DLN: 93493165004339 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable AVINA AMERICAS INC ☑ 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) Room/suite 1300 I STREET NW PMB-500104 NO 400E ☐ Amended return ☐ Application pending (410) 707-4926 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC $\,$ 20005 G Gross receipts \$ 1,854,403 Name and address of principal officer H(a) Is this a group return for SEAN MCKAUGHAN ☐Yes ☑No subordinates? 1300 I STREET NW PMB-500104 NO 400E H(b) Are all subordinates WASHINGTON, DC 20005 ☐Yes ☐No ıncluded? **✓** 501(c)(3) 501(c)() **◄** (insert no) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW AVINA NET L Year of formation 2008 M State of legal domicile DE Summary 1 Briefly describe the organization's mission or most significant activities SEE PART III, LINE 1 Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 3 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year** Current Year 8 Contributions and grants (Part VIII, line 1h) . 9,898,893 1,846,157 Ravenua 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,970 8,246 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,902,863 1,854,403 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). 4,370,407 5,386,883 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 306,506 330,242 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶108,462 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 105,123 134,800 4,782,036 5,851,925 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 5,120,827 -3,997,522 Net Assets or Fund Balances Beginning of Current Year End of Year 6,766,782 2,385,216 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 15,956 22 Net assets or fund balances Subtract line 21 from line 20 . 6,766,782 2,369,260 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 2019-06-14 Signature of officer Sign Here SEAN MCKAUGHAN CHAIR Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf Paid self-employed Firm's name

GELMAN ROSENBERG & FREEDMAN Firm's EIN ► 52-1392008 Preparer Use Only Firm's address ► 4550 MONTGOMERY AVE SUITE 650N Phone no (301) 951-9090 BETHESDA, MD 208142930 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page 2
Pa	rt III Statement	of Program Serv	ice Accomplis	hments		
	Check If Sche	dule O contains a res	ponse or note to a	any line in this Part III .		🗹
1	Briefly describe the o	organization's mission		·		
		N GOOD FOR PRESEN	T AND FUTURE GI	ENERATIONS IN THE AM	ERICAS THROUGH REGIONAL AND	O CROSS-BORDER
COLL	ABORATION					
2	Did the organization	undertake any signifi	cant program serv	rices during the year wh	ich were not listed on	
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on S	chedule O			
3	Did the organization	cease conducting, or	make significant	changes in how it condu	cts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Sched	ule O			
4		d 501(c)(4) organiza	tions are required	to report the amount of	argest program services, as meas grants and allocations to others,	
4a	(Code) (Expenses \$	1,894,225	including grants of \$	1,874,389) (Revenue \$)
	See Additional Data					
4b	(Code) (Expenses \$	1,401,366	ıncludıng grants of \$	1,358,775) (Revenue \$)
	See Additional Data					
4c	(Code) (Expenses \$	1,106,558	including grants of \$	1,048,175) (Revenue \$)
	See Additional Data					
	See Additional Data	Table				
4d	Other program servi	ces (Describe in Sche	,			
	(Expenses \$	1,124,992 ır	cluding grants of	\$ 1,105,54	14) (Revenue \$)
		vice expenses ▶	5,527,1			

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Par	Checklist of Required Schedules			
_	- · · · · · · · · · · · · · · · · · · ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	_	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10		No
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX "	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
	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	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		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?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
	Did the organization report more than #5 000 of grants or other assistance to or for demostic individuals on Bort IV	ı T		

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^o If "Yes," complete Schedule I, Parts I and III

Νo

22

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⊃ar	Checklist of Required Schedules (continued)			
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	Yes Yes	No
a	Schedule J	24a		No
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
3	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
•	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No
	Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28 c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that	37		No
	is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🥦			

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

No

Yes

0

1a

1b

13c

14a

14b

15

No

Nο

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c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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ar	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scheoucheck if Schedule O contains a response or note to any line in this Part VI	dule O	See instructions		•	lines V
ie	ction A. Governing Body and Management					
					Yes	No
a	Enter the number of voting members of the governing body at the end of the tax year	1a		5		
	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					

					Yes	NO
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5			
	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	1b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business officer, director, trustee, or key employee?	rela	ionship with any other	2	Yes	
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other pe			3		No
4	Did the organization make any significant changes to its governing documents since the pr	rıor F	orm 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization	zatior	ı's assets?	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the power to members of the governing body?	elect	or appoint one or more	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) neersons other than the governing body?	nemb	pers, stockholders, or	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions ur the following	ndert	aken during the 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 car organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>		be reached at the	9		No
Se	ction B. Policies (This Section B requests information about policies not require	ed b	y the Internal Revenu	e Cod	e.)	•
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt purply the control of			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governorm?	ernin	body before filing the	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 9	90				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interconflicts?	rests	that could give rise to	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the po	olicy	If "Yes," describe in			

	members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	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	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			

List the States with which a copy of this Form 990 is required to be filed▶ 17 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply 18

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 interest policy, and financial statements available to the public during the tax year 19 State the name, address, and telephone number of the person who possesses the organization's books and records ►RAFAEL BLANCO 1300 I STREET NW PMB-500104 NO 400E WASHINGTON, DC 20005 (410) 707-4926 20

 \checkmark

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- year List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the

- organization and any related organizations • List all of the organization's former officers, key employees, 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

(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι ın of	t ch unle: ficer	ss per: and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) SEAN MCKAUGHAN	0 50	Х		×				0	174,065	0
CHAIR (2) BRIZIO BIONDI-MORRA TREASURER	20 00 0 50 10 00	×		х				0	15,000	0
(3) JOHN ICKIS BOARD MEMBER	0 50	х						0	0	0
(4) LARRY SLESINGER BOARD MEMBER	0 50	Х						0	0	0
(5) KATHERINE MARSHALL BOARD MEMBER	0 50	Х						0	0	0
(6) CHRISTIAN SAGEL SECRETARY	0 50 40 00			×				0	43,766	0
(7) VALERIA SCORZA EXECUTIVE DIRECTOR	20 00			х				0	63,386	0
(8) JESSIE PETRINI GRANTS & OPERATIONS MANAGER	40 00			x				99,356	0	3,477
(9) VALERIA NUCETE DEVELOPMENT MANAGER	40 00					х		106,092	0	3,713
										Form 990 (2018)

Form 990 (2018)	(A) (B) Average hours per week (list any hours for related organizations below detaed organizations below detaed organizations below detaed organizations of the compensation below detaed organizations of the compensation organizations of the compensation organizations organizations of the compensation organization organizations organiza									
Part VII	Section A. Officers, D	Directors, Trustees	, Key E	Empl	loye	es, aı	nd Hi	igŀ	est Compensate	d Employees (co	ntinued)
	(A) Name and Title	Average hours per week (list any hours for related	than o	ne bo oth a	o not ox, ui in offi tor/tr	nless icer ar iustee) employe	persor nd a	n Fo	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the organization and

),00	Trustee	tustee	

1b Sub-Total	rt VII , Section	Α				*		205,448	296,7	217		7,190
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1												
										_	Yes	No

	Sub-Total				•		•								
c 1	otal from continuation sheets to Pa	art VII , Section	Α				▶ _								
d 1	otal (add lines 1b and 1c)						>		205,448			296,2:	17		7,190
2	Total number of individuals (including of reportable compensation from the			e liste	ed a	bove	e) who	o rece	eived more than	\$100	,000				
														Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>	•		•	•		, ,		-			ee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										:he				
	maividual			•	•	•	•				•		4	Yes	

C	Sub-Total	17		7,190
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	V	
_		4	Yes	

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

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

		, , ,		140			
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No			
S	ection B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation						

		-		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			

	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			i	
	ındıvıdual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No	
Se	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year				

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization? If "Yes," complete Schedule J for such person		5		No		
S	Section B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year						
	(A) Name and business address Description of services						

			.,,
ction B. Independent Contractors			
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of c from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	mpens	ation	
(A) (B) Name and business address Description of services		(C Comper	
	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of conform the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B)	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B)	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)

Name and Dusiness address	Description of services	Compensation			
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0					

Form **990** (2018)

	Statement of Bossesses						rage 3
Part				. los a us that Dast VIII	1		П
	Check if Schedule O contains	a respo	nse or note to an	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	1a			revenue		512 - 514
st st	b Membership dues						
rar	·	1b					
	c Fundraising events	1c					
ifts ar	d Related organizations	1d					
ء ري ع زي	e Government grants (contributions)	1e					
ons Sil	f All other contributions, gifts, grants, and similar amounts not included		1.046.157				
Contributions, Gifts, Grants and Other Similar Amounts	above g Noncash contributions included	1f	1,846,157				
Contra	in lines 1a - 1f \$		•	1,846,157			
			Busines				
Program Service Revenue	2a						
45	h —	-					
3	b ————————————————————————————————————						
ž.	d						
S	e ————	_					
grar	f All other program service revenue						
ď	9Total. Add lines 2a-2f		>				
	3 Investment income (including divid			.]			
	sımılar amounts)	•	·	8,24	16		8,246
	4 Income from investment of tax-exe			>			
	5 Royalties			<u> </u>			
	(1) Rea		(II) Personal	4			
	oa Gross rents						
	b Less rental expenses						
	c Rental income or			_			
	(loss)						
	d Net rental income or (loss)						
	(ı) Securit	ies	(II) Other	_			
	7a Gross amount from sales of						
	assets other than inventory						
	b Less cost or	+		\dashv			
	other basis and sales expenses						
	C Gain or (loss)						
	d Net gain or (loss)		>				
	8a Gross income from fundraising even	- 1					
Jue	(not including \$ contributions reported on line 1c)	of					
₹ .	See Part IV, line 18	a [
æ	b Less direct expenses	L					
Other Revenue	c Net income or (loss) from fundrais		ents >				
Ö	9a Gross income from gaming activities See Part IV, line 19	es					
		a					
	b Less direct expenses	ь					
	${f c}$ Net income or (loss) from gaming	actıvıtı	es · · Þ				
	10aGross sales of inventory, less returns and allowances						
	recurrs and anowarices	a∣					
	b Less cost of goods sold	b		-			
	c Net income or (loss) from sales of	invent	ory ►				
	Miscellaneous Revenue		Business Code				
	11a						
	b	Ŧ					
	c			1	1	1	
	d All other revenue	- 		1	1	1	
	e Total. Add lines 11a-11d		•	1	1	1	
	12 Total revenue. See Instructions				1	+	1
			· •	1,854,40	03[0	0 8,246 Form 990 (2018)
							(ZUIO)

Part IX	Statement of Functional Expenses
C t	(/-)(2) I F01(-)(4)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	nızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	494,841	494,841	, ·	
Grants and other assistance to domestic individuals. See Part IV, line 22.	1,765	1,765		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	4,890,277	4,890,277		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	102,833	32,067	43,407	27,359
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	141,372	41,693	60,750	38,929
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,869	287	3,733	2,849
9 Other employee benefits	59,172	17,451	25,427	16,294
10 Payroll taxes	19,996	5,897	8,593	5,506
11 Fees for services (non-employees)				
a Management				
b Legal	35,560	17,831	14,452	3,277
c Accounting	23,000	11,533	9,347	2,120
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,604	5,317	4,310	977
12 Advertising and promotion				
13 Office expenses	11,887	4,797	6,112	978
14 Information technology				
15 Royalties				
16 Occupancy	4,359	649	2,482	1,228
17 Travel	31,457	288	27,382	3,787
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,679	121	1,312	246
23 Insurance	6,749	317	5,827	605
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PAYROLL SERVICES	2,778	820	1,193	765
b BUSINESS FILINGS	2,554	184	1,995	375
c MEMBERSHIPS	2,500	603		1,897
d COMMUNICATIONS	1,673	403		1,270

5,851,925

5,527,141

216,322

108,462

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e All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

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

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25

26

27 28

29

30

31

32

33 34

Net Assets or Fund Balances

	art-A	Dalalice Sileet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX	(A) Beginning of year		(B) End of year
					170.970	1	220.157
	1	Cash-non-interest-bearing		<u> </u>	4.645.856	2	1,536,869
	2	Savings and temporary cash investments		<u></u>	.,		· '
	3	Pledges and grants receivable, net		•	1,946,558	3	625,000
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensate Part II of Schedule L	ted er	nployees Complete		5	
ssets	7	section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L		6			
88	8	Inventories for sale or use		8			
4	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	16,154			
	ь	Less accumulated depreciation	10b	12,964	3,398	10 c	3,190
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	11 .			13	
	14	Intangible assets		[14	
	15	Other assets See Part IV, line 11		[15	
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	6,766,782	16	2,385,216
	17	Accounts payable and accrued expenses				17	15,956
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ſΛ	21	Escrow or custodial account liability Complete F	of Schedule D		21		
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
æ		persons Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela	ted th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	third	parties		24	

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

and other liabilities not included on lines 17 - 24)

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

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

25

26

27

28

29

30

31

32

33

34

15,956

488.452

1,880,808

2,369,260

2,385,216

Form **990** (2018)

0

319,668

6,447,114

6,766,782

6,766,782

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	,854,403
2	Total expenses (must equal Part IX, column (A), line 25)	2			,851,925
3	Revenue less expenses Subtract line 2 from line 1	3			,997,522
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,766,782
5	Net unrealized gains (losses) on investments	5			,700,762
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			400,000
_	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			,369,260
	tXII Financial Statements and Reporting	10			,303,200
I a	Check if Schedule O contains a response or note to any line in this Part XII				
-	Check it Schedule O contains a response of note to any line in this Part XII	• •	•	Yes	No
	Accounting method used to prepare the Form 990		\Box	163	
1	Accounting method used to prepare the Form 990				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	1
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3a		No

3b

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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID:

Software Version: EIN: 26-3525897

Name: AVINA AMERICAS INC

Form 990 (2018)

Form 990, Part III, Line 4a:

WATER CONSERVATION ALONG WITH A GROWING NUMBER OF ALLIES, WORKED TO ACHIEVE THE VISIBILITY, RECOGNITION, STRENGTHENING, AND ADTICULATION OF COMMUNITY EFFORTS FOR ACCESS TO DOTABLE WATER THROUGH THE "INICIATIVAL AGUA" SOCIAL OPERANIZATIONS BUSINESSES 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

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:

Form 990, Part III, Line 4c:

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

USE OF CIVIC TECHNOLOGIES AND OPEN DATA IN ORDER TO ACCELERATE SOCIAL CHANGE IN LATIN AMERICA AND THE ACHIEVEMENT OF THE SUSTAINABLE

DEVELOPMENT GOALS

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

others, the total expenses, and revenue, if any, for each program service reported.

DEMOCRACY IN THE RESPECTIVE AREAS WHERE THEY WORK

(Code) (Expenses \$ 959,935 including grants of \$ 950,265) (Revenue \$ 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 (Code) (Expenses \$ 143,519 including grants of \$ 142,559) (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

SPACES FOR REFLECTION AND ACTION AMONG CIVIL SOCIETY LEADERS AND ORGANIZATIONS TO EQUIP THEM WITH WAYS TO PROMOTE

POLITICAL AND INSTITUTIONAL INNOVATIONS THAT PROMOTE SYSTEMIC CHANGES IN THE WAY POWER IS EXERCISED. AND TO PROMOTE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)
Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to
others, the total expenses, and revenue, if any, for each program service reported.

OTHER

(Code) (Expenses \$ 21,538 including grants of \$ 12,720) (Revenue \$

SCHEDUI Form 990 o 90EZ)			Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form		2018			
Department of the		► Go to	www.irs.gov/Forms			•	Open to Public Inspection	
nternal Revenue S Name of the o VINA AMERICAS	rganization			Employer identification number				
			(41)			26-3525897		
		Public Charity Stat rate foundation because				see instructions.		
-	•	ntion of churches, or a	•	-	•	(A)(i).		
A.	school describ	ed in section 170(b) (1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))			
3	nospital or a c	coperative hospital ser	vice organization desci	ribed in section	170(b)(1)(A)(iii).		
4	·	rch organization operat	-			-	inter the hospital's	
		operated for the benef (Complete Part II)	it of a college or univer	rsity owned or op	perated by a gov	ernmental unit descr	bed in section 170	
6	ederal, state,	or local government o	r governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).		
se	ction 170(b)	that normally receives ((1)(A)(vi). (Complete	e Part II)		_	init or from the gener	al public described in	
8	community tri	ust described in sectio	n 170(b)(1)(A)(vi)	(Complete Part I	I)			
		esearch organization d college of agriculture S					lege or university or	
fro inv	m activities re estment inco	that normally receives elated to its exempt fui me and unrelated businection 509(a)(2).	nctions—subject to cert ness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross	
	•	organized and operate		r public safety S	ee section 509	(a)(4).		
□ m	ore publicly su	organized and operate ipported organizations ough 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a		
a Ty	pe I. A suppo ganization(s)	orting organization oper the power to regularly IV, Sections A and B	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by		
m	nagement of	oorting organization sup the supporting organize Part IV, Sections A	ation vested in the san					
		ionally integrated. A nization(s) (see instruct					ated with, its	
d Ty	pe III non-f	unction(s) (see instruct unctionally integrate grated The organization ou must complete Pa	d. A supporting organi in generally must satis	zation operated fy a distribution	in connection wi	th its supported orga		
e 🗌 Ch	eck this box i	f the organization recei	ved a written determin	nation from the I		pe I, Type II, Type II	I functionally	
_	-	ype III non-functionally upported organizations	ıntegrated supporting	organization		_		
		nformation about the s	T'				1 (2)	
(i) Name of supported organization		d (ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	s		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
otal								
	k Reduction	Act Notice, see the I	nstructions for	L Cat No 11285	<u>.</u> 5F :	 Schedule A (Form 9	90 or 990-FZ) 201	

Public support percentage for 2017 Schedule A, Part II, line 14

organization

instructions

supported organization

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

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

Page 2

20 250 %

▶ ☑

Schedule A (Form 990 or 990-EZ) 2018

	III. If the organization fa	ils to qualify und	der the tests list	ed below, please	e complete Part	III.)	
9	Section A. Public Support						_
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(4) 2021	(2) 2020	(6, 2020	(4) 2017	(0) 2010	(1) 10101
L	Gifts, grants, contributions, and	3,478,999	3,495,438	1 741 102	0.400.003	1 046 157	20,060,679
	membership fees received (Do not	3,478,999	3,495,438	1,741,192	9,498,893	1,846,157	20,060,679
	include any "unusual grant ") Tax revenues levied for the		+				
2	organization's benefit and either paid						
	to or expended on its behalf						
,	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,478,999	3,495,438	1,741,192	9,498,893	1,846,157	20,060,679
-	The portion of total contributions by	3,470,555	3,433,430	1,741,132	5,450,055	1,040,137	20,000,073
•	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						16,337,256
	line 1 that exceeds 2% of the						10,007,200
	amount shown on line 11, column (f)						
	amount shown on line 11, column (1)						
5	Public support. Subtract line 5						
•	from line 4						3,723,423
S	Section B. Total Support	•		'	'	•	
	Calendar year	(-)2014	(L)201E	(-)201C	(4)2017	(-)2010	/£\T-+-1
	(or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e)2018	(f)Total
7	Amounts from line 4	3,478,999	3,495,438	1,741,192	9,498,893	1,846,157	20,060,679
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties and	5,964	3,878	1,026	3,970	8,246	23,084
	income from similar sources						
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital	39,374					39,374
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through						20,123,137
	10						20,123,137
12	Gross receipts from related activities, e	tc (see instruction	ns)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	tax year as a secti	on 501(c)(3) orga	nization,
	check this box and stop here		<u></u>	<u></u>	<u></u>	▶□	
9	Section C. Computation of Public						
14	Public support percentage for 2018 (lin	e 6, column (f) dıv	rided by line 11, co	olumn (f))		14	18 500 %

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test—2018. 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

b 10%-facts-and-circumstances test—2017. 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 qualifies as a publicly

33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		
	(Complete only if you c	hecked the box	on line 10 of Pa	art I or if the or	ganization failed		er Part II. If
	the organization fails to	qualify under	the tests listed b	pelow, please co	omplete Part II.))	
Se	ection A. Public Support		T	Г			1
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
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 72	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
/ a	3 received from disqualified persons						
Ь	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ection B. Total Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
0	(or fiscal year beginning in) ► Amounts from line 6			. ,			
L0a	Gross income from interest,						
LUa	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 regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı ı's fırst, second. th	urd, fourth, or fift	h tax vear as a se	ction 501(c)(3) o	rganization.
	check this box and stop here	.	,	,,,	,		▶ □
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2018 (lin	e 8, column (f) d	ıvıded by line 13,	column (f))		15	
16	Public support percentage from 2017 S	ichedule A, Part I	II, line 15			16	
Se	ection D. Computation of Investi	ment Income	Percentage				
17	Investment income percentage for 201			lıne 13, column (f))	17	
18	Investment income percentage from 2	017 Schedule A,	Part III, line 17			18	
	331/3% support tests—2018. If the		•	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶□
	33 1/3% support tests—2017. If the						
J	not more than 33 1/3%, check this box	-			•		▶ □
20	Private foundation. If the organization	-	-				▶□

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

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)

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509		

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 За Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с 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 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 4b 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 Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c 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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 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) 7

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

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

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

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

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)							
	cupper unity or gamma units (community)		Yes	No				
11	Has the organization accepted a gift or contribution from any of the following persons?			<u> </u>				
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the							
u	governing body of a supported organization?	11a						
h	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	110						
	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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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	\sqcup					
2								
	organization							
S	ection C. Type II 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1						
_	,, , , , , , , , , , , , , , , , , , , ,			<u> </u>				
	ection D. All Type III Supporting Organizations		Yes	No				
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?	j						
	,							
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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)							
	maintained a close and continuous volking relationship with the supported organization(s)							
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 Part VI 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	ions)						
	The organization satisfied the Activities Test Complete line 2 below	-						
	b							
	c	ınstru	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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	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.		\vdash					
	 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? Provide details in Part VI. 	3a						
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	26						

Schedule A (Form 990 or 990-FZ) 2018

	Talle A (101111 330 01 330 LZ) 2010			Page (
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting C	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organiz			
	Section A - Adjusted Net Income	acions	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	6		

a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 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 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. **b** Excess from 2015. c Excess from 2016. d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

Schedule A (Form 990 or 990-EZ) 2018

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

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 FIVE-YEAR PERIOD ENDING ON DECEMBER 31, 2018, THE PORTION OF AVINA AMERICAS' SUPPORT THAT QUALIFIES AS ELIGIBLE PUBLIC SUPPORT IS 18 50% (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 - OMIDYAR NETWORK- SKOLL FOUNDATION - OPEN SOCIETY FOUNDATIONS - THE COCA-COLA FOUNDATION - FORD FOUNDATION - XYLEM WATERMARK- 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 U S 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 SEAN MCKAUGHAN, CHAIR OF THE BOARDMR 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 BRIZIO BIONDI-MORRA, TREASURERDR 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 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 (CO-EDITED WITH SUSAN HAYWARD) "WOMEN, RELIGION, AND PEACEBUILDING ILLUMINATING THE UNSEEN "LARRY HISLESINGER, DIRECTORMR SLESINGER IS AN EXECUTIVE SEARCH CONSULTANT WITH SLESINGER MANAGEMENT SERVICES, RECRUITING KEY LEADERSHIP AND MANAGEMENT POSITIONS FOR NONPROFIT ORGANIZATIONS IN THE WASHINGTON, D.C. 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 " 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 AND 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

Schedule A, Supplement	
Return Reference	Explanation
CONTINUATION OF "FACTS AND CIRCUMSTANCES"	FINALLY, AVINA AMERICAS' CHARITABLE MISSION AND PROGRAMS ARE DIRECTLY FOR THE BENEFIT OF THE GENERAL PUBLIC ON A CONTINUING BASIS ITS CHARITABLE MISSION IS FOCUSED ON CONTRIBUTING TO THE SUSTAINABLE DEVELOPMENT OF LATIN AMERICA AVINA AMERICAS HAS AN ACTIVE GRANTMAKING PROGRAM THROUGH WHICH IT SUPPORTS AND PARTNERS WITH CHARITABLE ORGANIZATIONS BOTH IN AND OUTSIDE THE UNITED STATES SINCE 2008, AVINA AMERICAS HAS DONATED \$46 MILLION IN GRANTS TO SUPPORT THE WORK OF OVER 100 ALLIES BASED IN 17 COUNTRIES THROUGHOUT THE HEMISPHERE AND B EYOND THESE ALLIES ARE FOCUSED ON THE FOLLOWING ISSUES OF PUBLIC INTEREST ACROSS THE AMER ICAS MIGRATION EVEN THOUGH MIGRATION HAS MADE CONTRIBUTIONS TO DEVELOPMENT IN LATIN AMER ICA, THE FOCUS ON SECURITY BY RECEIVING COUNTRIES AND THE LACK OF ECONOMIC OPPORTUNITIES I N COUNTRIES OF ORIGIN HAVE CREATED ONE OF THE WORST HUMANITARIAN CRISES ON THE CONTINUENT, PARTICULARLY FOR MIGRANTS IN MEXICO AND CENTRAL AMERICA AVINA IS WORKING TO CREATE COLLAB ORATIVE 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 MOBILITY THAT IS DIGNIFIED, FORMAL, DEMOCRATIC, SUPPORTIVE, AND SUSTAINABLE TECHNOLOGY FOR SOCIAL CHANGE A NUMBER OF COUNTRIES IN LATIN AMERICA HAVE RECENTLY PASSED LAWS TO ENSU RE ACCESS TO PUBLIC INFORMATION, AND MOVEMENTS TO PUT GOVERNMENT SERVICES AND RECORDS ONLI NE ARE INCREASING, WHILE GROWING INTERNET ACCESS, USE OF MOBILE DEVICES, AND AVAILABILITY OF APPLICATIONS HELP DRIVE SUCH INITITATIVES CIVIC GROUPS AND CITIZEN MOVEMENTS ARE TURNIN G TO INFORMATION AND COMMUNICATION TECHNOLOGIES AS TOOLS FOR TRANSPARENCY AND ACCOUNTABILITY SO ARE COMMUNITIES AND ORGANIZATION THAT DEVELOP AND DELIVER PUBLIC SERVICES AVINA I S EXPLORING THE USE OF THESE TECHNOLOGIES TO DEVELOP, ACCELERATE, AND SCALE UP CIVIC PROCE SSES, AS WELL AS EMPOWER CITIZENS BY RAMPING UP PUBLIC PARTICIPATION RECYCLING THERE ARE MILLIONS OF LATIN AMERICANS WHO MAKE THEIR LIVING BY RECYCLING LONDI

RECOGNITION AND RESTITUTION OF LABOR, SOCIAL AND HUM AN RIGHTS, AND TO ENSURE FAIR COMPENSATION FOR THE SERVICE THAT RECYCLERS PROVIDE ACCESS TO WATER AVINA, ALONG WITH A ARTICULATION OF COMMUNITY EFFORTS FOR ACCESS TO POTABLE WA TER THROUGH THE

GROWING NUMBER OF ALLIES, WORKED TO ACHIEVE THE VISIBILITY, RECOGNITION, STRENGTHENING, AND "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 ORGANIZ

990 Schedule A, Supplemental Information								
Return Reference	Explanation							
CONTINUATION OF "FACTS AND CIRCUMSTANCES"	ATIONS AVINA ALSO AIMS TO STRENGTHEN DEMOCRACY AS A MEANS OF UNDERPINNING SUSTAINABLE DEV ELOPMENT IN LATIN AMERICA, FOR THIS REASON, AVINA MAKES AN EFFORT TO INFORM DECISION MAKER S ABOUT THE RELEVANT ROLE THAT COMMUNITY WATER MANAGEMENT PLAYS IN DEVELOPMENT TO FOSTER STRONG RELATIONSHIPS AND GREATER IMPACT, AVINA AMERICAS PERIODICALLY VISITS ALLIES IN THE FIELD AND WORKS WITH THEM TO SUPPORT THEIR EFFORTS AND OUTREACH IN THE U S CURRENT SUB-GR ANTEES INCLUDE THE FOLLOWING PUBLIC CHARITIES IN THE 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) - G LOBAL WORKERS JUSTICE ALLIANCE - MIGRATION POLICY INSTITUTE - TRANSFAIR USA (FAIR TRADE US A) - NATIONAL ALLIANCE OF LATIN AMERICAN AND CARIBBEAN COMMUNITIES (NALACC) - INTERAMERIC AN DIALOGUE (IAD) - WASHINGTON OFFICE ON LATIN AMERICA (WOLA) - ALIANZA AMERICAS THE TREAS URY REGULATIONS PROVIDE THAT "THE MAINTENANCE OF A DEFINITIVE PROGRAM BY AN ORGANIZATION TO ACCOMPLISH ITS CHARITABLE WORK IN THE COMMUNITY, SUCH AS COMBATING COMMUNITY DETERIORATI ON IN AN ECONOMICALLY DEPRESSED AREA" IS A FACTOR THAT IS CONSIDERED EVIDENCE THAT AN ORGA NIZATION IS "PUBLICLY SUPPORTED" AVINA AMERICAS' SUPPORTED PROJECTS, WHICH HAVE BROAD SOC IAL IMPACT, FIT PRECISELY INTO THIS KIND OF COMMUNITY DEVELOPMENT, AND PROVIDE FURTHER EVI DENCE THAT THE ORGANIZATION IS "PUBLICLY SUPPORTED"							

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

DLN: 93493165004339 OMB No 1545-0047

Open to Public Inspection

	me of the organization NA AMERICAS INC				Emp	oloyer identifica	tion	numbei	r
	THE THE THE				26-3	3525897			
Pa	Organizations Maintaining Donor Ad Complete if the organization answered "	vised Funds or Oth Yes" on Form 990, P	er S art I\	imilar Funds o	or Acc	counts.			
		(a) Donor				(b)Funds and ot	her a	ccounts	
	Total number at end of year								
<u> </u>	Aggregate value of contributions to (during year)								
•	Aggregate value of grants from (during year)								
Ļ	Aggregate value at end of year								
;	Did the organization inform all donors and donor adviorganization's property, subject to the organization's			s held in donor ac	dvised	funds are the	П	Yes 🗆	1
•	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the don private benefit?	donor advisors in writi	ng tha				• _	Yes □	
Pa	rt III Conservation Easements. Complete if	the organization and	were	ed "Yes" on Form	m 990	, Part IV, line 7			- 110
	Purpose(s) of conservation easements held by the org					,			
	Preservation of land for public use (e g , recreat	cion or education)	⊐ ^{``} i	Preservation of an	histor	ically important la	and a	rea	
	Protection of natural habitat	,	_	Preservation of a		, ,			
				rieservation or a	certine	a mstoric structur	_		
	☐ Preservation of open space								
2	Complete lines 2a through 2d if the organization held easement on the last day of the tax year	a qualified conservatio	n cont	tribution in the fo	rm of a	conservation Held at the E	nd of	F +ha Va	
а	Total number of conservation easements				2a	neid at the E	na oi	the re	аг
a b	Total acreage restricted by conservation easements				2b				
	Number of conservation easements on a certified histo	oric structure included i	n (a)		2c				
C	Number of conservation easements included in (c) acc		٠,	on a historic	2d				
d	structure listed in the National Register	quired arter 7/25/00, ar	ia noc	on a mistoric	Zu				
3	Number of conservation easements modified, transfer tax year ▶	rred, released, extingui	shed,	or terminated by	the or	ganızatıon durıng	the		
ļ	Number of states where property subject to conserva	ition easement is locate	d ► _			_			
i	Does the organization have a written policy regarding and enforcement of the conservation easements it ho		g, insp	pection, handling	of viola	ations,	es	□ No	
•	Staff and volunteer hours devoted to monitoring, insp	pecting, handling of vio	ations	s, and enforcing c	onserv	ation easements	durıng	g the ye	ar
,	Amount of expenses incurred in monitoring, inspectin ▶ \$	ng, handling of violation	s, and	enforcing conser	vation	easements durin	g the	year	
3	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	(d) above satisfy the re	quiren	nents of section 1	.70(h)(4)(B)(ı) □ Y €	_	□ No	
)	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the orga				atement, and	:5	□ 110	
ar	t III Organizations Maintaining Collection	ns of Art, Historica	Tre	asures, or Oth	ner Si	milar Assets.			
	Complete if the organization answered "	Yes" on Form 990, P	art I\	/, line 8.					
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held f provide, in Part XIII, the text of the footnote to its fin	or public exhibition, ed	ucatio	n, or research in f				orks of	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for profollowing amounts relating to these items								
((i) Revenue included on Form 990, Part VIII, line 1					> \$			
(ii)Assets included in Form 990, Part X					▶ \$			_
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA				ncıal g	ain, provide the			_
а	Revenue included on Form 990, Part VIII, line 1	•				▶ \$			

b Assets included in Form 990, Part X

Par	t III	Organizations Maintaining Col	lections of Art, F	listori	ical T	reası	ures, or	Other	Similar A	ssets (contin	ued)	
3		the organization's acquisition, accession (check all that apply)	n, and other records,	check	any of	the fo	ollowing t	hat are a	significant	use of it	s colle	ction	
a		Public exhibition		d		Loan	or excha	ange prog	ırams				
b		Scholarly research		е		Othe	r						
С		Preservation for future generations											
4	Provid Part X	de a description of the organization's col KIII	lections and explain l	how the	ey furtl	ner th	e organız	ation's ex	kempt purpo	ose in			
5		g the year, did the organization solicit o s to be sold to raise funds rather than to							ular	□ Y	es	□ N	o
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	, Part	IV, I	ine 9, or	reporte	ed an amou	unt on	Form	990,	Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other intermed	ary for	contri	butior	s or othe	er assets	not	□ Y	es	□ N	0
ь	If "Ye	es," explain the arrangement in Part XIII	and complete the fo	llowing	table				Δ	mount			_
С	Begin	ining balance						1c					_
d	Addıtı	ions during the year					[1d					_
е	Dıstrıl	butions during the year						1e					_
f	Endın	g balance					L	1f					_
2 a	Did th	ne organization include an amount on Fo	rm 990, Part X, line	21, for	escrov	or cu	ıstodıal a	ccount lia	ability?	□ Y	es	\square N	0
b	If "Ye	s," explain the arrangement in Part XIII	Check here if the ex	kplanat	ion has	been	provided	d in Part)	ΧΙΙΙ				
Pa	rt V	Endowment Funds. Complete If	the organization a	nswer	ed "Y	es" o	n Form '	990, Par	t IV, line 1	10.			
			(a)Current year	(b) P	rıor yea	r	(c)Two ye	ears back	(d)Three ye	ars back	(e)Fo	ur year	s back
	_	ing of year balance											
		putions											
		restment earnings, gains, and losses											
		or scholarships				_							
	and pro	expenditures for facilities ograms				\perp							
		strative expenses											
g		year balance											
2		de the estimated percentage of the curre	ent year end balance	(line 1	g, colu	mn (a)) held a	s					
а		d designated or quasi-endowment >											
b		anent endowment ►											
С		orarily restricted endowment	ldl 100 0/										
3a	•	ercentages on lines 2a, 2b, and 2c shou nere endowment funds not in the posses	•	ion tha	t are h	old an	d admini	stered fo	r the				
Ja		nization by	sion of the organizat	ion tha	c are ii	eiu ai	iu aumini	stered 10	i tile			Yes	No
	(i) ur	nrelated organizations								3	a(i)		
		elated organizations									a(ii)		
ь 4		is" on 3a(ii), are the related organization Tibe in Part XIII the intended uses of the	·							· L	3b		
	rt VI	Land, Buildings, and Equipmer		viilent	lulius								
Fal	r AT	Complete if the organization answ		m 990	, Part	IV, l	ine 11a.	See For	rm 990, Pa	art X, lı	ne 10		
	Descri	ption of property (a) Cost or oth (investme		or other	basis (other)	(c) Acci	umulated o	lepreciation		(d) Boo	ok valu	e
1a	Land												
b	Building	gs											
c	Leaseh	old improvements											
d	Equipm	nent				16,154			12,964				3,190
Tota	ı l. Add	lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part .	X, colui	тп <u>(В)</u>	, line	10(c)) .		>				3,190

Part VII	Investments—Other Securities. Complete if the org	anızat	tion ansv	vered "Yes" or	Form 990, Pa	rt IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value	Cos	(c) Method of votors or end-of-year	
(1) Financia (2) Closely- (3)Other	held equity interests	:				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90. P	art IV. lı	ne 11c. See Fo	orm 990. Part :	K. line 13.
			ook value		(c) Method of v	aluation
(1)				Cos	t or end-of-year	market value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)					
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on For	m 990, Pa	art IV, line 11d	See Form 990, Pa	art X, line 15 (b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15)				•	115
Part X	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.	rea 'Y			IV, line 11e or	11f.
(1) Federal :	(a) Description of liability ncome taxes		(b) B	ook value		
<u>· · · · · · · · · · · · · · · · · · · </u>						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)		+				
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>				
2. Liability fo	or uncertain tax positions In Part XIII, provide the text of the fo	otnote				_
organization	's liability for uncertain tax positions under FIN 48 (ASC 740) C	heck h	nere If the	text of the foot	note has been pro	ovided in Part XIII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Page 4

5,851,925

5.851.925

Schedule D (Form 990) 2018

2e

3

4c

5

Schedule D (Form 990) 2018

Add lines 2a through 2d . .

Return Reference

Add lines **4a** and **4b**

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

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 . . .

Supplemental Information

3

b

5

Part XIII

See Additional Data Table

Part XI

а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a							
b	Other (Describe in Part XIII) 4b								
С	Add lines 4a and 4b								0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)								1,854,403
Par	XII Reconciliation of Expenses per Audited Financial Stater	nents	Wit	h E>	фei	nses pe	r Returi	n.	
	Complete if the organization answered 'Yes' on Form 990, Pai	t IV, I	line :	L2a.		_			

1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a 2b

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

5,851,925 Other losses 2c 2d Other (Describe in Part XIII) d

4a

4b

Explanation

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

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, 2018 AND 2017

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

A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIRELY THAN NOT" THAT THE TAX

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 LIKEL

Y 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

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	WRITE-OFF OF UNCOLLECTIBLE RECEIVABLE REPORTED AS A -400,000 REDUCTION OF REVENUE ON THE FINANCIAL STATEMENTS AND REPORTED AS A CHANGE IN NET ASSETS ON PART XI OF THE FORM 990

efil	e GRAPHIC prin	t - DO NOT I	PROCESS	As Filed Data -	ata - DLN: 93493165004339					
	HEDULE F m 990)	State	ement of	Activities (Outside the Un	ited S	tates	OMB No 1545	5-0047	
(1 01	III 330)	► Comp	lete if the organ		Yes" to Form 990, Part IV, I to Form 990.	ıne 14b, 1	5, or 16.	2018		
-	tment of the Treasury al Revenue Service	•	► Go to www.irs	.gov/Form990 for II	nstructions and the latest ii	nformation	n.	Open to Pu Inspection		
	e of the organization A AMERICAS INC	1				Employer identification number 26-3525897				
Pa		Information , Part IV, line		s Outside the U	Jnited States. Comple	te if the	organization a	nswered "Yes	" to	
1	For grantmaker	s. Does the or	ganızatıon ma	aintain records to	substantiate the amoun	t of its gr	ants and		_	
	•	-	• ,	the grants or assis	stance, and the selection	criteria	used			
	to award the gran	nts or assistan	ce?					✓ Yes	☐ No	
2	For grantmaker outside the Unite		Part V the org	ganization's proce	dures for monitoring the	use of it	s grants and oth	ner assistance		
3	Activites per Regio	n (The followir	ng Part I, line 3	table can be dupli	cated if additional space is	needed)			
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spe	vity listed in (d) is a i service, describe ecific type of ce(s) in region	(f) Total expe for and inves in regio	tments	
(1)	See Add'l Data									
(2)										
(3)										
(4)										
(5)										
b	Sub-total Total from continua Part I Totals (add lines 3			0 0					4,890,277 0 4,890,277	
	Totals (add lines 3	,		-1		No 5008	2W	le F (Form 990)	,	

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1	See Add'l Data								
7 2	2)								

IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(3) (4)

(5)				Schedule	F (Form 990) 2018
(6)					
(7)					
(- /					
(8)					
, ,					
(9)					

(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				

(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				

(11)				
(12)				
(13)				
(14)				
(15)				

(13)				
(14)				
(15)				
(16)				

(15)								
(16)								
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-								

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

(3)

(4) (5) (6)

(7) (8) (9)

(10) (11) (12) (13) (14) (15) (16)

(17) (18) Page **3**

Schedule F (Form 990) 2018

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

(a) Type of grant or assistance	(b) Region	recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1) See Add'l Data							
(2)							

Sche	dule F (Form 990) 2018		Page 4
Par	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)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	Yes	☑ No

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, column (c) (estimated number of recipients), as applicable. Also complete this part to provide

Explanation

990	Schedule	F,	Supplemental	Information

Return

any additional information (see instructions).

Reference	·
PART I, LINE 2	AVINA AMERICAS MONITORS THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES BY REQUESTING THAT WRITTEN REPORTS BE PRODUCED ON A QUARTERLY/YEARLY BASIS EACH REPORT CONTAINS 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 SUBGRANTEE 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 ORGANIZATION 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 170(C)(2)(B), D) CONDUCT ANY ACTIVITY FOR ANY POLICIONAL, OR OTHER PURPOSE SPECIFIED IN IRC SECTION 170(C)(2)(B), D) DONDUCT ANY ACTIVITE BENEFIT TO OCCUR, OR TO TAKE ANY OTHER PURPOSE OF AMERICA, EXC

Additional Data

(a) Region

CENTRAL AMERICA AND THE

CARIBBEAN

Software ID: Software Version:

EIN: 26-3525897

Name: AVINA AMERICAS INC

1,422,371

(a) Keyloli	offices in the region	employees or agents in region	in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
SOUTH AMERICA	0		GRANTS TO RECIPIENTS		2,662,565

(b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d)

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 775,524 LOCATED IN THE REGION EAST ASIA AND THE PACIFIC 0 IGRANTS TO RECIPIENTS 25.000 LOCATED IN THE REGION

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (f) Total expenditures (d) Activities conducted offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region services, grants to service(s) in region region recipients located in the region) EUROPE (INCLUDING ICELAND 0 IGRANTS TO RECIPIENTS 4.817 & GREENLAND) LOCATED IN THE REGION

(1) Method of (b) IRS code (h) Description (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(ıf cash grant organization arant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL **IACCESS TO** 43.317 WIRE IAMERICA AND IWATER THE CARIBBEAN ACCESS TO 92,784 WIRE ICENTRAL AMERICA AND **IWATER**

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (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) 53,962 WIRE CENTRAL POLITICAL AMERICA AND INNOVATION THE CARIBBEAN **IMIGRATIONS** 15,000 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 (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 MIGRATIONS 43,000 WIRE AMERICA AND THE CARIBBEAN **IMIGRATIONS** 85.130 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 (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 MIGRATIONS 75,000 WIRE AMERICA AND THE CARIBBEAN **IMIGRATIONS** 24,000 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 (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 MIGRATIONS 19,000 WIRE AMERICA AND THE CARIBBEAN **IMIGRATIONS** 11,000 WIRE CENTRAL 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 organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL RECYCLING 41,500 WIRE IAMERICA AND THE CARIBBEAN RECYCLING 516.133 WIRE CENTRAL

IAMERICA AND THE CARIBBEAN

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 315,433 WIRE AMERICA AND CHANGE THE CARIBBEAN SOCIAL 37.645 WIRE ICENTRAL IAMERICA AND CHANGE THE CARIBBEAN

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, cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) **LEAST ASIA** MIGRATIONS 25,000 WIRE AND THE PACIFIC **IACCESS TO** 68.276 WIRE INORTH IAMERICA IWATER

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 I (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) NORTH **IACCESS TO** 23,465 WIRE IAMERICA IWATER NORTH |POLITICAL 6.300 WIRE IAMERICA INNOVATION

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, cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) NORTH POLITICAL 12,646 WIRE IAMERICA INNOVATION NORTH MIGRATIONS 20.422 WIRE IAMERICA

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, cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) NORTH MIGRATIONS 30,000 WIRE AMERICA NORTH MIGRATIONS 60,000 WIRE IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (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) INORTH MIGRATIONS 30,000 WIRE **IAMERICA** INORTH MIGRATIONS 100,000 WIRE IAMERICA

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, cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) NORTH MIGRATIONS 36,475 WIRE AMERICA NORTH MIGRATIONS 71.500 WIRE IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(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) INORTH MIGRATIONS 26,000 WIRE **IAMERICA** INORTH MIGRATIONS 115,000 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) NORTH SOCIAL 75,000 WIRE IAMERICA CHANGE NORTH ISOCIAL 35,000 WIRE AMERICA ICHANGE

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (a) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) NORTH SOCIAL 37,500 WIRE IAMERICA CHANGE ISOUTH ACCESS TO 800,000 WIRE IAMERICA WATER

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) 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 cash non-cash (book. FMV. and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) SOUTH ACCESS TO 78,022 WIRE **IAMERICA** IWATER ISOUTH ACCESS TO 255,928 WIRE AMERICA IWATER

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) 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 cash non-cash (book. FMV. and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) SOUTH ACCESS TO 112,020 WIRE **IAMERICA** IWATER ISOUTH ACCESS TO 209.030 WIRE AMERICA 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 87,247 WIRE IAMERICA IWATER ISOUTH ACCESS TO 62,200 WIRE IAMERICA IWATER

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 I (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) SOUTH POLITICAL 23,531 WIRE IAMERICA INNOVATION POLITICAL 20,000 WIRE ISOUTH IAMERICA INNOVATION

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, cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) SOUTH MIGRATIONS 40,000 WIRE AMERICA SOUTH CITIES 6.629 WIRE IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) 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, cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) ISOUTH CITIES 9,681 WIRE IAMERICA ISOUTH RECYCLING 153,000 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 40,000 WIRE IAMERICA ISOUTH RECYCLING 6.000 WIRE IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) 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) ISOUTH RECYCLING 105,000 WIRE IAMERICA ISOUTH RECYCLING 10,000 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 25,000 WIRE IAMERICA ISOUTH RECYCLING 14,450 WIRE IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (g) Amount of (f) Manner 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 28,000 WIRE IAMERICA ISOUTH SOCIAL 35.000 WIRE IAMERICA CHANGE

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 45,000 WIRE IAMERICA CHANGE ISOUTH ISOCIAL 35,000 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 50,000 WIRE IAMERICA CHANGE ISOUTH ISOCIAL 15.000 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 42,050 WIRE IAMERICA CHANGE ISOUTH ISOCIAL 25.500 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 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 30,000 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 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 40.000 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 28,500 WIRE IAMERICA CHANGE ISOUTH ISOCIAL 7.047 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 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 47,000 WIRE IAMERICA CHANGE ISOUTH ISOCIAL 37,500 WIRE AMERICA ICHANGE

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (a) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) ISOUTH ISOCIAL 30.000 WIRE AMERICA ICHANGE

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of cash grant valuation (book, assistance of disbursement non-cash non-cash recipients assistance assistance FMV, appraisal, other) ACCESS TO WATER 12.913 WIRE CENTRAL AMERICA AND THE CARIBBEAN MIGRATIONS 31,051 WIRE CENTRAL AMERICA AND

THE CARIBBEAN

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or I (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) ACCESS TO WATER 16.996 WIRE NORTH AMERICA POLITICAL 12,220 WIRE SOUTH INNOVATION AMERICA

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (q) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal. other) RECYCLING 2.000 WIRE Isouth AMERICA GREAT AMERICAN 1.410 WIRE ISOUTH CHACO IAMERICA

DLN: 93493165004339 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasurv Internal Revenue Service Name of the organization Employer identification number AVINA AMERICAS INC 26-3525897 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2) (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Page **2**

Schedule I (Form 990) 2018

(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

(7)

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

IN COMPLIANCE WITH ALL APPLICABLE ANTI-TERRORIST FINANCING AND ASSET CONTROL LAWS, REGULATIONS, AND EXECUTIVE ORDERS, AND IT AGREES TO TAKE 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 Schedule I (Form 990) 2018

Additional Data

ALIANZA AMERICAS

1638 S BLUE ISLAND CHICAGO, IL 60608 AMERICAN CENTER FOR

INTERNATIONAL LABOR

1130 CONNECTICUT AVENUE

WASHINGTON, DC 20036

SOLIDARITY

NW SUITE 800 34-2066826

52-1984713

		Software ID	:				
		Software Version	:				
		EIN	26-3525897				
		Name	: AVINA AMERICAS I	:NC			
Form 990,Schedule I, Part	II. Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Governments.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

60,000

150,000

MIGRATIONS

MIGRATIONS

501(C)(3)

501(C)(3)

(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 ASYLLIM ACCESS 20-3642040 E01/C1/31 22 253 MIGRATIONS

1611 TELEGRAPH AVE SUITE 1111 OAKLAND, CA 94612	20-30-20-0	301(0)(3)	22,233		MIGRATIONS
HISPANIC IN PHILANTROPHY	94-3040607	501(C)(3)	41,000		MIGRATIONS

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

414 13TH STREET SUITE 200 OAKLAND, CA 94612

(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 (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 26-2763038 501(C)(3) 15.000 MIGRATIONS KIDS IN NEED OF DEFENSE (KIND) 1201 L STREET NW 2ND

1201 L STREET NW 2ND
FLOOR
WASHINGTON, DC 20005

LATIN AMERICA WORKING
GROUP EDUCATION FUND
(LAWGEF)

MIGRATIONS

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

2029 P STREET NW SUITE 301 WASHINGTON, DC 20036

(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 if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-1249353 501(C)(3) 75,000 MIGRATIONS WASHINGTON OFFICE ON

LATIN AMERICA 1666 CONNECTICUT AVE NW SUITE 400 WASHINGTON, DC 20009					
WOMEN'S REFUGEE	46-3668128	501(C)(3)	40,000		MIGRATIO

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

NEW YORK, NY 10168

TIONS COMMISSION (WRC) 122 EAST 42ND STREET

(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 arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 52-1067541 501(C)(3) 40.363 MIGRATIONS WOODROW WILSON INTERNATIONAL CENTER FOR SCHOLARS

INTERNATIONAL CENTER FOR SCHOLARS
ONE WOODROW WILSON
PLAZA 1300
PENNSYLVANIA AVE NW
WASHINGTON, DC 20004

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

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed Data -	DLN: 934	19316	55004	339
Sch	edule J	Compensation Infor	mation On	1B No	1545-0	0047
(For	n 990)	For certain Officers, Directors, Trustees, Key	Employees, and Highest			
		Compensated Employe ▶ Complete if the organization answered "Yes" o	ees on Form 990. Part IV. line 23	20	18	₹ .
		► Attach to Form 990). <u> </u>			
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.qov/Form990</u> for instructions	and the latest information.		to Pul ectio	
	ne of the organiza	ition	Employer identificat			
AVI	NA AMERICAS INC		26-3525897			
Pa	rt I Questi	ons Regarding Compensation	<u> </u>			
					Yes	No
1a		piate box(es) if the organization provided any of the following ection A, line 1a Complete Part III to provide any relevant info				
	First-class	or charter travel Housing allow	wance or residence for personal use			
	_	·	r business use of personal residence			
			cial club dues or initiation fees			
	☐ Discretion	ary spending account LJ Personal serv	vices (e g , maid, chauffeur, chef)			
b		tes in line 1a are checked, did the organization follow a writter Il of the expenses described above? If "No," complete Part III		1 b		
2		tion require substantiation prior to reimbursing or allowing exp es, officers, including the CEO/Executive Director, regarding th		2		
	directors, truste	es, officers, including the CEO/Executive Director, regarding th	ne items checked in line 1a7			
3		f any, of the following the filing organization used to establish				
	_	EO/Executive Director Check all that apply Do not check any doing to be carefulled or cape of the CEO/Executive				
			loyment contract on survey or study			
			the board or compensation committee			
_			·			
4	related organiza	did any person listed on Form 990, Part VII, Section A, line 1: tion	a, with respect to the filling organization or a			
а	Receive a sever	ance payment or change-of-control payment?		4a		No
b		receive payment from, a supplemental nonqualified retiremen	nt plan?	4b		No
c	Participate in, o	receive payment from, an equity-based compensation arrang	ement?	4c		No
	If "Yes" to any o	f lines 4a-c, list the persons and provide the applicable amoun	its for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must comple	ete lines 5-9.			
5	For persons liste	d on Form 990, Part VII, Section A, line 1a, did the organization				
	compensation c	ontingent on the revenues of				
а	The organization	7		5a		No
b	Any related orga			5b		No
_	-	5a or 5b, describe in Part III				
6		d on Form 990, Part VII, Section A, line 1a, did the organization ontingent on the net earnings of	on pay or accrue any			
a	The organization			6a		No
b	Any related orga	inization? 6a or 6b, describe in Part III		6b		No_
7	•	•	on provide any pentive			
7		d on Form 990, Part VII, Section A, line 1a, did the organization escribed in lines 5 and 67 If "Yes," describe in Part III	on provide any nontixed	7		No
8		nts reported on Form 990, Part VII, paid or accured pursuant t itial contract exception described in Regulations section 53 49				No
9	If "Yes" on line 5 53 4958-6(c)?	$oldsymbol{B},$ did the organization also follow the rebuttable presumption $oldsymbol{p}$	procedure described in Regulations section	9		No_
For I	Danamuark Badı	ction Act Notice, see the Instructions for Form 990.	Cat No 50053T Schedule 1		2 990)	2018

Part II Officers	, Dire	ctors, Trustees, Key	y Employees, and Hig	ghest Compensated	Employees. Use dup	licate copies if addition	nal space is needed.	
For each individual who	se con	npensation must be report	rted on Schedule J, report t are not listed on Form 99	: compensation from the	organization on row (i) ar	nd from related organizati	ons, described in the	
Note. The sum of colum	nns (B)(ı)-(ııı) for each listed inc	dividual must equal the to	otal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)) and (E) amounts for tha	t ındıvıdual
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & incentive (iii) Other compensation reportable compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 SEAN MCKAUGHAN CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	174,065	0	0	0	0	174,065	0

Schedule J (Form 990) 2018	Page 3			
Part III Supplemental Inform	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) 2018

efile GRAPH	IC print - DO NOT PROCESS	DLN:	93493165004339
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific question for provide any additional inform Attach to Form 990 or 990-EZ.	estions on ation.	OMB No 1545-0047 2018 Open to Public Inspection
Name! Betherofg AVINA AMERICAS I 990 Schedule		Employer ident 26-3525897	fication number
Return Reference	Explanation		
FORM 990, PART VI, SECTION A, LINE 2	MR BIONDI-MORRA AND MR MCKAUGHAN HAVE A BUSINESS RELATIONSHIP OL OVER AVINA AMERICAS' OPERATIONS IS VESTED IN A SELF-PERPETUATIN IRECTORS THE SECRETARY AND THE EXECUTIVE DIRECTOR ARE THE SIXTHMBERS AVINA AMERICAS' ABILITY TO ATTRACT THIS LEVEL OF TALENT IS DUTE CLOSE RELATIONSHIP WITH FUNDACION AVINA TWO OF AVINA AMERICAS AVE SOME CONNECTION TO FUNDACION AVINA MR MCKAUGHAN IS THE PRINDACION AVINA DR BIONDI-MORRA SERVES ON THE BOARD OF FUNDACION IONAL AFFILITATIONS MR SAGEL, ALTHOUGH A NON-VOTING MEMBER AS BUTTEN OF FUNDACION AVINA IN ADDITION, UNDER AVINA AMERICAS' CONFLANY DIRECT TRANSACTION BETWEEN IT AND FUNDACION AVINA HAS TO BE FITHE THREE INDEPENDENT DIRECTORS WHO DO NOT HOLD ANY POSITIONS	G BOARD OF FIVE V AND SEVENTH NON E, IN LARGE PART, 1 3' FIVE VOTING DIRE ESIDENT OF THE BO AMONG MANY OTH DARD SECRETARY, I ICT OF INTEREST PO APPROVED BY AT LE	OTING D I-VOTING ME TO I CTORS H ARD FOR FU ER INSTITUT S AN EMP DLICY, AST ONE O

Return Explanation Reference

990 Schedule O, Supplemental Information

FORM 990,	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

Return Reference	Explanation
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 REQUI REMENT, 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 O R 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 HEA RING 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 Explanation
Reference

FORM 990,	SALARY STUDIES WERE CONDUCTED TO DETERMINE COMPENSATION FOR THE EXECUTIVE DIRECTOR THREE
PART VI,	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 T
LINE 15A	O THIS EFFECT THIS REVIEW PROCESS WAS LAST COMPLETED IN FEBRUARY 2018

Return Explanation

LINE 19

FORM 990, AVINA AMERICAS MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL PART VI, STATEMENTS AVAILABLE UPON REQUEST SECTION C.

Return Explanation Reference

FORM 990. OFFICERS AND BOARD MEMBERS OF FUNDACION AVINA, A RELATED ENTITY OF AVINA, RECEIVED COMPENS

PART VII. ATION FOR WORK PERFORMED FOR FUNDACION AVINA. AND NOT FOR THEIR SERVICE AS BOARD MEMBERS. SECTION A

Return Explanation

Reference	
FORM 990,	WRITE-OFF OF UNCOLLECTIBLE RECEIVABLE REPORTED AS A -400,000 REDUCTION OF REVENUE ON THE
PART XI.	FINANCIAL STATEMENTS AND REPORTED AS A CHANGE IN NET ASSETS ON PART XI OF THE FORM 990

LINE 9

990 Schedule O, Supplemental Information

Return Explanation

THE CONTINUED OPERATION OF THE CAMMINA PROGRAM

Reference

1		
	FORM 990,	DURING THE TAXABLE YEAR, AVINA TRANSFERRED THE FULL OPERATION OF THE CAMMINA PROGRAM TO A
	PART XI, LINE	NEW FISCAL SPONSOR ORGANIZATION AS PART OF THIS FISCAL SPONSOR TRANSFER, \$400,000 IN GRAN
	9,	T FUNDS THAT WOULD HAVE BEEN RECEIVED BY AVINA FROM ITS DONOR IN SUPPORT OF THE CAMMINA PR
	EXPLANATION	OGRAM WERE INSTEAD PAID DIRECTLY FROM THE DONOR TO CAMMINA'S NEW FISCAL SPONSOR TO ENSURE

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493165004339 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2018 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** AVINA AMERICAS INC 26-3525897 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity (b) (d) (e) (c) Legal domicile (state Total income End-of-year assets Primary activity or foreign country) entity

Part II Identification of Related Tax-Exempt Organization	ne Complete if the organ	ization answored."	'Vos" on Form 990	Part IV line 34 ho	scause it had one or	moro	
related tax-exempt organizations during the tax year.	ins complete if the organ	ization answered	163 011101111 990,	raiciv, iiie 54 be	cause it had one of	111016	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) col enti	512(b) introlled
						Yes	No
(1)FUNDACION AVINA - PANAMA LOCAL 131B- CALLE EVELIO LARA PANAMA CITY PM	TO CONTRIBUTE TO SUSTAINABLE DEVELOPMENT IN LATIN AMERICA	PM	501(C)(3)		N/A		No
For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Cat No 50135	5Y		Schedule R (Form	990) 20)18

(a) Name, address, and EIN of related organization	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant Income(related unrelated, excluded from tax under sections 512-	ted, total income						(j) eral or naging rtner?	Perce	(k) Percentage ownership
					514)			Yes	No		Ye	No	1	
												-		
												+		
												+		
												+		
													1	
IV Identification of Related Organ because it had one or more related						ızatıon ans	wered "Yes	" on F	orm 9	90, Part I'	/, line	34		
		s a corporation		st during th	(d) controlling Tyentity (Co	(e)	wered "Yes (f) Share of total Income	Share	(g) e of end- year assets	-of- Per	/, line (h) centage	.	(1) Section (13) con entit	512(b trolle ty?
because it had one or more related (a) Name, address, and EIN of	organizations treated a	s a corporation	(c) egal micile or foreign	st during th	(d) controlling Tyentity (Co	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Per	(h)	.	Section (13) con entit	512(b trolle
because it had one or more related (a) Name, address, and EIN of	organizations treated a	s a corporation	(c) egal micile or foreign	st during th	(d) controlling Tyentity (Co	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Per	(h)	.	Section (13) con entit	512(b trolle ty?
because it had one or more related (a) Name, address, and EIN of	organizations treated a	s a corporation	(c) egal micile or foreign	st during th	(d) controlling Tyentity (Co	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Per	(h)	.	Section (13) con entit	512(b trolle ty?
because it had one or more related (a) Name, address, and EIN of	organizations treated a	s a corporation	(c) egal micile or foreign	st during th	(d) controlling Tyentity (Co	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Per	(h)	.	Section (13) con entit	512(b trolle ty?

Schedule R (Form 990) 2018		P.	age 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV	V, line 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Pal	arts II-IV?		1
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		1a	No
b Gift, grant, or capital contribution to related organization(s)		1b Yes	
${f c}$ Gift, grant, or capital contribution from related organization(s)		1c	No
d 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
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
q Reimbursement paid by related organization(s) for expenses		1q	No
r Other transfer of cash or property to related organization(s)		1r	No
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, including covered relat	tionships and transaction thresholds		
(a) (b) Name of related organization A	(c) (d) Amount involved Method of determining amo	unt involve	.d

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section		Are all partners section		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No				
	ı						ı			Schedul	e R (Form	199	0) 2018			

