + C C C C C + C	COLUMBATOR DE LA COLUMB	
AVINA	Grants and Other	(b) IRS code section and EIN (if applicable)			•																
Schedule F (Form 990)	_	1 (a) Name of organization		-																	
Schedu	Part II	1 (a) Nar																			

26-3525897

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16
Part III can be duplicated if additional space is needed

AVINA AMERICAS, INC.

Schedule F (Form 990) 2010

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

Schedule F (Form 990) 2010

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

Schedule F (Form 990) 2010

Yes X No

for Form 5713)

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method), 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

SCHEDULE F, PART I, LINE 2: AVINA AMERICAS MONITORS THE USE OF GRANT

FUNDS OUTSIDE THE UNITED STATES BY REQUESTING THAT WRITTEN REPORTS BE

PRODUCED ON A QUARTERLY/YEARLY BASIS. EACH REPORT CONTAINS (1) NARRATIVE

REPORT, INCLUDING A SPECIFIC LISTING OF ANY SUB GRANTEES TO WHOM THE

GRANTED FUNDS HAVE BEEN DISBURSED AND THE AMOUNTS DISBURSED TO EACH,

ACHIEVEMENTS, A BALANCE OF DISBURSEMENTS, AND RISK ANALYSIS (IF NEEDED).

THE GRANTEE MUST MAINTAIN A RECORD OF EXPENDITURES OF THE MONEY GRANTED

AND REPORT THIS TO AVINA AMERICAS BASED ON THE FOLLOWING RULES: A) KEEP

AN INDEPENDENT ACCOUNTING OF THE FUNDS RECEIVED UNDER THIS AGREEMENT;

B) IDENTIFY THE PURPOSE AND THE MANNER IN WHICH THE FINANCING FUNDS HAVE

BEEN SPENT; AND C) SUBSTANTIATE ITS EXPENDITURES OF ALL GRANT FUNDS.

AVINA AMERICAS AND ANY SUB-GRANTEE AGREE TO USE THE AWARD FUNDS IN

COMPLIANCE WITH ALL APPLICABLE ANTI-TERRORIST FINANCING AND ASSET CONTROL

LAWS, REGULATIONS, AND EXECUTIVE ORDERS, AND IT AGREES TO TAKE ALL

REASONABLE PRECAUTIONS TO ENSURE THAT IT AND ANY OTHER PERSON OR GROUP

EXPECTED TO RECEIVE MONEY FROM THE GRANTEE WILL NEITHER MAKE ANY PAYMENT

NOR PROVIDE ANY MATERIAL SUPPORT TO ANY PERSON ON ANY UNITED STATES

GOVERNMENT LIST OF SUSPECTED TERRORISTS (SUCH AS THE LIST OF SPECIALLY

DESIGNATED NATIONALS MAINTAINED BY THE U.S. TREASURY DEPARTMENT'S OFFICE

OF FOREIGN ASSETS CONTROL) OR TO ANY PERSON HAVING ONE OR MORE DIRECTORS

OR KEY PERSONNEL INCLUDED ON ANY SUCH LIST.

AVINA AMERICAS AND ANY SUB-GRANTEE ALSO AGREE TO USE THE AWARD FUNDS IN

COMPLIANCE WITH IRS REGULATIONS AND NOT TO USE ANY PORTION OF FUNDS TO:

A) ATTEMPT TO INFLUENCE LEGISLATION OR INTERVENE IN ANY POLITICAL AFFAIRS

OR CAMPAIGNS; B) INFLUENCE THE OUTCOME OF ANY SPECIFIC ELECTION FOR

Schedule F (Form 990) 2010

### Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method), 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

CANDIDATES FOR PUBLIC OFFICE, OR TO CARRY ON, DIRECTLY OR INDIRECTLY, A VOTER REGISTRATION DRIVE WITHIN THE MEANING OF IRC SECTION 4945(D)(2), AS INTERPRETED BY ITS ACCOMPANYING REGULATIONS; C) UNDERTAKE AN ACTIVITY FOR ANY PURPOSE OTHER THAN RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY, EDUCATIONAL, OR OTHER PURPOSE SPECIFIED IN IRC SECTION 170(C)(2)(B); D) CONDUCT ANY ACTIVITY IN, OR TRAVEL TO OR FROM, THE UNITED STATES OF AMERICA, EXCEPT WITH WRITTEN APPROVAL; E) INDUCE OR ENCOURAGE VIOLATIONS OF LAW OR PUBLIC POLICY, TO CAUSE ANY PRIVATE INUREMENT OR IMPROPER PRIVATE BENEFIT TO OCCUR, OR TO TAKE ANY OTHER ACTION INCONSISTENT WITH IRC SECTION 501(C)(3); F) FUND TERRORISM. PART II, COLUMN (D): REGION: SOUTH AMERICA (D) PURPOSE OF GRANT: SOCIO-ECONOMIC INTEGRATION OF WASTEPICKERS IN BRAZIL, SUPPORT OF SUSTAINABLE CITIES PROGRAM IMPLEMENTATION, AMAZON ECOSYSTEMS CONSERVATION

### SCHEDULE J (Form 990)

Department of the Treasury

### **Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

AVINA AMERICAS, INC.

Employer identification number 26-3525897

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		"	
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			l
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			İ
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply.			
	Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	ļ		
	organization or a related organization.			1
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		<u> X</u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X X X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	ļ <u>.</u>	<u>X</u>
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III			
	0 L 15 F04/ VO) 1 F04/ VA) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	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			v
a	The organization?  Any soluted experiments	5a 5b		X
D	Any related organization?  If "Yes" to line 5a or 5b, describe in Part III	ac		_
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of.	1	ļ	
_	The organization?	6a	1	v
a	Any related organization?	6b	<del>                                     </del>	X
D	If "Yes" to line 6a or 6b, describe in Part III	OD	<u> </u>	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			1
′	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<b>-</b> '-		
0		٥		y
α		L		
J	Regulations section 53 4958-6(c)?	9		1
9	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	8		x

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

Schedule J (Form 990) 2010

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(0)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(II) Bonus & Incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(I)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	3	0	0	0	0	0	0	0
1 BRIZIO BIONDI-MORRA	Ξ	265,00	0	0.	25,454.	0	290,454.	0
	Ξ		0	0	0	0	0	0
2 CARLOS OXENFORD	Ξ	139,25	0	0.	5,250.	20,000.	164,503.	0
	Ξ		0	0	0	0.	0.	0.
3 MARIA CAVALCANTI	∷≘	231,	0	0	0	0	231,653.	0.
	Ξ	158,	0	0		0	٦.	0
4 EMILY FINTEL KAISER	3	16,499.	0	0	10,000.	0	26,499.	0
	Ξ							
5	3							
	Ξ							
9	3				_			
	Ξ							
7	Ξ							
	Ξ							
8	Ξ							
	Ξ							:
6	Ξ							
	Ξ							
10	Ξ							
	Ξ							
11	3							
	3							
12	Ξ							
	Ξ							
13	Ξ							
	Ξ							
14	9							
	Ξ							
15	▣							
	Ξ							
16	ᆗ							

Schedule J (Form 990) 2010

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

## Supplemental Information to Form 990 or 990-EZ

Department of the Trees.

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.

INC

2010 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or 990-EZ.

Name of the organization

AVINA AMERICAS,

Employer identification number 26-3525897

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

OTHER PROGRAMS

EXPENSES \$ 147,452. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: CONTROL OVER THE CHARITY'S OPERATIONS IS VESTED IN A SELF-PERPETUATING BOARD OF FIVE VOTING DIRECTORS. THE EXECUTIVE DIRECTOR IS A SIXTH NON-VOTING MEMBER. THE CHARITY'S ABILITY TO ATTRACT THIS LEVEL OF TALENT IS DUE IN LARGE PART TO ITS CLOSE RELATIONSHIP WITH FUNDACION AVINA. TWO OF THE CHARITY'S FIVE VOTING DIRECTORS HAVE SOME CONNECTION TO FUNDACION AVINA. ONE, MR. OXENFORD, HOLDS A MANAGEMENT POSITION WITH FUNDACION AVINA, SERVING AS ITS CFO. BIONDI-MORRA, CHAIR OF AVINA, IS ALSO CHAIRMAN OF FUNDACION AVINA, AMONG MANY OTHER INSTITUTIONAL AFFILIATIONS. IN ADDITION, UNDER THE CHARITY'S CONFLICT OF INTEREST POLICY, ANY DIRECT TRANSACTIONS BETWEEN THE CHARITY AND FUNDACION AVINA HAVE TO BE APPROVED BY AT LEAST ONE OF THE THREE INDEPENDENT DIRECTORS WHO DO NOT HOLD ANY POSITIONS AT FUNDACION AVINA.

FORM 990, PART VI, SECTION A, LINE 4: THE CHARITY UPDATED ITS BY-LAWS IN ORDER TO CONSOLIDATE A MORE ROBUST AND INDEPENDENT GOVERNANCE STRUCTURE.

THE NEW BY-LAWS WERE ADOPTED AND RATIFIED IN AUGUST 2010.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE FILING WITH THE IRS. THE PROCESS WAS AS FOLLOWS: THE OUTSIDE ACCOUNTANTS PREPARED THE FORM 990 AND FORWARDED IT TO AVINA FOR REVIEW. ONCE THE COMMENTS AND REVIEWS WERE

UPDATED, AVINA AMERICAS EMAILED THE COMPLETED FORM 990 TO THE BOARD ALONG

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

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

AVINA AMERICAS, INC.

Employer identification number 26-3525897

WITH A REQUEST FOR THEIR COMMENTS TO BE COMPLETED WITHIN A 10-DAY PERIOD.

AFTER ANY COMMENTS FROM THE BOARD WERE RESOLVED, THE FORM 990 WAS SUBMITTED

TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: PER POLICY, THE RESPONSIBILITY FOR DISCLOSURE RESTS WITH BOARD MEMBERS. THE BOARD OF DIRECTORS HOLDS AT LEAST ONE ANNUAL MEETING, SUBJECT TO NOTICE REQUIREMENT, THUS ALLOWING FOR A LEVEL REFLECTION ON THIS TOPIC ONCE PER YEAR. THIS REFLECTION WAS HELD IN APRIL 2010 AND NO CONFLICTS WERE NOTED.

IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, IT INFORMS
THE PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORDS THE PERSON AN
OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF AFTER HEARING
THE RESPONSE OF THE MEMBER AND MAKING SUCH FURTHER INVESTIGATION AS IS
WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT THE
MEMBER HAS, IN FACT, FAILED TO DISCLOSE AN ACTUAL OR POTENTIAL CONFLICT OF
INTEREST, IT TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15A: SALARY STUDIES WERE CONDUCTED TO

DETERMINE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THREE REFERENCES WERE

USED FOR THIS PURPOSE. THE BOARD MADE RECOMMENDATIONS TO APPOINT THE

CURRENT EXECUTIVE DIRECTOR. A BOARD RESOLUTION WAS ADOPTED AND DOCUMENTED

IN BOARD MINUTES TO THIS EFFECT.

FORM 990, PART VI, SECTION C, LINE 19: AVINA AMERICAS MAKES ITS GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE

UPON REQUEST.

032212

Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990 EZ) (2010)	Page 2
Name of the organization  AVINA AMERICAS, INC.	Employer identification number 26-3525897
	1 20 30 20 37
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-7,164.
FORM 990, PART VII, SECTION A: BOARD MEMBERS KATHERINE MA	ARSHALL, LARRY
H. SLESINGER, AND JOHN C. ICKIS WERE GIVEN COMPENSATION F	OR THEIR ROLLS
ON THE BOARD.	
FORM 990, PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS:	
UNREALIZED LOSS ON SALES OF INVESTMENTS: -7,164	
	-

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

OMB No 1545-0047
2010
Open to Public
Inspection

Department of the Treasury Internal Revenue Service	► Attach to Form 990.	▶ See separate instructions.	uctions.	:		Inspection
Name of the organization AVINA AMERICAS	S, INC.		•		Employer iden 26-352	Employer identification number 26-3525897
Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	ete if the organization answered "Yes"	to Form 990, Part IV, line 33	•			
(a)	(q)	(2)	(p)	(e)		3
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	r Total income	me End-of-year assets		Direct controlling entity
Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	zations (Complete of the organization a	answered "Yes" to Form 990	Part IV, line 34 b	ecause it had one o	or more related tax-ex	(empt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 512(bX13) controlled entity?
				501(c)(3))		Yes No
EUNDACION AVINA LOCAL 131B- CALLE EVELIO LARA PANAMA CITY, PANAMA	TO CONTRIBUTE TO SUSTAINABLE DEVELOPMENT IN LATIN AMERICA	Panama			N/A	×
	1					-
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.				Schedule	Schedule R (Form 990) 2010

Page 2 26-3525897

Identrication of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Schedule R (Form 990) 2010 Part III

INC

AVINA AMERICAS,

Percentage ownership General or Percentage managing ownership Schedule R (Form 990) 2010 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) 3 Yes . 3 Share of end-of-year assets Code V-UBI camount in box 20 of Schedule - K-1 (Form 1065) <u>6</u> Ξ Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets **(e)** <u>6</u> (d)
(d)
Linear controlling entity Share of total income  $\boldsymbol{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicite (state or foreign country) **e** 38 Primary activity (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> Name, address, and EIN of related organization Name, address, and EIN of related organization 032162 12-21-10 Part IV

Page 3

# Schedule R (Form 990) 2010 AVINA AMERICAS, INC.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	°N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed	ın Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
<b>b</b> Gift, grant, or capital contribution to other organization(s)				4	×	
c Gift, grant, or capital contribution from other organization(s)				10		×
d Loans or loan guarantees to or for other organization(s)				P		×
e Loans or loan guarantees by other organization(s)				<b>1</b> e		×
f Sale of assets to other organization(s)				<b>=</b>		×
q Purchase of assets from other organization(s)				19		×
				두		×
				÷		×
j Lease of facilities, equipment, or other assets from other organization(s)				1		×
k Performance of services or membership or fundraising solicitations for other organization(s)	nization(s)			¥		×
1 Performance of services or membership or fundraising solicitations by other organization(s)	ization(s)			=		×
m Sharing of facilities, equipment, mailing lists, or other assets				£		×
n Sharing of paid employees				1n		×
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>				9		×
p Reimbursement paid by other organization for expenses				<del>1</del>	-	×
					_	
q Other transfer of cash or property to other organization(s)				4		×
r Other transfer of cash or property from other organization(s)				1	_	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) FUNDACION AVINA	В	922,278.	GRANT AGREEMENTS			
6						
) <del></del>						
(3)						
(4)						
(5)						
(9)						
032163 12-21-10	39		Schedule R (Form 990) 2010	R (Form §	990) 2(	010

Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

וומן זמל ווכן מוכנים כו מונים כו מוכנים כו							1
(a)	(a)	(၁)	<del>0</del>	(e)		(6)	
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI	General or
of entity		(state or foreign	organizations?	year assets		of Schedule K-1	
		(6:000	Yes		Yes	(1000)	Yes
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Schedule R (Form 990) 2010

Schedule R	(Form 990) 2010 Supplemental In	AVINA	AMERICAS,	INC.	26-3525897 Page 5
rait VII	Supplemental in	tormation			1. <b>5</b> (
	Complete this part to	provide addition	al information for re-	sponses to questions on Schedu	lle H (see instructions)
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