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# Return of Organization Exempt From Income Tax

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

DLN: 93493242006308 OMB No 1545-0047

Open to Public

t of the Treasury
venue Service

foundations)

Do not enter social security numbers on this form as it may be made public

Departmen ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Internal Re Inspection A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 C Name of organization AVINA AMERICAS INC D Employer identification number ☐ Address change 26-3525897 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O  $\,$  box if mail is not delivered to street address) 1875 I STREET NW NO 5 FL ☐ Amended return ☐ Application pending (410) 707-4926 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC  $\,$  20006 G Gross receipts \$ 9,902,863 F Name and address of principal officer H(a) Is this a group return for SEAN MCKAUGHAN ☐Yes ☑No subordinates? 1875 I STREET NW NO 5 FL H(b) Are all subordinates WASHINGTON, DC 20006 ☐Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) Website: ► WWW AVINA NET **H(c)** Group exemption number ▶ L Year of formation 2008 M State of legal domicile DE 1 Briefly describe the organization's mission or most significant activities SEE PART III, LINE 1 Activities & Governance Check this box 🕨 🗌 if 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) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 3 Total number of volunteers (estimate if necessary) . . . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 . **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b **Current Year** 9,898,893 8 Contributions and grants (Part VIII, line 1h) . . 1,741,192 **9** Program service revenue (Part VIII, line 2g) . . . 3,970 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . 1,026 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,742,218 9,902,863 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 3,403,564 4,370,407 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 306,506 450,989 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶63,938 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 126,030 105,123 3,980,583 4,782,036 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 5,120,827 19 Revenue less expenses Subtract line 18 from line 12 . -2,238,365 Net Assets or Fund Balances End of Year **Beginning of Current Year** 1,717,273 20 Total assets (Part X, line 16) . 6.766.782 21 Total liabilities (Part X, line 26) . . . . 71.318 1,645,955 6,766,782 22 Net assets or fund balances Subtract line 21 from line 20 . Part III 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 2018-08-30 Signature of officer Sign Here SEAN MCKAUGHAN CHAIR

Paid **Preparer** Use Only

Print/Type preparer's name Preparer's signature Date Check  $\Box$  if self-employed Firm's name ► GELMAN ROSENBERG & FREEDMAN Firm's EIN > 52-1392008 Firm's address ► 4550 MONTGOMERY AVE SUITE 650N Phone no (301) 951-9090 BETHESDA, MD 208142930 May the IRS discuss this return with the preparer shown above? (see instructions) . ✓ Yes 🗆 No

Type or print name and title

Form	990 (2017)					Page <b>2</b>
Par	Statement	of Program Servi	ce Accomplis	hments		
	Check If Sche	edule O contains a resp	onse or note to a	any line in this Part III		🗹
1	Briefly describe the	organization's mission				
		N GOOD FOR PRESENT	AND FUTURE GI	ENERATIONS IN THE AM	ERICAS THROUGH REGIONAL AND	CROSS-BORDER
COLL	ABORATION					
2	Did the organization	undertake any signific	ant program serv	vices during the year wh	nich were not listed on	
	the prior Form 990 c	or 990-EZ?				🗹 Yes 🗌 No
	If "Yes," describe the	ese new services on Sc	hedule O			
3	Did the organization	cease conducting, or r	make significant i	changes in how it condu	cts, any program	
	services?	🗌 Yes 🗹 No				
	If "Yes," describe the	ese changes on Schedu	ıle O			
4	Section 501(c)(3) ar		ions are required	to report the amount of	argest program services, as measi f grants and allocations to others, i	
4a	(Code	) (Expenses \$	1,901,393	ıncludıng grants of \$	1,886,427 ) (Revenue \$	)
	See Additional Data					
4b	(Code	) (Expenses \$	986,091	ıncludıng grants of \$	925,397 ) (Revenue \$	)
	See Additional Data					
4c	(Code	) (Expenses \$	894,857	ıncludıng grants of \$	889,819 ) (Revenue \$	)
	See Additional Data					
	See Additional Data	Table				
4d	Other program servi	ces (Describe in Sched				
	(Expenses \$	676,278 ind	cluding grants of	\$ 668,76	64 ) (Revenue \$	)
	· · · · ·					<u> </u>

or X as applicable

**Checklist of Required Schedules** 

Page 3

No

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? Did the organization receive or hold a conservation easement, including easements to preserve open space,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

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? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

b Was the organization included in consolidated, independent audited financial statements for the tax year?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🔧

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, No Nο Nο

Yes

Yes

Yes

Yes

Yes

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

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Nο

Nο

No

Nο

Nο

Nο

No

Nο

Νo

Nο

No

Nο

Form **990** (2017)

6 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? 8 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

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	21	Yes	

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

22 23

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35h

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Yes

Yes

Form 990 (2017)

Yes

Page 4

Νo

Νo

No

Nο

Νo

Nο

orm	990 (2017)			Page !
Par	t 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			Ш
4 -	Fortunation according to the Control of the Control		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 00	-		
		-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
_	this return	ا ۱ ا	V	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	See instructions for mining requirements for FineEN Form 114, Report of Foreign Bank and Financial Accounts (FBAK)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
·	In rest, to line su or sist, and the organization line rount occor in the first ind	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6</b> a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7		
L	required?	7g		
n	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.			
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during			
	the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	]		
1	Section 501(c)(12) organizations. Enter	]		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	against amounts due of received from them y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1		
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for			
	additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	.		
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	$\overline{}$		

Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and f 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	or a "No" respo	onse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
Se	ection A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la	6	res	NO
	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			
b	Enter the number of voting members included in line 1a, above, who are independent	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee?	other 2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct support of officers, directors or trustees, or key employees to a management company or other person? .	pervision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	d? <b>4</b>		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	. 6		No
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of members of the governing body?	or more <b>7a</b>		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholder persons other than the governing body?	s, or <b>7b</b>		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the the following	year by		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ne <b>. 9</b>		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal i	Revenue Cod	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affi and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fili form?	ng the <b>11a</b>	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	·		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give r conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describes Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	. 13	Yes	
14	Did the organization have a written document retention and destruction policy?	. 14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by indeper persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ndent		
	The organization's CEO, Executive Director, or top management official	. 15a	Yes	
b	Other officers or key employees of the organization	. 15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its parti- in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's e status with respect to such arrangements?			
Se	ection C. Disclosure		I	<u> </u>
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 available for public inspection. Indicate how you made these available. Check all that apply	)s only)		
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intepolicy, and financial statements available to the public during the tax year	erest		
20	State the name, address, and telephone number of the person who possesses the organization's books and reco RAFAEL BLANCO 1875 I STREET NW WASHINGTON, DC 20006 (410) 707-4926	ords		
			orm 00	0 (2017

Part VII

 $\overline{\mathbf{V}}$ 

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

- 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, or 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

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					on	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
(1) SEAN MCKAUGHAN CHAIR	0 50 20 00	Х		x				0	184,161	0	
(2) CHRISTIAN SAGEL SECRETARY	0 50 40 00	Х		Х				0	43,379	0	
(3) BRIZIO BIONDI-MORRA BOARD MEMBER	0 50 10 00	Х						0	15,000	0	
(4) JOHN ICKIS BOARD MEMBER	0 50	X						0	0	0	
(5) LARRY SLESINGER BOARD MEMBER	0 50	Х						0	0	0	
(6) KATHERINE MARSHALL BOARD MEMBER	0 50	Х						0	0	0	
(7) VALERIA SCORZA EXECUTIVE DIRECTOR	20 00 20 00			x				0	60,954	0	
(8) JESSE PETRINI GRANTS & OPERATIONS OFFICER	40 00			х				89,749	0	3,278	
										Form <b>990</b> (2017)	

(A)

Name and Title

compensation from the organization  $\blacktriangleright$  0

Part VII

(**F)** Estimated

(E)

Reportable

Page 8

		hours per week (list any hours for related	than one box, unless person is both an officer and a director/trustee) compensation from the organization (Wordship organizations (Wordship organizations) (Wordship organizations) (Wordship organization) (Wordship organiza				N-	amount of other compensation from the organization and						
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2,103		2,1033 11130	,	relati organiza	ed
c T	Sub-Total	art VII, Sectio		· ·			* *			89,749	303,49	4		3,278
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos	e list	ed al	bove		rece	eived mo	re than \$1	00,000			
													Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, k	ey eı •	mple •	oyee,	or hi	ghest cor	mpensated • • •	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization										vidual for	5	163	No
Se	ection B. Independent Contract	ors											•	
1	Complete this table for your five high from the organization Report compensation											npens	sation	
	Name a	(A) and business addre	ess							Desc	(B) ription of services		(C Compen	

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

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

(C)

Position (do not check more

(D)

Reportable

(B)

Average

art				a respo	onse or note to any	line in this Part VII	<u> </u>	<u> </u>	<u></u> $\square$
				·		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512-514
	1a	Federated campaig	ns	1a			revenue		312-314
	b	Membership dues		<b>1</b> b					
	С	: Fundraising events		<b>1</b> c					
ar A	d	Related organization	ons	1d					
Ë		Government grants (c		1e					
and Other Similar Amounts	f	All other contributions and similar amounts n above	, gifts, grants, ot included	<b>1</b> f	9,898,893				
8	g	Noncash contribute in lines 1a-1f \$	ons included						
and	h	Total.Add lines 1a-1	lf	<del>.</del> .	•	9,898,893			
					Business				
E	2a _			_					
Program Service Revenue	ь			_					
S S	С								
3	d								
an	e								
rogr		All other program se				1		•	
Δ.		Fotal.Add lines 2a-2			<u> </u>	_			
		nvestment income (i imilar amounts) .			nterest, and other	3,97	70		3,97
	<b>4</b> I	ncome from investm	ent of tax-ex	empt b	ond proceeds	•			
	<b>5</b> R	Royalties			•	•			
	<b>.</b> .	Currents	(ı) Rea	ıl	(II) Personal	4			
	oa	Gross rents							
	b	Less rental expenses				7			
	c	Rental income or				-			
		(loss)							
	d	Net rental income o			<u> </u>				
	72	Gross amount	(ı) Securi	ties	(II) Other	-			
		from sales of assets other							
		than inventory							
	b	Less cost or other basis and				7			
	_	sales expenses				4			
		Gain or (loss)  Net gain or (loss)	L			_			
	8a	Gross income from f	undraising ev		<b>•</b>				
ne		(not including \$contributions reported		of					
Other Revenue		See Part IV, line 18	• • •	. а	}				
Re	b	Less direct expense	s	b					
ier		Net income or (loss)		_	ents ▶	_			
₹		Gross income from g See Part IV, line 19		ies					
				а	1				
		Less direct expense		Ь					
		Net income or (loss)		activit	ies <b>&gt;</b>				
		Gross sales of invent returns and allowand							
				a					
		Less cost of goods s		b					
	С	Net income or (loss) Miscellaneous		f invent	Business Code	E			
	11a		vescure		בייייייייייייייייייייייייייייייייייייי	-			
	b				•				
	c							+	
	d	All other revenue .						+	
	e	Total. Add lines 11a	-11d		•			1	
	12	Total revenue. See	Instructions				+		
					• •	9,902,86	53	0	0 3,97

Form 990	(2017)				Page <b>10</b>
	Statement of Functional Expenses 11(c)(3) and 501(c)(4) organizations must complete all col	umns All other orga	nızatıons must comp	lete column (A)	_
	Check if Schedule O contains a response or note to any l	line in this Part IX			<u> </u>
Do not in 7b, 8b, 9	nclude amounts reported on lines 6b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
	ts and other assistance to domestic organizations and estic governments See Part IV, line 21	435,814	435,814		
<b>2</b> Grant IV, lir	ts and other assistance to domestic individuals. See Part ne 22				
	ts and other assistance to foreign organizations, foreign rnments, and foreign individuals See Part IV, line 15 .6	3,934,593	3,934,593		
4 Bene	fits paid to or for members				
	pensation of current officers, directors, trustees, and employees	93,027	56,746	36,281	
defin	pensation not included above, to disqualified persons (as ed under section $4958(f)(1)$ ) and persons described in on $4958(c)(3)(B)$				
<b>7</b> Other	r salaries and wages	130,769	1,730	78,535	50,504
	on plan accruals and contributions (include section 401 nd 403(b) employer contributions)	3,305		2,836	469
<b>9</b> Other	r employee benefits	59,942	10,076	45,598	4,268
10 Payro	oll taxes	19,463	5,778	10,393	3,292
11 Fees	for services (non-employees)				
<b>a</b> Mana	gement				
<b>b</b> Legal		18,330		18,330	
<b>c</b> Accou	unting	21,500	5,395	13,815	2,290
<b>d</b> Lobby	yıng				
<b>e</b> Profe	ssional fundraising services See Part IV, line 17				
f Inves	stment management fees				
	r (If line 11g amount exceeds 10% of line 25, column				
	mount, list line 11g expenses on Schedule O)				
12 Adve	rtising and promotion				
13 Office	e expenses	13,261	4,435	7,765	1,061
14 Infor	mation technology	33	1	29	3
<b>15</b> Royal	Ities				
<b>16</b> Occup	pancy	1,696	468	957	271
<b>17</b> Trave		26,682		26,682	
,	ents of travel or entertainment expenses for any al, state, or local public officials    .				
<b>19</b> Confe	erences, conventions, and meetings	8,643		8,643	
20 Inter	est				
21 Paym	ents to affiliates				
22 Depre	eciation, depletion, and amortization	2,796		2,796	
23 Insur	ance	5,692	1,775	2,996	921
misce excee	r expenses Itemize expenses not covered above (List ellaneous expenses in line 24e If line 24e amount eds 10% of line 25, column (A) amount, list line 24e nses on Schedule O)				
a FIN	ANCE EXPENSES	3,910	1,096	2,361	453
	ROLL SERVICES	2,400	712	1,282	406
<b>c</b> GRA	ANT ADMIN EXPENSES	180		180	
d					
e All d	other expenses				
25 Total	I functional expenses. Add lines 1 through 24e	4,782,036	4,458,619	259,479	63,938
repor	costs. Complete this line only if the organization ted in column (B) joint costs from a combined ational campaign and fundraising solicitation				

Form **990** (2017)

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

2

3

Liabilities 22

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

Page **11** 

170,970

4,645,856

1,946,558

3,398

6.766.782

0

319,668

6,766,782

6.766.782

Form **990** (2017)

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

1	Cash-non-intere

st-bearing .

Savings and temporary cash investments . . . Pledges and grants receivable, net . . . Accounts receivable, net . Loans and other receivables from current and former officers, directors,

trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . . 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 instructions) Complete

Part II of Schedule L . . . Notes and loans receivable, net . . Inventories for sale or use . Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D

Less accumulated depreciation 10b

Assets 11 Investments—publicly traded securities . 12

Investments—other securities See Part IV, line 11 . Investments—program-related See Part IV, line 11 .

Intangible assets . . . . . Other assets See Part IV, line 11 . . . . . .

**Total assets.**Add lines 1 through 15 (must equal line 34) . . .

13 14 15 16 17 Accounts payable and accrued expenses 18 Grants payable . . .

Deferred revenue . . . .

19 Tax-exempt bond liabilities . . . . . . 20 21

Escrow or custodial account liability Complete Part IV of Schedule D 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 .

Secured mortgages and notes payable to unrelated third parties . . .

23 24 Unsecured notes and loans payable to unrelated third parties . 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

25 26 Total liabilities. Add lines 17 through 25 .

Unrestricted net assets

Total liabilities and net assets/fund balances .

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

14,683

11.285

31,396 1.614.559

(A)

Beginning of year

479,117

1.227.607

1

2 3

4

5

6

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

6.404

4.145

1,717,273

21,318

50.000

29

27 28

30

31

32

33

34

71,318

1,645,955

1.717.273

6,447,114

☐ Both consolidated and separate basis

☑ Both consolidated and separate basis

2b

2c

3a

3b

Yes

Yes

No

Form 990 (2017)

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

Consolidated basis

Consolidated basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

b Were the organization's financial statements audited by an independent accountant?

### Additional Data

Software ID:

Software Version:

**EIN:** 26-3525897

Name: AVINA AMERICAS INC

Form 990 (2017)

#### \_\_\_\_\_\_

Form 990, Part III, Line 4a:

MIGRATION AVINA AMERICAS JOINED FORCES WITH OPEN SOCIETY FOUNDATIONS, FORD FOUNDATION, AND FUNDACION AVINA TO FORM THE CENTRAL AMERICA AND MEXICO MIGRATION ALLIANCE (CAMMINA) CAMMINA'S MAIN OBJECTIVES ARE TO PROMOTE SUSTAINABLE REGIONAL MIGRATION AND POLICY REFORMS THROUGH COORDINATED NATIONAL AND LOCAL AWARENESS RAISING EFFORTS, ADVANCE AND PROTECT THE HUMAN RIGHTS OF MIGRANTS, AND SUPPORT LOCAL DEVELOPMENT IN MIGRANT SENDING AREAS SO THAT MIGRANTS HAVE A VIABLE OPTION TO STAY IN THEIR COMMUNITIES OF ORIGIN THESE EFFORTS WILL STRENGTHEN INTERNATIONAL MIGRANT NETWORKS IN BECOMING OPERATIONALLY AND FINANCIALLY SUSTAINABLE, IMPROVE THE FRAMEWORK FOR PROTECTING HUMAN RIGHTS AMONG COUNTRIES IN THE REGION. AND CREATE MODELS FOR THE PRODUCTIVE INVESTMENT OF REMITTANCES IN COMMUNITIES OF ORIGIN

### Form 990, Part III, Line 4b: USE OF CIVIC TECHNOLOGIES AND OPEN DATA IN ORDER TO ACCELERATE SOCIAL CHANGE IN LATIN AMERICA AND THE ACHIEVEMENT OF THE SUSTAINABLE

TECHNOLOGY FOR SOCIAL CHANGE TO INCREASE CITIZEN PARTICIPATION, CO-CONSTRUCTION PRACTICES, AND PUBLIC-COMMUNITY PARTNERSHIPS THROUGH THE

DEVELOPMENT GOALS

#### Form 990, Part III, Line 4c: RECYCLING THERE ARE MILLIONS OF LATIN AMERICANS WHO MAKE THEIR LIVING BY RECYCLING DESPITE THEIR HISTORY OF ENVIRONMENTAL AND PRODUCTIVE CONTRIBUTIONS TO SOCIETY, THEY CONTINUE TO LIVE IN SOCIAL EXCLUSION AND WORK INFORMALLY, SUFFERING ECONOMIC EXPLOITATION TO ACHIEVE A VISION FOR INCLUSIVE RECYCLING, AVINA WORKS TO PROMOTE SEPARATION AND DIFFERENTIATED COLLECTION. TO FORMALIZE THE WORK OF RECYCLERS THROUGH THE

RECOGNITION AND RESTITUTION OF LABOR, SOCIAL, AND HUMAN RIGHTS, AND TO ENSURE FAIR COMPENSATION FOR THE SERVICE THAT RECYCLERS PROVIDE

```
Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)
  (Code
                        ) (Expenses $ 582,513 including grants of $ 574,999 ) (Revenue $
WATER CONSERVATION AVINA, ALONG WITH A GROWING NUMBER OF ALLIES, WORKED TO ACHIEVE THE VISIBILITY, RECOGNITION,
STRENGTHENING, AND ARTICULATION OF COMMUNITY EFFORTS FOR ACCESS TO POTABLE WATER THROUGH THE "INICIATIVA+AGUA" SOCIAL
ORGANIZATIONS, BUSINESSES, AND GOVERNMENTS HAVE JOINED THE CAUSE, ALONG WITH HUNDREDS OF LOCAL ALLIES AND THOUSANDS OF
COMMUNITY ORGANIZATIONS IN THE REGION, INCLUDING THE RECENTLY FORMED CONFEDERATION OF LATIN AMERICAN COMMUNITY WATER
AND SANITATION ORGANIZATIONS AVINA ALSO AIMS TO STRENGTHEN DEMOCRACY AS A MEANS OF UNDERPINNING SUSTAINABLE
DEVELOPMENT IN LATIN AMERICA, FOR THIS REASON, AVINA MAKES AN EFFORT TO INFORM DECISION MAKERS ABOUT THE RELEVANT ROLE
THAT COMMUNITY WATER MANAGEMENT PLAYS IN DEVELOPMENT
                         ) (Expenses $ 93,765 including grants of $ 93,765 ) (Revenue $
   (Code
```

(Code ) (Expenses \$ 93,765 including grants of \$ 93,765) (Revenue \$ )

POLITICAL INNOVATION THE PURPOSES OF THIS PROGRAM ARE TO STRENGTHEN SOCIAL AND DEMOCRATIC STATES, AS WELL AS TO INCREASE
THE QUALITY AND EFFECTIVENESS OF DEMOCRACY THROUGH SOCIAL, TECHNOLOGICAL, AND INSTITUTIONAL INNOVATIONS THAT GUARANTEE
AND UPHOLD THE RIGHTS OF CITIZENS, TO STRENGTHEN PARTNERSHIPS BETWEEN GOVERNMENTS AND CIVIL SOCIETY TO ENCOURAGE
POLITICAL AND INSTITUTIONAL INNOVATIONS THAT PROMOTE SYSTEMIC CHANGES IN THE WAY POWER IS EXERCISED, AND TO PROMOTE
SPACES FOR REFLECTION AND ACTION AMONG CIVIL SOCIETY LEADERS AND ORGANIZATIONS TO EQUIP THEM WITH WAYS TO PROMOTE

DEMOCRACY IN THE RESPECTIVE AREAS WHERE THEY WORK

efile GRAPHIC print - DO NOT PROCE				S As Filed Data -	DLN: 9	DLN: 93493242006308		
SCI	1ED	ULE A	Dublia	Charity Statu	e and Dul	hlic Sunn	ort	OMB No 1545-0047
	m 990			organization is a sect 4947(a)(1) nonexe ► Attach to Form	tion 501(c)(3) o empt charitable	organization o	<b>I</b>	2017
		the Treasury	► Information al	oout Schedule A (Form www.irs.a	990 or 990-EZ ov/form990.	() and its instru	ıctions is at	Open to Public Inspection
Name	of th	<del>ue Service</del> <b>ne organiza</b> CAS INC	tion	<u> </u>			Employer identific	ation number
		CAS INC					26-3525897	
Pa			for Public Charity St a private foundation beca				See instructions.	
1 1	rganiz		onvention of churches, or	`	• ,	,	(A)(:)	
2		·	•					
			scribed in section 170(l		,	• •		
3		·	or a cooperative hospital s	-			•	
4	Ш		esearch organization ope and state	rated in conjunction with	a nospital descri	iped in <b>section</b> :	170(B)(1)(A)(III). E	nter the nospital's
5		(b)(1)(A)	ation operated for the ber ( <b>iv).</b> (Complete Part II )	-				bed in <b>section 170</b>
6		A federal, s	tate, or local government	or governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)( <i>f</i>	۱)(v).	
7	✓	section 17	ation that normally receiv 'O(b)(1)(A)(vi). (Compl	ete Part II )		_	ınıt or from the gener	al public described in
8		A communi	ty trust described in <b>sect</b>	ion 170(b)(1)(A)(vi)	(Complete Part I	I)		
9			ural research organization ant college of agriculture					ege or university or a
10		from activit	ation that normally receiving related to its exempt income and unrelated busies section 509(a)(2).	functions—subject to cer isiness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its si	upport from gross
11			ation organized and opera		r public safety S	ee section 509	(a)(4).	
12		more public	ation organized and opera ly supported organization through 12d that describ	ns described in <b>section 5</b>	<b>09(a)(1)</b> or sec	ction 509(a)(2	). See section 509(a	
а		<b>Type I.</b> A so	supporting organization of n(s) the power to regular Part IV, Sections A and	perated, supervised, or coly ly appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization s nt of the supporting orga plete Part IV, Sections	supervised or controlled i nization vested in the sar			- , , , ,	_
С		Type III f	unctionally integrated. organization(s) (see instri	A supporting organizatio				ited with, its
d		Type III n functionally	on-functionally integra integrated The organiza ) You must complete I	<b>ited.</b> A supporting organition generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported organ	
e		Check this	box if the organization re	ceived a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		or Type III non-functional of supported organization		organization			
g			ing information about the		s)		_	
	(i) N	lame of supp organization	, , ,	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			L .					
Total			tion Act Notice, see the		Cat No 11285		 Schedule A (Form 9	00 000 == 1 0= 1=

or loss from the sale of capital

12 Gross receipts from related activities, etc. (see instructions)

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 Schedule A, Part II, line 14

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

assets (Explain in Part VI ) Total support. Add lines 7 through

organization

instructions

supported organization

11

Page 2

III. II tile organization i	ans to quanty ut	idei tile tests lis	iteu below, piea	se complete rai	L 111. <i>)</i>					
Section A. Public Support										
Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
Cifts grants contributions and						(				

	(or fiscal year beginning in) ▶	(-,	(-,	(-,	( ,	(-)	(1)
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	6,609,822	3,478,999	3,495,438	1,741,192	9,898,893	25,224,344
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,609,822	3,478,999	3,495,438	1,741,192	9,898,893	25,224,344
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						20,096,101
6	Public support. Subtract line 5						F 120 212

The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total	-	iotali Add iiiles I tili odgii s	0,005,022	3,1,0,333	5,155,155	-,,,	3,030,030	20,22.,0
from line 4 5,128,243  Section B. Total Support  Calendar year (a)2013 (b)2014 (c)2015 (d)2016 (e)2017 (f)Total	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the						20,096,101
Calendar year (a)2013 (b)2014 (c)2015 (d)2016 (e)2017 (f)Total	6	• •						5,128,243
		Section B. Total Support						
			(a)2013	<b>(b)</b> 2014	(c)2015	<b>(d)</b> 2016	(e)2017	(f)Total

	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						20,096,101
6	<b>Public support.</b> Subtract line 5 from line 4						5,128,243
•	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f)Total
7	Amounts from line 4	6,609,822	3,478,999	3,495,438	1,741,192	9,898,893	25,224,344
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and	6,949	5,964	3,878	1,026	3,970	21,787

	line 1 that exceeds 2% of the amount shown on line 11, column (f)						20,030,101
6	<b>Public support.</b> Subtract line 5 from line 4						5,128,243
9	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	<b>(e)</b> 2017	(f)Total
7	Amounts from line 4	6,609,822	3,478,999	3,495,438	1,741,192	9,898,893	25,224,344
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,949	5,964	3,878	1,026	3,970	21,787
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain						

39,374

42,907

17a 10%-facts-and-circumstances test-2017. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 10%-facts-and-circumstances test—2016. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly

16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

25,328,412 182.086 13 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,

12

14

Schedule A (Form 990 or 990-EZ) 2017

20 250 %

26 230 %

▶ ☑

82,281

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,	)	
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	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						
4	under section 513 Tax revenues levied for the						
-	organization'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						
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6 ) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization
	check this box and <b>stop here</b>			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	<b>016</b> Schedule A, I	Part III, line 17			18	
	<b>331/3% support tests—2017.</b> If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination	3b		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the	·	
	determination	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		

				3.
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	-		
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or		$\overline{}$	
	supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		$\overline{}$	
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	cnecked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	checked 12a or 12b in Part I, answer (b) and (c) below  Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations  Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			
		4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section $1/0(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
s	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct  The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI.</b></i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

**10** Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
<b>b</b> From 2013		
c From 2014		
<b>d</b> From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
<b>h</b> Applied to 2017 distributable amount		
<ul> <li>Carryover from 2012 not applied (see instructions)</li> </ul>		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u>      \$                              </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015. . . . .

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

Schedule A (Form 990 or 990-EZ) 2017

Page 8

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

## Facts And Circumstances Test

AVINA AMERICAS QUALIFIES AS A "PUBLICLY SUPPORTED ORGANIZATION UNDER IRC 170(B)(1)(A)(VI) BECAUSE IT SATISFIES THE "FACTS AND CIRCUMSTANCES" TEST SET FORTH IN TREAS REG 1 170A-9(F)(3) AVINA AMERICAS NORMALLY RECEIVES AT LEAST 10% OF ITS SUPPORT FROM THE GENERAL PUBLIC AND IT CARRIES ON A CONTINUOUS AND BONA FIDE PROGRAM OF SOLICITATION OF PUBLIC SUPPORT MOREOVER, AVINA AMERICAS MEETS THE FOLLOWING FACTORS ENUMERATED IN THE TREASURY REGULATIONS AS BEING INDICATIVE OF PUBLIC SUPPORT 1 PERCENTAGE OF FINANCIAL SUPPORT TREAS REG 1 170A-9(F)(3)(III)(A) DURING THE SIX-YEAR PERIOD ENDING ON DECEMBER 31, 2016, THE PORTION OF AVINA AMERICAS' SUPPORT THAT QUALIFIES AS ELIGIBLE PUBLIC SUPPORT IS 20 25% (SEE SCHEDULE A), SUBSTANTIALLY IN EXCESS OF THE 10% THRESHOLD 2 SOURCES OF SUPPORT TREAS REG 1 170A-9(F)(3)(III)(B) AVINA AMERICAS RECEIVES CONTRIBUTIONS FROM A WIDE RANGE OF DONORS DURING THE PAST FIVE TAX YEARS, AVINA AMERICAS HAS RECEIVED GENEROUS SUPPORT FROM ORGANIZATIONS INCLUDING - THE BILL & MELINDA GATES FOUNDATION - OMIDYAR NETWORK- SKOLL FOUNDATION - OPEN SOCIETY FOUNDATIONS - THE COCA-COLA FOUNDATION - FORD FOUNDATION - XYLEM WATERMARK- THE MOSAIC COMPANY FOUNDATION- FUNDACION AVINA- GORDON AND BETTY MOORE FOUNDATION- PORTICUS LATIN AMERICA- PEPSICO, INC -NATIONAL PHILANTHROPIC TRUST- W K KELLOGG FOUNDATIONTHE ORGANIZATION ALSO COLLABORATES WIDELY WITH ACADEMIC, CIVIL SOCIETY, GOVERNMENT AND DEVELOPMENT ORGANIZATIONS IN THE US FOCUSED ON SUSTAINABLE DEVELOPMENT IN THE AMERICAS, INCLUDING THE INTER-AMERICAN DIALOGUE, INTER-AMERICAN DEVELOPMENT BANK, INTER-AMERICAN FOUNDATION, AND AMERICAS SOCIETY, AMONG OTHERS FUNDRAISING IS LED BY THE EXECUTIVE DIRECTOR AND GENERALLY TAKES THE FORM OF WRITTEN GRANT REQUESTS FOLLOWING PERSONAL CONTACTS WITH POTENTIAL FUNDERS (C) REPRESENTATIVE GOVERNING BODY TREAS REG 1 170A-9(F)(3)(III)(C) AVINA AMERICAS' GOVERNING BODY REPRESENTS BROAD PUBLIC INTERESTS, RATHER THAN THE PERSONAL OR PRIVATE INTERESTS OF A LIMITED NUMBER OF DONORS. THE BOARD OF DIRECTORS INCLUDES REPRESENTATIVES FROM SEVERAL DIFFERENT ORGANIZATIONS AND INCLUDES CHRISTIAN SAGEL, SECRETARYMR SAGEL HAS BEEN WITH AVINA SINCE 2014 HE IS RESPONSIBLE FOR THE LEGAL AREA. WITH HEADQUARTERS IN PANAMA, AND COLLABORATES WITH THE CFO OF THE ORGANIZATION IN POTENTIAL CRISIS MANAGEMENT AND ELABORATION OF POLICIES HIS EXPERTISE INCLUDES CORPORATE LAW, CONFLICTS CONCILIATION, AND LAW ECONOMICS MANAGEMENT MR SAGEL HOLDS A MASTER'S DEGREE IN LAW ECONOMICS FROM THE UNIVERSITY OF BUENOS AIRES IN ARGENTINA HE ALSO HOLDS A DEGREE IN LAW IN POLITICAL SCIENCES FROM THE CATHOLIC UNIVERSITY SANTA MAR A LA ANTIGUA IN PANAMA MR SAGEL HAS PARTICIPATED AS A VOLUNTEER IN SEVERAL SOCIAL SERVICE ACTIVITIES IN RURAL AREAS OF PANAMA BRIZIO BIONDI-MORRA, DIRECTORDR BIONDI-MORRA IS THE FORMER PRESIDENT OF FUNDACION AVINA HE IS ALSO THE FORMER CHAIR OF FUNDES, WHICH PROMOTES SMALL AND MEDIUM ENTERPRISE (SME) DEVELOPMENT IN TEN LATIN AMERICAN COUNTRIES, AS WELL AS THE CHAIR OF INCAE, THE LEADING LATIN AMERICAN BUSINESS SCHOOL WITH CAMPUSES IN COSTA RICA AND NICARAGUA DR BIONDI-MORRA GRADUATED WITH A DOCTORAL DEGREE IN BUSINESS ADMINISTRATION FROM HARVARD UNIVERSITY AND ALSO EARNED A PH D IN ECONOMICS FROM BOCCONI UNIVERSITY IN ITALY IN HIS PROFESSIONAL CAREER, HE HAS BEEN A MANAGEMENT CONSULTANT AT ARTHUR D. LITTLE IN CAMBRIDGE, MASSACHUSETTS, FOUNDED A CHEMICAL COMPANY IN NEW YORK AND WORKED IN MARKETING FOR E  $\,$  I  $\,$  DU PONT DE NEMOURS & CO  $\,$  IN EUROPE DR  $\,$  JOHN C  $\,$  ICKIS. DIRECTORDR ICKIS IS A FORMER DEAN AND PROFESSOR OF BUSINESS ADMINISTRATION AT INCAE, THE TOP-RANKED BUSINESS SCHOOL IN LATIN AMERICA HE HOLDS A DOCTORATE OF BUSINESS ADMINISTRATION AND AN MBA FROM HARVARD UNIVERSITY HE HAS PUBLISHED NUMEROUS ARTICLES AND CASES ON SOCIAL MANAGEMENT TOPICS IN JOURNALS, SUCH AS THE HARVARD BUSINESS REVIEW AND WORLD DEVELOPMENT, AND IS CO-AUTHOR OF BEYOND BUREAUCRACY STRATEGIC MANAGEMENT OF SOCIAL DEVELOPMENT DR ICKIS HAS HELD THE POSITIONS OF PRESIDENT OF JE AUSTIN ASSOCIATES, INC, AN INTERNATIONAL CONSULTING FIRM SPECIALIZING IN ECONOMIC AND SOCIAL DEVELOPMENT, AND CHIEF-OF-PARTY OF THE CROATIAN COMPETITIVENESS INITIATIVE HIS RECENT ACTIVITIES HAVE FOCUSED UPON THE PROMOTION OF COMPETITIVENESS IN EMERGING ECONOMIES THROUGH ENTREPRENEURIAL ACTIVITY HE IS A FORMER PEACE CORPS VOLUNTEER, A SOWETO, SOUTH AFRICA HONORARY CITIZEN AND APPEARS IN THE INTERNATIONAL WHO'S WHO OF PROFESSIONALS, WHO'S WHO IN THE WORLD AND WHO'S WHO IN FINANCE AND INDUSTRY LARRY H SLESINGER, DIRECTORMR SLESINGER IS AN EXECUTIVE SEARCH CONSULTANT WITH SLESINGER MANAGEMENT SERVICES, RECRUITING KEY LEADERSHIP AND MANAGEMENT POSITIONS FOR NONPROFIT ORGANIZATIONS IN THE WASHINGTON, DC AREA HE GRADUATED WITH AN MBA FROM STANFORD UNIVERSITY AND A BACHELOR'S DEGREE FROM CARLETON COLLEGE HE HAS EXTENSIVE EXPERIENCE WITH NONPROFIT MANAGEMENT, CURRENTLY SERVING AS AN ADMINISTRATOR FOR THE FOUNDATION FOR MANAGEMENT EDUCATION IN CENTRAL AMERICA WHICH ASSISTS THE HIGHLY-REGARDED BUSINESS GRADUATE SCHOOL, INCAE MR SLESINGER FORMERLY SERVED AS THE VP OF THE CARNEGIE ENDOWMENT FOR INTERNATIONAL PEACE, SPECIAL ASSISTANT TO THE PRESIDENT OF THE INTER-AMERICAN FOUNDATION, PROGRAM OFFICER OF THE JOHN AND MARY R MARKLE FOUNDATION AND VP OF BOARDSOURCE HE IS THE AUTHOR OF THE SEARCH WINNING STRATEGIES TO GET YOUR NEXT JOB IN THE NONPROFIT WORLD, SELF-ASSESSMENT FOR NONPROFIT GOVERNING BOARDS AND CO-AUTHOR OF THE FIRST EDITION OF A SNAPSHOT OF AMERICA'S NONPROFIT BOARDS RESULTS OF A NATIONAL SURVEY KATHERINE MARSHALL, DIRECTORKATHERINE MARSHALL HAS WORKED FOR OVER FOUR DECADES ON INTERNATIONAL DEVELOPMENT, FOCUSING ON THE WORLD'S POOREST COUNTRIES A SENIOR FELLOW AT GEORGETOWN UNIVERSITY'S BERKLEY CENTER FOR RELIGION, PEACE AND WORLD AFFAIRS AND PROFESSOR OF THE PRACTICE OF DEVELOPMENT, RELIGION, AND CONFLICT IN THE SCHOOL OF FOREIGN SERVICE, SHE IS THE EXECUTIVE DIRECTOR OF THE WORLD FAITHS DEVELOPMENT DIALOGUE (WFDD), A NON-GOVERNMENTAL ORGANIZATION BORN IN THE WORLD BANK WFDD'S MISSION (AND CENTER OF MARSHALL'S CURRENT WORK) IS TO BRIDGE GULFS SEPARATING THE WORLDS OF DEVELOPMENT AND RELIGION DURING HER CAREER AT THE WORLD BANK SHE HELD LEADERSHIP ASSIGNMENTS FOR AFRICA, LATIN AMERICA, AND EAST ASIA AND WAS COUNSELOR TO THE BANK'S PRESIDENT ON ETHICS, VALUES, AND FAITH IN DEVELOPMENT BOARD POSITIONS INCLUDE AVINA AMERICAS, THE OPUS PRIZE FOUNDATION, THE INTERNATIONAL SHINTO FOUNDATION, AND THE INTERNATIONAL ANTI-CORRUPTION CONFERENCE ADVISORY BOARD, SHE SERVED AS A TRUSTEE OF PRINCETON UNIVERSITY AND OF THE WASHINGTON NATIONAL CATHEDRAL FOUNDATION A MEMBER OF THE COUNCIL ON FOREIGN RELATIONS SHE IS VISITING PROFESSOR AT THE UNIVERSITY OF CAMBODIA SHE IS THE AUTHOR OF SEVERAL BOOKS AND MANY ARTICLES, MOST RECENTLY GLOBAL INSTITUTIONS OF RELIGION ANCIENT MOVERS, MODERN SHAKERS, PUBLISHED BY ROUTLEDGE IN 2013 AND (COEDITED WITH SUSAN HAYWARD) WOMEN, RELIGION, AND PEACEBUILDING ILLUMINATING THE UNSEEN SEAN MCKAUGHAN, DIRECTORMR MCKAUGHAN HAS BEEN WITH AVINA SINCE 1998, AND LED AVINA'S EXECUTIVE TEAM FOR SEVEN YEARS HE BECAME CHIEF OPERATING OFFICER IN 2006, AND WAS TAPPED AS CHIEF EXECUTIVE OFFICER AND BOARD MEMBER IN 2007 DURING HIS TIME AT AVINA, MR MCKAUGHAN HAS BEEN A CHAMPION AND GLOBAL ADVOCATE FOR INCLUSIVE BUSINESS. EFFORTS TO COMBAT DEFORESTATION, SOCIAL INNOVATION NETWORKS, AND THE PROMOTION OF SUSTAINABILITY IN LATIN AMERICA AND THROUGHOUT THE WORLD HE WAS ONE OF THE MAIN ARCHITECTS OF THE STRATEGY AND IMPLEMENTATION OF AVINA PROGRAMS IN BRAZIL MR MCKAUGHAN HOLDS MASTER'S DEGREES IN URBAN PLANNING AND IN LATIN AMERICAN STUDIES FROM THE UNIVERSITY OF TEXAS AT AUSTIN BEFORE BEGINNING HIS WORK WITH AVINA, HE COLLABORATED WITH INSTITUTIONS SUCH AS BRAZIL'S INSTITUTE OF APPLIED ECONOMIC RESEARCH (IPEA), THE LYNDON B JOHNSON SCHOOL OF PUBLIC AFFAIRS, THE HOUSTON ADVANCED RESEARCH CENTER (HARC), MEXICO'S MONTERREY INSTITUTE OF TECHNOLOGY AND HIGHER EDUCATION, THE TEXAS WORKFORCE COMMISSION, AND THE CENTER FOR THE STUDY OF WESTERN HEMISPHERIC TRADE

990 Schedule A, Supplemental Information							
Return Reference	Explanation						
CONTINUATION OF "FACTS AND CIRCUMSTANCES"	(D) PUBLIC PARTICIPATION IN PROGRAMS OR POLICIES TREAS REG 1 170A-9(F)(3)(III)(D) FINA LLY, AVINA AMERICAS' CHARITABLE MISSION AND PROGRAMS ARE DIRECTLY FOR THE BENEFIT OF THE G ENERAL PUBLIC ON A CONTINUING BASIS ITS CHARITABLE MISSION IS FOCUSED ON CONTRIBUTING TO THE SUSTAINABLE DEVELOPMENT OF LATIN AMERICA AVINA AMERICAS HAS AN ACTIVE GRANITMAKING PRO GRAM THROUGH WHICH IT SUPPORTS AND PARTNERS WITH CHARITABLE ORGANIZATIONS BOTH IN AND OUTS IDE THE UNITED STATES SINCE 2008, AVINA AMERICAS HAS DONATCH 516 MILLION IN GRANTS TO SUP PORT THE WORK OF OVER 100 ALLIES BASED IN 17 COUNTRIES THROUGHOUT THE HEMISPHERE AND BEYON D THESE ALLIES ARE FOCUSED ON THE FOLLOWING ISSUES OF PUBLIC INTEREST ACROSS THE AMERICAS MIGRATION EVEN THOUGH MIGRATION HAS MADE CONTRIBUTIONS TO DEVELOPMENT IN LATIN AMERICA, THE FOCUS ON SECURITY BY RECEIVING COUNTRIES AND THE LACK OF ECONOMIC OPPORTUNITIES IN CO UNTRIES OF ORIGIN HAVE CREATED ONE OF THE WORST HUMANITARIAN CRISES ON THE CONTINENT, PART ICULARLY FOR MIGRANTS IN MEXICO AND CENTRAL AMERICA AVINA IS WORKING TO CREATE COLLABORAT IVE LINKAGES BETWEEN DIFFERENT SECTORS OF SOCIETY AT BOTH THE LOCAL AND GLOBAL LEVELS AND TO CHANNEL EFFORTS TOWARD A REGULATORY, INSTITUTIONAL, AND ETHICAL FRAMEWORK FOR HUMAN MOB ILITY THAT IS DIGNIFIED, FORMAL, DEMOCRATIC, SUPPORTIVE, AND SUSTAINABLE AMAZON BIOME DE FORESTATION OF THE AMAZON BIOME AT THE SERVICE OF INDUSTRIAL AGRICULTURE, LIVESTOCK, HIGHWA YS, INFRASTRUCTURE, AND RUPAL SETTLEMENTS DEGRADES THE BIOME AND INCREASES CARBON DIOXIDE EMISSIONS, WHILE AT THE SAME TIME REDUCING THE CAPACITY FOR CARBON DIOXIDE ASSORPTION, WHICH CONTRIBUTES TO THE GREENHOUSE EFFECT AND AFFECTS CLIMATE CHANGE AVINA CONSIDERS THE A MAZON AS A PUBLIC GOOD THAT SHOULD NOT BE TREATED IN PARTS DIVIDED BY ADMINISTRATIVE OR POLITICAL BOUNDARIES, A VISION THAT INFORMS OUR STRATEGY FOR MITIGATING CLIMATE CHANGE AND GURSTATEGY FOR MITIGATING CLIMATE CHANGE AND GURSTATEGY FOR REGIONAL ACTORS TECHNOLOGY FOR SOCIAL CHANGE A NUMBER OF COUNTRIES IN LATIN AMERICA HAVE RECEITLY						

990 Schedule A, Supplemental Information							
Return Reference	Explanation						
CONTINUATION OF "FACTS AND CIRCUMSTANCES"	HE UNITED STATES, IN ADDITION TO DOZENS OF PUBLIC CHARITY EQUIVALENTS WORKING ACROSS LATIN AMERICA - ACLU FOUNDATION OF SAN DIEGO AND IMPERIAL COUNTIES - WOMEN MAKE MOVIES, INC - THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, UNIVERSITY OF CALIFORNIA, SAN DIEGO (CENTER FOR COMPARATIVE IMMIGRATION STUDIES) - GLOBAL WORKERS JUSTICE ALLIANCE - MIGRATION POLICY INSTITUTE - TRANSFAIR USA (FAIR TRADE USA) - NATIONAL ALLIANCE OF LATIN AMERICAN AND CARIB BEAN COMMUNITIES (NALACC) - INTER-AMERICAN DIALOGUE (IAD) - WASHINGTON OFFICE ON LATIN AME RICA (WOLA) THE TREASURY REGULATIONS PROVIDE THAT "[T]HE MAINTENANCE OF A DEFINITIVE PROGR AM ONGANIZATION TO ACCOMPLISH ITS CHARITABLE WORK IN THE COMMUNITY, SUCH AS COMBATIN G COMMUNITY DETERIORATION IN AN ECONOMICALLY DEPRESSED AREA" IS A FACTOR THAT IS CONSIDERE D EVIDENCE THAT AN ORGANIZATION IS "PUBLICLY SUPPORTED" AVINA AMERICAS' SUPPORTED PROJECT S, WHICH HAVE BROAD SOCIAL IMPACT, FIT PRECISELY INTO THIS KIND OF COMMUNITY DEVELOPMENT, AND						

FURTHER EVIDENCE THAT THE ORGANIZATION IS "PUBLICLY SUPPORTED "

000 Schedule A. Supplemental Information

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## **Supplemental Financial Statements**

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

DLN: 93493242006308 OMB No 1545-0047

(Form 990)

Open to Public ▶ Attach to Form 990. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** AVINA AMERICAS INC 26-3525897 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 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 are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 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? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 Year Total number of conservation easements Total acreage restricted by conservation easements 2b 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 ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 XIII, the text of the footnote to its financial statements that describes these items 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Pai	t IIII	Organizations Maintaining Col	lections of Art,	Histori	ical T	reası	ires, or	Other	Similar A	ssets (	(continued)
3		the organization's acquisition, accession (check all that apply)	n, and other records	, check	any of	the fo	llowing t	hat are a	significant i	use of it	s collection
а		Public exhibition		d		Loan	or excha	nge prog	rams		
b		Scholarly research		e		Othe	r				
c		Preservation for future generations									
4	Provide Part	de a description of the organization's col XIII	lections and explain	how the	ey furtl	her the	e organız	atıon's ex	kempt purpo	se in	
5		g the year, did the organization solicit o s to be sold to raise funds rather than to							ular	□ Y	es 🗌 No
Pa	rt IV	Escrow and Custodial Arrange									
		Complete if the organization answ X, line 21.	vered "Yes" on Fo	rm 990	, Part	IV, lı	ne 9, or	reporte	ed an amou	ınt on	Form 990, Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other intermed	diary for	contri	bution	s or othe	er assets i	not	□ <b>Y</b>	es 🗆 No
ь	If "Y∈	es," explain the arrangement in Part XIII	and complete the f	ollowing	table		[		Α	mount	
С	Begin	nning balance					Ī	1c			
d	Addıt	ions during the year					[	1d			
е	Dıstrı	butions during the year					[	1e			
f	Endın	ng balance					[	1f			
<b>2</b> a	Did th	he organization include an amount on Fo	orm 990, Part X, line	21, for	escrov	v or cu	ıstodıal a	ccount lia	bility?	□ Y	es 🗆 No
b	If "Ye	es," explain the arrangement in Part XIII	Check here if the e	explanati	ion has	s been	provided	d in Part )	KIII		
Pa	art V	Endowment Funds. Complete If	the organization	answer	ed "Y	es" or	n Form 9	990, Par	t IV, line 1	١٥.	
			(a)Current year	<b>(b)</b> P	rıor yea	r	(c)Two ye	ears back	(d)Three ye	ars back	(e)Four years back
1a	Beginn	ing of year balance									
b	Contrib	outions									
С	Net inv	estment earnings, gains, and losses									
d	Grants	or scholarships									
	and pr	expenditures for facilities ograms									
f	Admını	strative expenses									
g	End of	year balance									
2	Provid	de the estimated percentage of the curre	ent year end balance	e (line 1	g, colu	mn (a	)) held as	s			
а	Board	d designated or quasi-endowment 🕨									
b	Perm	anent endowment 🟲									
С	Temp	orarily restricted endowment <b>&gt;</b>									
	The p	percentages on lines 2a, 2b, and 2c shou	ild equal 100%								
3а		here endowment funds not in the posses nization by	ssion of the organiza	tion that	t are h	eld an	d admini	stered fo	r the		Yes No
	(i) ur	nrelated organizations									Ba(i)
		elated organizations								<u> </u>	a(ii)
b		es" on 3a(II), are the related organization				.7 .				L	3b
4		ribe in Part XIII the intended uses of the		wment 1	tunds						
-6	rt VI	Land, Buildings, and Equipment Complete if the organization answ		rm 000	. Dart	T\/ li	no 11a	See For	-m 000 Da	art V II	no 10
	Descri	iption of property  (a) Cost or oth (investment)	ner basis (b) Cos	t or other					lepreciation		(d) Book value
1a	Land										
	Buildin	gs									
		nold improvements									
		nent				14,683	<u> </u>		11,285	·	3,398
	Other								,	-	·
		lines 1a through 1e (Column (d) must e	ual Form 990, Part	X, colur	mn (B)	, line :	10(c)).		<b>&gt;</b>		3,398

	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		(b) Book value		(c) Method of va or end-of-year	
	al derivatives					
2) Closely- 3)Other	held equity interests	_				
<b>4</b> )						
3)						
<b>(</b> )						
))						
≣)						
·)						
G)						
٦)						
otal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12 )	•				
art VIII	Investments—Program Related.  Complete if the organization answered 'Yes' on Form 9	990, P	art IV, lı	ne 11c. See Fo	rm 990, Part )	(, line 13.
	·		ook value	•	(c) Method of va or end-of-year	aluation
L)					or cha or year	TIATROC VAIAC
2)						
3)						
4)						
5)						
5)						
7)						
B)						
9)						
otal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13 )					
Part IX	Other Assets. Complete if the organization answered 'Yes'	on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
	Other Assets. Complete if the organization answered 'Yes'  (a) Description	on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	art X, line 15  (b) Book value
-)		on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
1)		on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
1) 2) 3)		on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
2)		on Form	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
2) 3) 1) 5)		on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
3)		on For	n 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
(i) (i) (ii) (iii)		on For	n 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
(i) (i) (ii) (ii) (iii)		on For	n 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(a) Description		m 990, Pa			
1) 2) 3) 4) 5) 7) 33) 9)	imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer					(b) Book value
1) 2) 3) 4) 5) 7) 3) otal. (Colu	(a) Description		es' on Fo			(b) Book value
2) 3) 4) 5) 6) 7) 8) otal. (Colu	imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.		es' on Fo			(b) Book value
2) 3) 4) 5) 6) 7) 8) Part X .	(a) Description  Imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo			(b) Book value
2) 3) 5) 6) 7) 8) Part X) Federal (2)	(a) Description  Imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo			(b) Book value
2) 3) 4) 5) 6) 7) 6) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 7) 7) 7) 8) 7) 8) 8) 8)	(a) Description  Imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo			(b) Book value
2) 3) 4) 5) 6) 7) 6) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 7) 7) 7) 8) 7) 8) 8) 8)	(a) Description  Imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo			(b) Book value
2) 3) 4) 5) 6) 7) 6) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 7) 6) 7) 6) 7) 8) 8) 8) 8)	(a) Description  Imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo			(b) Book value
2) 3) 4) 5) 6) 6) 7) 6) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 8) 6) 8) 8) 8) 8) 8) 8)	(a) Description  Imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo			(b) Book value
1) 2) 3) 4) 5) 6) 7) 6) 8) Part X  1) Federal ( 2) 3) 4) 5)	(a) Description  Imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) otal. (Colu	(a) Description  Imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9)  otal. (Colu Part X  1) Federal 1  2) 3) 4) 5) 7)	(a) Description  Imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo			(b) Book value

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Page 4

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

Part XI

4b b Add lines **4a** and **4b** . . . . . . . 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . 5 5 9,902,863 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 4,782,036 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a 2b 2c c

2d Other (Describe in Part XIII ) . . . . . . d Add lines 2a through 2d . . . . . . 2e 3 4,782,036 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b b

Add lines **4a** and **4b** . . . . . . . . . . . . . . . . . 4c 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . 5 4.782.036 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 Return Reference Explanation

See Additional Data Table

Page <b>5</b>		Schedule D (Form 990) 2017				
	ormation (continued)	Part XIII Supplemental Info				
	Explanation	Return Reference				

Schedule D (Form 990) 2017

### Additional Data

Software ID: Software Version:

**EIN:** 26-3525897

Name: AVINA AMERICAS INC

NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AT DECEMBER 31, 2017 AND 2016

Supplemental Information

Return Reference	Explanation				
PART X, LINE 2	A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TA				

X POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT WILL BE RECORDED AVINA DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECORDED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS AVINA RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE AVINA DID

efile GRAPHIC print	- DO NOT P	ROCESS	As Filed Data -	•		DLN:	93493242006308
SCHEDULE F (Form 990)	State	ment of	tates	OMB No 1545-0047			
(Form 390)	► Comple	ete if the organ	5, or 16.	2017			
Department of the Treasury Internal Revenue Service	► Informat	tion about Sche		o Form 990. and its instructions is at <i>w</i> и	vw.irs.gov	/form990.	Open to Public Inspection
Name of the organization						Employer iden	tification number
AVINA AMERICAS INC						26-3525897	
<b>General In</b> Form 990, F			s Outside the U	<b>Jnited States.</b> Comple	te if the	organization a	nswered "Yes" to
1 For grantmakers.	Does the or	ganızatıon ma	aintain records to	substantiate the amount	of its gr	ants and	
•	-	•	he grants or assis	stance, and the selection	criteria	used	
to award the grants	or assistanc	e?					☑ Yes 🗌 No
For grantmakers. outside the United :		Part V the or <u>c</u>	ganization's proce	dures for monitoring the	use of it	s grants and otl	her assistance
3 Activites per Region	(The followin	g Part I, line 3	table can be dupli	cated if additional space is	needed )	)	
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region		program spe	vity listed in (d) is a service, describe ecific type of ce(s) in region	(f) Total expenditures for and investments in region
See Add'l Data				-			
3a Sub-total			0 0				3,934,593
b Total from continuation Part I	on sneets to						0
	and 3b)		0 0				3,934,593

Page 2

nedule F (Form 990)								Page Z
art II Grants a IV, line 1	and Other Ass 15, for any rec	sistance to Organ ipient who received	izations or Entitied more than \$5,000	<b>es Outside the Uni</b> . Part II can be dupl	ted States. Comple acated if additional s	ete if the organizati space is needed.	ion answered "Yes" t	o Form 990, Part
(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)
See Add'l Data	<u>a</u>	 I						
		 I						
		 I			1			
		 I			†		+	
		 I			+		+	
					+			
		 I		<u> </u>	+		+	
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		i		<u> </u>	<u> </u>			
		<del> </del>		<u> </u>				
		<u> </u>						
Enter total numb	er of recipient o	organizations listed a	above that are recogn	nized as charities by tection 501(c)(3) equi	the foreign country, i	recognized as tax-	•	92
· ·		<del>-</del>	·		•			0

Schedule F (Form 990) 2017							Page <b>3</b>			
Part IIII Grants and O	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 addition	<u>onal space is r</u>	needed.	1		T	T			
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)			
					<u> </u>					
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					!					

Sche	dule F (Form 990) 2017		Page <b>4</b>
Pai	t 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)	<b>✓</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	<b>☑</b> 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	<b>☑</b> 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	<b>☑</b> 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	<b>☑</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	<b>☑</b> No
	Schedul	e F (Form 9	990) 2017

Schedule F (Form 990) 2017 Page 5 Part V **Supplemental Information** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method;

amounts of investments vs. expenditures per region); Part II. line 1 (accounting method); Part III (accounting

method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions). Return **Explanation** Reference

AVINA AMERICAS MONITORS THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES BY REQUESTING THAT

PART I. LINE 2 WRITTEN REPORTS BE PRODUCED ON A QUARTERLY/YEARLY BASIS EACH REPORT CONTAINS A 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 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), OR F) FUND TERRORISM

## **Additional Data**

EUROPE (INCLUDING ICELAND

& GREENLAND)

# Software ID: Software Version:

**EIN:** 26-3525897

Name: AVINA AMERICAS INC

5,000

(a) Region	offices in the region	employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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	(r) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0		GRANTS TO RECIPIENTS LOCATED IN THE REGION		2,158,362

0 GRANTS TO RECIPIENTS

LOCATED IN THE REGION

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) NORTH AMERICA 0 IGRANTS TO RECIPIENTS 766,558 LOCATED IN THE REGION 0 IGRANTS TO RECIPIENTS 1,004,673 SOUTH AMERICA LOCATED IN THE REGION

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description l(b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of I (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL ACCESS TO 20,000 WIRE AMERICA AND **IWATER** THE CARIBBEAN CENTRAL ACCESS TO 22.720 WIRE IAMERICA AND IWATER THE CARIBBEAN

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description l(b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of I (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL ACCESS TO 68,600 WIRE AMERICA AND **IWATER** THE CARIBBEAN CENTRAL ACCESS TO 68.796 WIRE IAMERICA AND IWATER THE CARIBBEAN

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant and EIN(ıf organization grant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL ACCESS TO 79,100 WIRE IAMERICA AND IWATER THE CARIBBEAN MIGRATION 10.771 WIRE ICENTRAL IAMERICA AND

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant and EIN(ıf organization grant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL MIGRATION 6,000 WIRE IAMERICA AND THE CARIBBEAN MIGRATION 6.000 WIRE ICENTRAL AMERICA AND

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant and EIN(ıf organization grant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL MIGRATION 6,000 WIRE IAMERICA AND THE CARIBBEAN MIGRATION 6.500 WIRE ICENTRAL AMERICA AND

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant and EIN(ıf organization grant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL MIGRATION 6,500 WIRE IAMERICA AND THE CARIBBEAN MIGRATION 7.500 WIRE ICENTRAL AMERICA AND

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant and EIN(ıf organization grant non-cash disbursement assistance appraisal, applicable) assistance other) 7,500 WIRE CENTRAL MIGRATION IAMERICA AND THE CARIBBEAN MIGRATION 15.000 WIRE ICENTRAL IAMERICA AND

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant and EIN(ıf organization grant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL MIGRATION 13,500 WIRE IAMERICA AND THE CARIBBEAN MIGRATION 15.000 WIRE ICENTRAL IAMERICA AND

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant and EIN(ıf organization grant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL MIGRATION 25,000 WIRE IAMERICA AND THE CARIBBEAN MIGRATION 25.000 WIRE ICENTRAL IAMERICA AND

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant and EIN(ıf organization grant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL MIGRATION 25,667 WIRE IAMERICA AND THE CARIBBEAN MIGRATION 25.750 WIRE ICENTRAL IAMERICA AND

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant and EIN(ıf organization grant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL MIGRATION 27,462 WIRE IAMERICA AND THE CARIBBEAN MIGRATION 30.337 WIRE ICENTRAL IAMERICA AND

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant and EIN(ıf organization grant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL MIGRATION 37,600 WIRE IAMERICA AND THE CARIBBEAN MIGRATION 38.160 WIRE ICENTRAL IAMERICA AND

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant and EIN(ıf organization grant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL MIGRATION 50,000 WIRE IAMERICA AND THE CARIBBEAN MIGRATION 52.640 WIRE ICENTRAL AMERICA AND

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant and EIN(ıf organization grant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL MIGRATION 60,000 WIRE IAMERICA AND THE CARIBBEAN MIGRATION 60.550 WIRE ICENTRAL AMERICA AND

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant organization and EIN(If grant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL MIGRATION 135,000 WIRE AMERICA AND THE CARIBBEAN CENTRAL **IPOLITICAL** 93.765 WIRE IAMERICA AND INNOVATION

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL SOCIAL 37,645 WIRE AMERICA AND CHANGE THE CARIBBEAN SOCIAL 442.529 WIRE ICENTRAL IAMERICA AND CHANGE THE CARIBBEAN

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL RECYCLING 10,200 WIRE IAMERICA AND THE CARIBBEAN RECYCLING 29.800 WIRE ICENTRAL IAMERICA AND

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) 41,770 WIRE CENTRAL RECYCLING IAMERICA AND THE CARIBBEAN RECYCLING 45,000 WIRE ICENTRAL

IAMERICA AND THE CARIBBEAN

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant organization and EIN(ıf grant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL RECYCLING 200,000 WIRE IAMERICA AND THE CARIBBEAN RECYCLING 300,000 WIRE CENTRAL

AMERICA AND

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of I (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) INORTH ACCESS TO 15,643 WIRE IAMERICA IWATER INORTH ACCESS TO 16.500 WIRE IAMERICA IWATER

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description . (b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) NORTH MIGRATION 9,334 WIRE IAMERICA INORTH MIGRATION 20,000 WIRE IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description . l(b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) INORTH MIGRATION 20,000 WIRE IAMERICA INORTH MIGRATION 20,000 WIRE IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description . l(b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) INORTH MIGRATION 25,000 WIRE IAMERICA INORTH MIGRATION 25,000 WIRE IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description . l(b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) INORTH MIGRATION 25,000 WIRE IAMERICA INORTH MIGRATION 26.075 WIRE IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description . l(b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) NORTH MIGRATION 27,747 WIRE IAMERICA INORTH MIGRATION 35,000 WIRE IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description . l(b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) NORTH MIGRATION 40,210 WIRE IAMERICA INORTH MIGRATION 40,000 WIRE IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description . l(b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) NORTH MIGRATION 40,000 WIRE IAMERICA INORTH MIGRATION 40,000 WIRE IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description . l(b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) INORTH MIGRATION 40,000 WIRE IAMERICA INORTH MIGRATION 50,000 WIRE IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description . (b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) NORTH MIGRATION 54,744 WIRE IAMERICA INORTH MIGRATION 75,000 WIRE IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description . (b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) INORTH MIGRATION 80,000 WIRE IAMERICA INORTH SOCIAL CHANGE 37,500 WIRE IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of I (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) ISOUTH ACCESS TO 9,997 WIRE IAMERICA IWATER ISOUTH ACCESS TO 16.143 WIRE IAMERICA IWATER

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of I (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) ISOUTH ACCESS TO 18,376 WIRE IAMERICA IWATER ISOUTH ACCESS TO 23,200 WIRE IAMERICA IWATER

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of I (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) ISOUTH ACCESS TO 25,350 WIRE IAMERICA IWATER ISOUTH ACCESS TO 61.700 WIRE IAMERICA IWATER

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of I (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) ISOUTH ACCESS TO 61,869 WIRE IAMERICA IWATER ISOUTH ACCESS TO 62,200 WIRE IAMERICA IWATER

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description . (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) SOUTH MIGRATION 7,500 WIRE IAMERICA ISOUTH MIGRATION 7.800 WIRE IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description . l(b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) SOUTH MIGRATION 11,700 WIRE IAMERICA ISOUTH MIGRATION 11.700 WIRE IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description . (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) SOUTH MIGRATION 13,366 WIRE IAMERICA ISOUTH SOCIAL CHANGE 35,000 WIRE IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of I (a) Name of section (c) Region cash non-cash (book. FMV. and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) ISOUTH SOCIAL 40,000 WIRE IAMERICA CHANGE ISOUTH ISOCIAL 42.050 WIRE AMERICA ICHANGE

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash non-cash (book. FMV. and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) ISOUTH SOCIAL 48,000 WIRE IAMERICA CHANGE ISOUTH ISOCIAL 50.000 WIRE AMERICA ICHANGE

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash non-cash (book. FMV. and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) ISOUTH SOCIAL 55,000 WIRE IAMERICA CHANGE ISOUTH ISOCIAL 60.000 WIRE AMERICA ICHANGE

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of | (e) Amount of l (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement appraisal, assistance applicable) assistance other) ISOUTH SOCIAL 63,423 WIRE **IAMERICA** CHANGE ISOUTH RECYCLING 8.668 WIRE IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of i (e) Amount of l (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement appraisal, assistance applicable) assistance other) ISOUTH RECYCLING 9,249 WIRE IAMERICA ISOUTH RECYCLING 16.800 WIRE IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of i (e) Amount of l (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement appraisal, assistance applicable) assistance other) ISOUTH RECYCLING 22,000 WIRE IAMERICA ISOUTH RECYCLING 22.000 WIRE IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of i (e) Amount of l (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement appraisal, assistance applicable) assistance other) ISOUTH RECYCLING 23,332 WIRE IAMERICA ISOUTH RECYCLING 25.000 WIRE IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of i (e) Amount of l (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement appraisal, assistance applicable) assistance other) ISOUTH RECYCLING 35,000 WIRE IAMERICA ISOUTH RECYCLING 42,000 WIRE IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of i (e) Amount of l (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement appraisal, assistance applicable) assistance other) ISOUTH RECYCLING 59,000 WIRE IAMERICA ISOUTH SOCIAL 14,250 WIRE IAMERICA CHANGE

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -					DLN: 93493242006308
Schedule I (Form 990)  Department of the Treasury	Co	Governments omplete if the organiz	Other Assistan and Individual ation answered "Yes,"  Attach to Forn le I (Form 990) and its	s in the Unite on Form 990, Part IV n 990.	d States , line 21 or 22.		OMB No 1545-0047  2017  Open to Public Inspection
Internal Revenue Service  Name of the organization	7 11101	mation about Scheda	10 1 (1 01111 330) una 103	mstructions is at <u>ww</u>		Employer	dentification number
AVINA AMERICAS INC						26-352589	
Part I General Infor	mation on Grants	and Assistance					
the selection criteria use	ed to award the grants organization's procedu	or assistance? res for monitoring the u	se of grant funds in the U	nited States			✓ Yes  No
			(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assista	of (h) Purpose of grant
(1) See Additional Data							
(2)							
(3)							
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For Paperwork Reduction Act No				Cat No 50055			Schedule I (Form 990) 2017

Schedule I (Form 990) 2017

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Part IV Supplemental	Information. Provide the	nformation required in	Part I, line 2; Part III,	column (b); and any other	addıtıonal ınformatıon.
Return Reference	Explanation				

AVINA AMERICAS MONITORS THE USE OF GRANT FUNDS IN THE UNITED STATES BY REQUESTING THAT WRITTEN REPORTS BE PRODUCED ON A QUARTERLY/YEARLY BASIS EACH REPORT CONTAINS A 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 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

PART I, LINE 2 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), OR F) FUND TERRORISM

Page 2

#### **Additional Data**

(a) Name and address of

organization

WASHINGTON, DC 20006

RIGHTS) 1889 F ST NW

# Software ID: Software Version:

(b) EIN

**EIN:** 26-3525897 Name: AVINA AMERICAS INC

Form 990,Schedule I, Part II,	, Grants and Other Assist	ance to Domestic Organi	zations and Domestic G	overnments.

(c) IRC section

if applicable

or government				assistance	other)	
SCALABRINI INTERNATIONAL MIGRATION NETWORK 307 EAST 60TH ST	52-2279789	OTHER	50,000			

(d) Amount of cash

grant

(e) Amount of non-

cash

(f) Method of valuation

(book, FMV, appraisal,

NEW YORK, NY 10022 OTHER ORGANIZATION OF AMERICAN

50,000 STATES (INTER-AMERICAN COMMISSION ON HUMAN

**MIGRATION** MIGRATION

(h) Purpose of grant

or assistance

(q) Description of

non-cash assistance

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance CEL EDUCATION FUND 45-3154473 501(C)(3) 50 000 MIGRATION

1330 BROADWAY THIRD FLOOR OAKLAND, CA 94612		(-)(-)			
MIGRATION POLICY INSTITUTE	52-2279789	501(C)(3)	50,000		MIGRAT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20036

NOITA 300

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance INTER-AMERICAN DIALOGUE 52-1830369 501(C)(3) 15.000 MIGRATION (IAD) 1211 CONNECTICUT AVE STE

MIGRATION

510 WASHINGTON, DC 20036

37,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

BOREALIS PHILANTHROPY

MINNEAPOLIS, MN 55403

PO BOX 3295

46-4598642

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 26-2599927 OTHER 50.000 LINA SRIVASTAVA IMIGRATION CONSULTING LLC 300 F 33RD ST APT 6P NEW YORK, NY 10016

MIGRATION

60.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

ALIANZA AMERICAS

1638 S BLUE ISLAND CHICAGO, IL 60608 34-2066826

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 46-3668128 501(C)(3) 50.000 MIGRATION WOMEN'S REFUGEE

COMMISSION (WRC) 122 EAST 42ND STREET NEW YORK, NY 10168			·		
JUSTICE IN MOTION	72-1597864	501(C)(3)	10,000		MIGRATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

JUSTICE IN MOTION 789 WASHINGTON AVE

BROOKLYN, NY 11238

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

501(C)(3) 13.814 AMERICAN UNIVERSITY 53-0196549 MIGRATION 4400 MASSACHUSETTS AVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

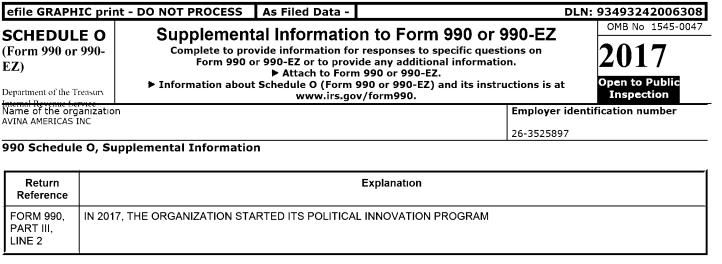
WASHINGTON, DC 20016

efil	e GRAPHIC pr	rint - DO NOT PROCESS   As Filed Data -	DLN: 93	49324	12006	308			
Sch	edule J	Compensation Information	01	MB No	1545-	0047			
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and	Highest						
		Compensated Employees  ▶ Complete if the organization answered "Yes" on Form 990, Par	t IV. line 23.	20	17	7			
_	▶ Attach to Form 990.								
•	partment of the Treasury  ► Information about Schedule J (Form 990) and its instructions is at  www.irs.gov/form990.								
	ne of the organiza NA AMERICAS INC	ation	Employer identifica	tion nu	ımber				
AVI	NA AMERICAS INC		26-3525897						
Pa	rt I Questi	ons Regarding Compensation							
					Yes	No			
1a		opiate box(es) if the organization provided any of the following to or for a person ection A, line 1a Complete Part III to provide any relevant information regarding							
		s or charter travel Housing allowance or residence	•						
	_	companions $\square$ Payments for business use of p							
		nification and gross-up payments							
	☐ Discretion	nary spending account LJ Personal services (e g , maid, o	chauffeur, cher)						
b		xes in line 1a are checked, did the organization follow a written policy regarding pall of the expenses described above? If "No," complete Part III to explain	payment or reimbursement	1b					
2		ation require substantiation prior to reimbursing or allowing expenses incurred by		2					
	directors, truste	ees, officers, including the CEO/Executive Director, regarding the items checked ii	ine la?						
3		If any, of the following the filing organization used to establish the compensation							
	_	EO/Executive Director Check all that apply Do not check any boxes for methods or or declaration to establish compensation of the CEO/Executive Director, but exp							
	П с	- Western consists and another than							
		ation committee							
		of other organizations  Solution Consultant  Compensation survey of study  Approval by the board or comp	ensation committee						
4	related organiza	, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to a ation	the filing organization or a						
а	Receive a sever	ance payment or change-of-control payment?		4a		No			
b		r receive payment from, a supplemental nonqualified retirement plan?		4b		No			
c	Participate in, o	r receive payment from, an equity-based compensation arrangement?		4c		No			
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applicable amounts for each item in	Part III						
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a	ny						
	compensation c	ontingent on the revenues of							
а	The organization	n?		5a		No			
b	Any related orga			5b		No			
	-	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a ontingent on the net earnings of	ny						
а	The organization			<b>6</b> a		No			
b	Any related orga			6b		No_			
_	•	6a or 6b, describe in Part III	.e J						
7	payments not d	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nor escribed in lines 5 and 6? If "Yes," describe in Part III		7		No			
8		ints reported on Form 990, Part VII, paid or accured pursuant to a contract that v nitial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes							
9		8, did the organization also follow the rebuttable presumption procedure describe	ed in Regulations section	8		No			
	53 4958-6(c)?		<u> </u>	9					
For I	Danerwork Pedi	ection Act Notice, see the Instructions for Form 990.	No. 50053T Schedule 3	(Forn	1 000)	2017			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that 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 (D) Nontaxable (E) Total of columns (C) Retirement and (F) Compensation in column (B) reported other deferred benefits (B)(ı)-(D) (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 SEAN MCKAUGHAN (i) 0 0 0 0 CHAIR 184,161 (ii) 184,161

Schedule J (Form 990) 2017 Page 3 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 Return Reference Explanation

Schedule 1 (Form 990) 2017



Return

Reference	·
PART VI, SECTION A, LINE 2	MR BIONDI-MORRA AND MR MCKAUGHAN HAVE A BUSINESS RELATIONSHIP, AS DESCRIBED BELOW CONTR OL OVER AVINA AMERICAS' OPERATIONS IS VESTED IN A SELF-PERPETUATING BOARD OF SIX VOTING DI RECTORS THE EXECUTIVE DIRECTOR IS A SEVENTH NON-VOTING MEMBER AVINA AMERICAS' ABILITY TO ATTRACT THIS LEVEL OF TALENT IS DUE, IN LARGE PART, TO ITS CLOSE RELATIONSHIP WITH FUNDAC ION AVINA THREE OF AVINA AMERICAS' SIX VOTING DIRECTORS HAVE SOME CONNECTION TO FUNDACION AVINA MR MCKAUGHAN IS THE PRESIDENT OF THE BOARD FOR FUNDACION AVINA DR BIONDI-MORRA, TREASURER OF AVINA AMERICAS, SERVES ON THE BOARD OF FUNDACION AVINA, AMONG MANY OTHER INS TITUTIONAL AFFILIATIONS MR SAGEL IS AN EMPLOYEE OF FUNDACION AVINA IN ADDITION, UNDER A VINA AMERICAS' CONFLICT OF INTEREST POLICY, ANY DIRECT TRANSACTION BETWEEN IT AND FUNDACION AVINA HAS TO BE APPROVED BY AT LEAST ONE OF THE THREE INDEPENDENT DIRECTORS WHO DO NOT HOLD ANY POSITIONS AT FUNDACION AVINA

Explanation

## Return Explanation Reference

990 Schedule O, Supplemental Information

	THE OUTSIDE ACCOUNTANTS PREPARED THE FORM 990 AND FORWARDED IT TO AVINA FOR REVIEW ONCE T
PART VI,	HE COMMENTS AND REVIEWS WERE UPDATED, AVINA AMERICAS EMAILED THE COMPLETED FORM 990 TO THE
SECTION B,	ENTIRE BOARD ALONG WITH A REQUEST FOR THEIR COMMENTS TO BE COMPLETED WITHIN A 10-DAY PERI
LINE 11B	OD AFTER ANY COMMENTS FROM THE BOARD WERE RESOLVED, THE FORM 990 WAS SUBMITTED TO THE IRS

FORM 990, PART VI, SECTION B, LINE 12C  PURSUANT TO THE ORGANIZATION'S 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 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 A FORDS 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	Return Reference	Explanation
	PART VI, SECTION B,	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 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 A FFORDS 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

Return Explanation
Reference

FORM 990, PART VI, REFERENCES WERE CONDUCTED TO DETERMINE COMPENSATION FOR THE EXECUTIVE DIRECTOR THREE REFERENCES WERE USED FOR THIS PURPOSE THE BOARD MADE RECOMMENDATIONS TO APPOINT THE CURRE SECTION B, NT EXECUTIVE DIRECTOR AND A BOARD RESOLUTION WAS ADOPTED AND DOCUMENTED IN BOARD MINUTES TO THIS EFFECT. THIS REVIEW PROCESS WAS LAST COMPLETED IN FEBRUARY 2017.

Return Explanation
Reference

FORM 990, PART VI, STATEMENTS AVAILABLE UPON REQUEST SECTION C, LINE 19

Return Explanation

FORM 990, OFFICERS AND BOARD MEMBERS OF FUNDACION AVINA, A RELATED ENTITY OF AVINA, RECEIVED COMPENS PART VII, SECTION A

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493242006308 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2017 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. Open to Public ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** AVINA AMERICAS INC 26-3525897 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (f) Direct controlling (g) Name, address, and EIN of related organization Exempt Code section Primary activity Legal domicile (state Public charity status Section 512(b) or foreign country) (if section 501(c)(3)) (13) controlled

			1		1	1				ı .			
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded fron tax under sections 512- 514)	d, total income	Share of end-of-year assets	Disprop		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or iging	(k) Percenta ownersh
					314)			Yes	No		Yes	No	
Identification of Related Organization because it had one or more related organizations.						ization ans	wered "Yes	" on F	orm 99	90, Part IV,	line	34	
(a)	(b)		(c)		(d)	(e)	(f)	Т	(g)	(1	1)	Т	(1)
Name, address, and EIN of related organization	Primary activity	do (state	egal omicile or foreign untry)		entity (C	pe of entity corp, S corp, or trust)	Share of total income		e of end- year assets	of- Percel owne		(1	ction 51 3) contr entity
			unu y)									\	res
								+					
												$\top$	$\top$

Schedule R (Form 990) 2017					Page <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Fo	rm 990, Par	t IV, line 34, 35b,	or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Y	'es No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organization	ations listed in	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a	No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b Y	es
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c	No
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d	No
e Loans or loan guarantees by related organization(s)				1e	No
f Dividends from related organization(s)				1f	No
g Sale of assets to related organization(s)				1g	No
h Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)				11	No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1p	No
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	No
r Other transfer of cash or property to related organization(s)				1r	No
${f s}$ Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, include	ding covered r	elationships and trai	nsaction thresholds		
	(b) ansaction /pe (a-s)	(c) Amount involved	(d) Method of determining an	nount invo	olved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

was not a related organization. See mish decision for certain investment partnerships													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		(f) Share of total Income	of Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017