

Return of Organization Exempt From Income Tax

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning **2014**, and ending **20**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **AMERICAN NICARAGUAN FOUNDATION INC**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1000 NW 57TH COURT SUITE 770
 City or town, state or province, country, and ZIP or foreign postal code
MIAMI, FL 33126

D Employer identification number
65-0326517

E Telephone number
(305) 374-3391

F Name and address of principal officer: **F. ALFREDO PELLAS, JR.**
1000 NW 57TH COURT, MIAMI, FL 33126

G Gross receipts \$ **87,405,829**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.ANFNICARAGUA.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1992**

M State of legal domicile: **FL**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ANF HELPS THE NEEDIEST SECTORS IN NICARAGUA BY STRENGTHENING MEDICAL ASSISTANCE, INCREASING EDUCATIONAL ATTAINMENT, BUILDING SAFE SHELTERS & DELIVERING HUMANITARIAN AID TO IMPOVERISHED COMMUNITIES.		
	2	Check this box <input type="checkbox"/> 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	27
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	6
	6	Total number of volunteers (estimate if necessary)	6	26
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 75,540,875	Current Year 82,726,586
	9	Program service revenue (Part VIII, line 2g)	5,641,529	3,967,321
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	42,693	36,519
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	91,319	391,316
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	81,316,416	87,121,742
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	107,570,201	81,042,761
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	898,497	1,086,458
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 732,998		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,634,069	4,167,031
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	114,102,767	86,296,250	
19	Revenue less expenses. Subtract line 18 from line 12	(32,786,351)	825,492	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 11,833,692	End of Year 12,674,044
	21	Total liabilities (Part X, line 26)	1,141,350	1,143,851
	22	Net assets or fund balances. Subtract line 21 from line 20	10,692,342	11,530,193

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____
RAFAEL SANCHEZ, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name **BRITTNEY KOCAJ** Preparer's signature _____ Date _____
 Check if self-employed PTIN **P01320603**
 Firm's name ▶ **CROWE HORWATH LLP** Firm's EIN ▶ **35-0921680**
 Firm's address ▶ **401 EAST LAS OLAS BLVD, SUITE 1100, FORT LAUDERDALE, FL 33301** Phone no. **(954) 202-8600**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ANF HELPS THE NEEDIEST SECTORS IN NICARAGUA BY STRENGTHENING MEDICAL ASSISTANCE, INCREASING EDUCATIONAL ATTAINMENT, BUILDING SAFE SHELTERS & DELIVERING HUMANITARIAN AID TO IMPOVERISHED COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 84,677,621 including grants of \$ 81,042,761) (Revenue \$ 4,203,139)

ERADICATE EXTREME POVERTY AND HUNGER - THE AMERICAN NICARAGUAN FOUNDATION (ANF) WORKS TO ERADICATE EXTREME POVERTY AND HUNGER. DURING 2014, THE ORGANIZATION PROMOTED ECONOMIC OPPORTUNITY BY CREATING JOBS THROUGH THE PROVISION OF TRAINING, TECHNICAL ASSISTANCE, AND CAPITAL IN THE AREAS OF ANIMAL HUSBANDRY. IN ADDITION, THE ORGANIZATION SUPPLIED NUTRITIONAL ASSISTANCE TO 583 SCHOOLS. THESE CENTERS PROVIDED A DAILY PLATE OF FOOD TO 96,500 PEOPLE INCLUDING STUDENTS, AT-RISK CHILDREN, NURSING MOTHERS, AND SENIOR CITIZENS. (CONTINUED ON SCHEDULE O.)

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶** 84,677,621

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

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

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

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	6		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓	
b	If "Yes," enter the name of the foreign country: ► <u>NU</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	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	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
	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?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
DAMARIS OPORTA, 1000 NW 57TH COURT, SUITE 770, MIAMI, FL 33126, (305)374-3391

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) F. ALFREDO PELLAS, JR. PRESIDENT	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(2) RAFAEL SANCHEZ EXECUTIVE DIRECTOR	40 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			120,000	0	0	0
(3) THERESA PELLAS VICE CHAIR	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			0	0	0	0
(4) RUBEN DIAZ, ESQ SECRETARY	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			0	0	0	0
(5) RICHARDO ROMAN, MD VICE-PRESIDENT	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			0	0	0	0
(6) VICENTE GREGORIO TREASURER	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			0	0	0	0
(7) ANA MARIA GARCIA BOARD MEMBER	1 0	<input checked="" type="checkbox"/>					0	0	0	0
(8) IVETTE CALDERA ESSERMAN BOARD MEMBER	1 0	<input checked="" type="checkbox"/>					0	0	0	0
(9) BARNEY VAUGHAN BOARD MEMBER	1 0	<input checked="" type="checkbox"/>					0	0	0	0
(10) CARMEN CH. DE PELLAS BOARD MEMBER	1 0	<input checked="" type="checkbox"/>					0	0	0	0
(11) LUIS NAVAS BOARD MEMBER	1 0	<input checked="" type="checkbox"/>					0	0	0	0
(12) JOHNNY SORDO BOARD MEMBER	1 0	<input checked="" type="checkbox"/>					0	0	0	0
(13) HENRY B. HOWARD BOARD MEMBER	1 0	<input checked="" type="checkbox"/>					0	0	0	0
(14) CARLOS PELLAS BOARD MEMBER	1 0	<input checked="" type="checkbox"/>					0	0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) PADRE JOSE RAMIREZ BOARD MEMBER	1 0	<input checked="" type="checkbox"/>						0	0	0
(16) DANILO LACAYO R. BOARD MEMBER	1 0	<input checked="" type="checkbox"/>						0	0	0
(17) AGUSTIN ABALO BOARD MEMBER	1 0	<input checked="" type="checkbox"/>						0	0	0
(18) LILLIAM ARGUELLO BOARD MEMBER	1 0	<input checked="" type="checkbox"/>						0	0	0
(19) DANILO MANZANARES, ESQ. BOARD MEMBER	1 0	<input checked="" type="checkbox"/>						0	0	0
(20) SILVIO SOLORZANO P. BOARD MEMBER	1 0	<input checked="" type="checkbox"/>						0	0	0
(21) GABRIELA TERAN BOARD MEMBER	1 0	<input checked="" type="checkbox"/>						0	0	0
(22) FRANK ROBLETO BOARD MEMBER	1 0	<input checked="" type="checkbox"/>						0	0	0
(23) HENRY FERNANDEZ BOARD MEMBER	1 0	<input checked="" type="checkbox"/>						0	0	0
(24) EDWIN A. MENDIETA CH. BOARD MEMBER	1 0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Sub-total								120,000	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								120,000	0	0

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>		<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<input checked="" type="checkbox"/>

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	281,088				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	82,445,498				
	g Noncash contributions included in lines 1a-1f: \$		82,125,394				
	h Total. Add lines 1a-1f		82,726,586				
Program Service Revenue		Business Code					
	2a FOOD AND FARMING	624200	634,216	634,216			
	b COMMUNITY IMPROVEMENT	900099	996,516	996,516			
	c IMPROVING EDUCATION	611710	295,653	295,653			
	d SANITATION	562000	466,158	466,158			
	e IMPROVING HOUSING	624200	1,030,134	1,030,134			
	f All other program service revenue .	900099	544,644	544,644	0	0	
g Total. Add lines 2a-2f		3,967,321					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		36,519			36,519	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)	0	0			
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)	0	0			
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ <u>281,088</u> of contributions reported on line 1c). See Part IV, line 18	a		354,567			
		b Less: direct expenses	b	255,089			
		c Net income or (loss) from fundraising events		99,478			99,478
	9a Gross income from gaming activities. See Part IV, line 19	a		85,018			
		b Less: direct expenses	b	28,998			
		c Net income or (loss) from gaming activities		56,020			56,020
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a VAT REIMBURSEMENT	900099		158,232	158,232			
b FOREIGN CURRENCY TRANSLATION	900099		77,586	77,586			
c							
d All other revenue			0	0	0	0	
e Total. Add lines 11a-11d			235,818				
12 Total revenue. See instructions.			87,121,742	4,203,139	0	192,017	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	81,042,761	81,042,761		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	120,000	120,000		
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	735,503	200,447	164,543	370,513
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0		
9 Other employee benefits	57,958	6,122	13,821	38,015
10 Payroll taxes	172,997	87,568	35,164	50,265
11 Fees for services (non-employees):				
a Management				
b Legal	579	165	414	
c Accounting	65,774		65,774	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	33,483		33,483	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	133,989	6,572	48,925	78,492
12 Advertising and promotion				
13 Office expenses	97,669	12,867	55,798	29,004
14 Information technology	47,167		5,556	41,611
15 Royalties				
16 Occupancy	148,774	4,549	68,222	76,003
17 Travel	87,151	47,910	19,657	19,584
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	94		94	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	169,643	39,656	106,919	23,068
23 Insurance	44		44	
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 COMMUNITY IMPROVEMENT	1,707,322	1,707,322		
b FOOD AND FARMING	673,487	673,487		
c IMPROVING EDUCATION	281,004	281,004		
d SANITATION	273,617	273,617		
e All other expenses	447,234	173,574	267,217	6,443
25 Total functional expenses. Add lines 1 through 24e	86,296,250	84,677,621	885,631	732,998
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	2,716,942	2	3,181,625
	3 Pledges and grants receivable, net	1,370,345	3	805,492
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	6,550,391	8	7,562,064
	9 Prepaid expenses and deferred charges	209,900	9	244,230
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,005,622		
	b Less: accumulated depreciation	10b 606,646	484,246	10c 398,976
	11 Investments—publicly traded securities	501,268	11	481,657
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	600	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,833,692	16	12,674,044	
Liabilities	17 Accounts payable and accrued expenses	1,141,350	17	1,143,851
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	1,141,350	26	1,143,851
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	10,653,374	27	11,065,627
	28 Temporarily restricted net assets	38,968	28	464,566
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	10,692,342	33	11,530,193
34 Total liabilities and net assets/fund balances	11,833,692	34	12,674,044	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	87,121,742
2	Total expenses (must equal Part IX, column (A), line 25)	2	86,296,250
3	Revenue less expenses. Subtract line 2 from line 1	3	825,492
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,692,342
5	Net unrealized gains (losses) on investments	5	12,359
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,530,193

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
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.		

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) SILVIO PELLAS CH. ----- BOARD MEMBER	1 ----- 0	✓						0	0	0
(26) CARLOS VICENTE ----- BOARD MEMBER	1 ----- 0	✓						0	0	0
(27) FELIPE RODRIGUEZ ----- BOARD MEMBER	1 ----- 0	✓						0	0	0
(28) DAMARIS OPORTA ----- CFO	40 ----- 0			✓				0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2014

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization AMERICAN NICARAGUAN FOUNDATION INC	Employer identification number 65-0326517
---	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	169,452,068	111,701,897	123,120,960	75,540,875	82,726,586	562,542,386
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	169,452,068	111,701,897	123,120,960	75,540,875	82,726,586	562,542,386
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,026,555
6 Public support. Subtract line 5 from line 4.						559,515,831

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	169,452,068	111,701,897	123,120,960	75,540,875	82,726,586	562,542,386
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	186,485	40,478	78,663	37,759	36,519	379,904
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 assets (Explain in Part VI.)	703,208	210,731	633,610	541,678	675,403	2,764,630
11 Total support. Add lines 7 through 10						565,686,920
12 Gross receipts from related activities, etc. (see instructions)					12	21,039,949
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	98.91 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	98.74 %
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2014. 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 organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2013. 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 supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b 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 Other income. Do not include gain or 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 for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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 amendment to the organizing document).</i>		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2	Activities Test. Answer (a) and (b) below.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d 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 temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI

Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A Part II Line 10						
Description	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Gross income from fundraising events	382,050	417,270	24,470	222,651	354,567	1,401,008
Gross income from gaming activities	91,300	70,327	80,800	80,466	85,018	407,911
Other income	229,858	146,013	105,461	238,561	235,818	955,711

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2014

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

AMERICAN NICARAGUAN FOUNDATION INC

Employer identification number

65-0326517

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization AMERICAN NICARAGUAN FOUNDATION INC	Employer identification number 65-0326517
---	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FOOD FOR THE POOR, INC. ----- 6401 LYONS ROAD ----- COCONUT CREEK, FL 33073 -----	\$ 56,307,873	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	AMERICARES FOUNDATION, INC. ----- 88 HAMILTON AVENUE ----- STAMFORD, CT 06902 -----	\$ 16,492,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	DIRECT RELIEF INTERNATIONAL ----- 27 SOUTH LA PATERA LANE ----- GOLETA, GA 93117 -----	\$ 8,273,621	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN NICARAGUAN FOUNDATION INC	Employer identification number 65-0326517
---	---

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	FOOD, MEDICAL SUPPLIES AND HOUSEHOLD GOODS ----- ----- -----	\$ 56,307,873	12/31/2014
2	FOOD, MEDICAL SUPPLIES AND HOUSEHOLD GOODS ----- ----- -----	\$ 16,492,900	12/31/2014
3	FOOD, MEDICAL SUPPLIES AND HOUSEHOLD GOODS ----- ----- -----	\$ 8,273,621	12/31/2014
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization AMERICAN NICARAGUAN FOUNDATION INC	Employer identification number 65-0326517
---	---

Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: AMERICAN NICARAGUAN FOUNDATION INC; Employer identification number: 65-0326517

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Questions 1a-2 regarding art and historical treasures, including revenue and asset reporting requirements.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

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

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment ▶%
- b** Permanent endowment ▶%
- c** Temporarily restricted endowment ▶%

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		239,509		239,509
b Buildings				
c Leasehold improvements		206,398	195,181	11,217
d Equipment		559,715	411,465	148,250
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 398,976

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	0	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	89,019,327
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	12,359
b	Donated services and use of facilities	2b	1,601,139
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	284,087
e	Add lines 2a through 2d	2e	1,897,585
3	Subtract line 2e from line 1	3	87,121,742
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	87,121,742

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

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

1	Total expenses and losses per audited financial statements	1	88,181,476
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,601,139
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	284,087
e	Add lines 2a through 2d	2e	1,885,226
3	Subtract line 2e from line 1	3	86,296,250
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	86,296,250

Part XIII Supplemental Information.

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

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Part XIII

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

Schedule D, Part XI, Line 2(d)	
(a) Description	(b) Amount
FUNDRAISING EXPENSES	255,089
GAMING EXPENSES	28,998

Part XIII

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

Schedule D, Part XII, Line 2(d)	
(a) Description	(b) Amount
FUNDRAISING EXPENSES	255,089
GAMING EXPENSES	28,998

Part XIII

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

Return Reference	Identifier	Explanation
<p>SCHEDULE D, PART X, LINE 2</p>	<p>FIN 48 (ASC 740) FOOTNOTE</p>	<p>THE FOUNDATION HAS RECEIVED DETERMINATION OF TAX EXEMPT STATUS FROM THE INTERNAL REVENUE SERVICE UNDER CODE SECTION 501(C)(3) AND, CONSEQUENTLY, THE EARNINGS OF THE FOUNDATION ARE NOT TAXED AND NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE FOUNDATION IS ALSO EXEMPT FROM STATE TAXES. THERE WAS NO UNRELATED BUSINESS INCOME TAX PAYABLE FOR THE YEAR ENDING DECEMBER 31, 2014 AND 2013. THE FOUNDATION HAS ADOPTED ASC 740, WHICH ESTABLISHES A SINGLE MODEL TO ADDRESS ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS.</p> <p>IN NICARAGUA, THE FOUNDATION AND ASOCIACION NICARAGUENSE AMERICANA DE FOMENTO SOCIAL ARE NOT-FOR-PROFIT ORGANIZATIONS EXEMPT FROM INCOME TAXES IN ACCORDANCE WITH ARTICLE (11), SUBPARAGRAPH (4) OF THE EQUITABLE TAX LAW.</p> <p>DUE TO ITS TAX-EXEMPT STATUS, THE FOUNDATION IS NOT SUBJECT TO U.S. FEDERAL INCOME TAX OR STATE INCOME TAX. THE FOUNDATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS.</p> <p>THE FOUNDATION IS NOT SUBJECT TO EXAMINATION BY U.S. TAXING AUTHORITIES FOR YEARS PRIOR TO 2008. THE FOUNDATION IS NOT SUBJECT TO EXAMINATION BY NICARAGUAN AUTHORITIES FOR ANY YEAR PRIOR TO 2009.</p> <p>IF THE FOUNDATION WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS, THESE WOULD BE RECORDED AS INTEREST AND INCOME TAX EXPENSE, RESPECTIVELY. THE FOUNDATION HAS NO AMOUNTS ACCRUED FOR INTEREST OR PENALTIES AS OF DECEMBER 31, 2014 AND 2013.</p>

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN NICARAGUAN FOUNDATION INC

Employer identification number

65-0326517

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING	DISTRIBUTION OF FOOD AND SUPPLIES	81,042,761
(2) CENTRAL AMERICA AND THE CARIBBEAN	1	61	PROGRAM SERVICES	PROMOTING ECONOMIC OPPORTUNITY	3,634,860
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	1	61			84,677,621
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	61			84,677,621

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	3,859,756	FOOD AND MEDICAL SUPPLIES	FMV
(2)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	3,264,280	FOOD AND MEDICAL SUPPLIES	FMV
(3)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	2,423,323	FOOD AND MEDICAL SUPPLIES	FMV
(4)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	2,028,296	FOOD AND MEDICAL SUPPLIES	FMV
(5)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,748,621	FOOD AND MEDICAL SUPPLIES	FMV
(6)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,600,567	FOOD AND MEDICAL SUPPLIES	FMV
(7)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,596,305	FOOD AND MEDICAL SUPPLIES	FMV
(8)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,396,884	FOOD AND MEDICAL SUPPLIES	FMV
(9)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,314,729	FOOD AND MEDICAL SUPPLIES	FMV
(10)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,203,971	FOOD AND MEDICAL SUPPLIES	FMV
(11)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,062,411	FOOD AND MEDICAL SUPPLIES	FMV
(12)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,046,608	FOOD AND MEDICAL SUPPLIES	FMV
(13)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,045,318	FOOD AND MEDICAL SUPPLIES	FMV
(14)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	986,994	FOOD AND MEDICAL SUPPLIES	FMV
(15)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	963,050	FOOD AND MEDICAL SUPPLIES	FMV
(16)			(SEE STATEMENT)						

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 ▶ 504

3 Enter total number of other organizations or entities ▶ 0

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States (continued)

(a) Name of Organization	(b) IRS code section and EIN	(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)
(17)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	886,040	FOOD AND MEDICAL SUPPLIES	FMV
(18)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	867,601	FOOD AND MEDICAL SUPPLIES	FMV
(19)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	844,154	FOOD AND MEDICAL SUPPLIES	FMV
(20)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	843,523	FOOD AND MEDICAL SUPPLIES	FMV
(21)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	836,387	FOOD AND MEDICAL SUPPLIES	FMV
(22)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	833,506	FOOD AND MEDICAL SUPPLIES	FMV
(23)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	819,904	FOOD AND MEDICAL SUPPLIES	FMV
(24)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	809,486	FOOD AND MEDICAL SUPPLIES	FMV
(25)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	789,866	FOOD AND MEDICAL SUPPLIES	FMV
(26)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	759,664	FOOD AND MEDICAL SUPPLIES	FMV
(27)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	750,627	FOOD AND MEDICAL SUPPLIES	FMV
(28)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	679,276	FOOD AND MEDICAL SUPPLIES	FMV
(29)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	663,739	FOOD AND MEDICAL SUPPLIES	FMV
(30)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	649,193	FOOD AND MEDICAL SUPPLIES	FMV
(31)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	643,817	FOOD AND MEDICAL SUPPLIES	FMV
(32)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	641,082	FOOD AND MEDICAL SUPPLIES	FMV
(33)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	627,949	FOOD AND MEDICAL SUPPLIES	FMV
(34)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	626,513	FOOD AND MEDICAL SUPPLIES	FMV
(35)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	622,576	FOOD AND MEDICAL SUPPLIES	FMV
(36)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	612,935	FOOD AND MEDICAL SUPPLIES	FMV
(37)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	610,814	FOOD AND MEDICAL SUPPLIES	FMV
(38)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	581,178	FOOD AND MEDICAL SUPPLIES	FMV
(39)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	581,077	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(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)
(40)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	579,213	FOOD AND MEDICAL SUPPLIES	FMV
(41)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	572,923	FOOD AND MEDICAL SUPPLIES	FMV
(42)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	560,315	FOOD AND MEDICAL SUPPLIES	FMV
(43)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	545,094	FOOD AND MEDICAL SUPPLIES	FMV
(44)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	538,997	FOOD AND MEDICAL SUPPLIES	FMV
(45)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	533,148	FOOD AND MEDICAL SUPPLIES	FMV
(46)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	502,569	FOOD AND MEDICAL SUPPLIES	FMV
(47)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	501,811	FOOD AND MEDICAL SUPPLIES	FMV
(48)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	496,435	FOOD AND MEDICAL SUPPLIES	FMV
(49)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	474,042	FOOD AND MEDICAL SUPPLIES	FMV
(50)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	456,635	FOOD AND MEDICAL SUPPLIES	FMV
(51)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	448,556	FOOD AND MEDICAL SUPPLIES	FMV
(52)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	426,533	FOOD AND MEDICAL SUPPLIES	FMV
(53)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	415,704	FOOD AND MEDICAL SUPPLIES	FMV
(54)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	415,482	FOOD AND MEDICAL SUPPLIES	FMV
(55)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	411,520	FOOD AND MEDICAL SUPPLIES	FMV
(56)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	411,062	FOOD AND MEDICAL SUPPLIES	FMV
(57)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	395,498	FOOD AND MEDICAL SUPPLIES	FMV
(58)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	393,085	FOOD AND MEDICAL SUPPLIES	FMV
(59)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	392,124	FOOD AND MEDICAL SUPPLIES	FMV
(60)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	390,994	FOOD AND MEDICAL SUPPLIES	FMV
(61)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	384,905	FOOD AND MEDICAL SUPPLIES	FMV
(62)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	378,298	FOOD AND MEDICAL SUPPLIES	FMV
(63)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	371,446	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(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)
(64)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	365,956	FOOD AND MEDICAL SUPPLIES	FMV
(65)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	358,784	FOOD AND MEDICAL SUPPLIES	FMV
(66)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	356,661	FOOD AND MEDICAL SUPPLIES	FMV
(67)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	353,843	FOOD AND MEDICAL SUPPLIES	FMV
(68)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	352,598	FOOD AND MEDICAL SUPPLIES	FMV
(69)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	350,636	FOOD AND MEDICAL SUPPLIES	FMV
(70)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	349,585	FOOD AND MEDICAL SUPPLIES	FMV
(71)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	334,008	FOOD AND MEDICAL SUPPLIES	FMV
(72)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	317,842	FOOD AND MEDICAL SUPPLIES	FMV
(73)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	307,301	FOOD AND MEDICAL SUPPLIES	FMV
(74)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	304,760	FOOD AND MEDICAL SUPPLIES	FMV
(75)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	301,752	FOOD AND MEDICAL SUPPLIES	FMV
(76)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	300,212	FOOD AND MEDICAL SUPPLIES	FMV
(77)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	298,549	FOOD AND MEDICAL SUPPLIES	FMV
(78)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	296,125	FOOD AND MEDICAL SUPPLIES	FMV
(79)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	285,776	FOOD AND MEDICAL SUPPLIES	FMV
(80)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	279,647	FOOD AND MEDICAL SUPPLIES	FMV
(81)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	270,490	FOOD AND MEDICAL SUPPLIES	FMV
(82)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	264,886	FOOD AND MEDICAL SUPPLIES	FMV
(83)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	263,261	FOOD AND MEDICAL SUPPLIES	FMV
(84)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	261,150	FOOD AND MEDICAL SUPPLIES	FMV
(85)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	249,684	FOOD AND MEDICAL SUPPLIES	FMV
(86)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	249,057	FOOD AND MEDICAL SUPPLIES	FMV
(87)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	243,125	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(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)
(88)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	240,010	FOOD AND MEDICAL SUPPLIES	FMV
(89)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	238,699	FOOD AND MEDICAL SUPPLIES	FMV
(90)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	237,591	FOOD AND MEDICAL SUPPLIES	FMV
(91)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	234,369	FOOD AND MEDICAL SUPPLIES	FMV
(92)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	232,528	FOOD AND MEDICAL SUPPLIES	FMV
(93)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	231,155	FOOD AND MEDICAL SUPPLIES	FMV
(94)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	228,269	FOOD AND MEDICAL SUPPLIES	FMV
(95)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	221,981	FOOD AND MEDICAL SUPPLIES	FMV
(96)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	220,055	FOOD AND MEDICAL SUPPLIES	FMV
(97)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	219,358	FOOD AND MEDICAL SUPPLIES	FMV
(98)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	215,577	FOOD AND MEDICAL SUPPLIES	FMV
(99)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	202,046	FOOD AND MEDICAL SUPPLIES	FMV
(100)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	193,970	FOOD AND MEDICAL SUPPLIES	FMV
(101)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	187,342	FOOD AND MEDICAL SUPPLIES	FMV
(102)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	181,267	FOOD AND MEDICAL SUPPLIES	FMV
(103)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	180,003	FOOD AND MEDICAL SUPPLIES	FMV
(104)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	173,877	FOOD AND MEDICAL SUPPLIES	FMV
(105)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	172,429	FOOD AND MEDICAL SUPPLIES	FMV
(106)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	164,167	FOOD AND MEDICAL SUPPLIES	FMV
(107)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	162,138	FOOD AND MEDICAL SUPPLIES	FMV
(108)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	155,023	FOOD AND MEDICAL SUPPLIES	FMV
(109)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	154,664	FOOD AND MEDICAL SUPPLIES	FMV
(110)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	154,032	FOOD AND MEDICAL SUPPLIES	FMV
(111)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	153,656	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(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)
(112)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	151,617	FOOD AND MEDICAL SUPPLIES	FMV
(113)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	149,878	FOOD AND MEDICAL SUPPLIES	FMV
(114)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	148,506	FOOD AND MEDICAL SUPPLIES	FMV
(115)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	148,496	FOOD AND MEDICAL SUPPLIES	FMV
(116)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	143,977	FOOD AND MEDICAL SUPPLIES	FMV
(117)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	141,968	FOOD AND MEDICAL SUPPLIES	FMV
(118)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	138,518	FOOD AND MEDICAL SUPPLIES	FMV
(119)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	138,143	FOOD AND MEDICAL SUPPLIES	FMV
(120)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	134,401	FOOD AND MEDICAL SUPPLIES	FMV
(121)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	130,575	FOOD AND MEDICAL SUPPLIES	FMV
(122)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	130,461	FOOD AND MEDICAL SUPPLIES	FMV
(123)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	128,486	FOOD AND MEDICAL SUPPLIES	FMV
(124)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	128,368	FOOD AND MEDICAL SUPPLIES	FMV
(125)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	126,560	FOOD AND MEDICAL SUPPLIES	FMV
(126)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	126,537	FOOD AND MEDICAL SUPPLIES	FMV
(127)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	126,338	FOOD AND MEDICAL SUPPLIES	FMV
(128)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	125,126	FOOD AND MEDICAL SUPPLIES	FMV
(129)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	124,198	FOOD AND MEDICAL SUPPLIES	FMV
(130)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	124,140	FOOD AND MEDICAL SUPPLIES	FMV
(131)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	123,650	FOOD AND MEDICAL SUPPLIES	FMV
(132)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	123,244	FOOD AND MEDICAL SUPPLIES	FMV
(133)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	120,110	FOOD AND MEDICAL SUPPLIES	FMV
(134)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	118,729	FOOD AND MEDICAL SUPPLIES	FMV
(135)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	114,258	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(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)
(136)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	110,092	FOOD AND MEDICAL SUPPLIES	FMV
(137)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	110,070	FOOD AND MEDICAL SUPPLIES	FMV
(138)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	109,464	FOOD AND MEDICAL SUPPLIES	FMV
(139)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	104,375	FOOD AND MEDICAL SUPPLIES	FMV
(140)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	99,757	FOOD AND MEDICAL SUPPLIES	FMV
(141)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	99,728	FOOD AND MEDICAL SUPPLIES	FMV
(142)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	99,067	FOOD AND MEDICAL SUPPLIES	FMV
(143)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	98,688	FOOD AND MEDICAL SUPPLIES	FMV
(144)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	95,626	FOOD AND MEDICAL SUPPLIES	FMV
(145)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	94,390	FOOD AND MEDICAL SUPPLIES	FMV
(146)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	93,376	FOOD AND MEDICAL SUPPLIES	FMV
(147)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	93,155	FOOD AND MEDICAL SUPPLIES	FMV
(148)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	92,704	FOOD AND MEDICAL SUPPLIES	FMV
(149)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	91,351	FOOD AND MEDICAL SUPPLIES	FMV
(150)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	90,873	FOOD AND MEDICAL SUPPLIES	FMV
(151)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	88,078	FOOD AND MEDICAL SUPPLIES	FMV
(152)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	86,666	FOOD AND MEDICAL SUPPLIES	FMV
(153)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	86,075	FOOD AND MEDICAL SUPPLIES	FMV
(154)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	84,771	FOOD AND MEDICAL SUPPLIES	FMV
(155)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	83,265	FOOD AND MEDICAL SUPPLIES	FMV
(156)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	83,127	FOOD AND MEDICAL SUPPLIES	FMV
(157)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	82,781	FOOD AND MEDICAL SUPPLIES	FMV
(158)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	82,205	FOOD AND MEDICAL SUPPLIES	FMV
(159)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	80,256	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(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)
(160)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	79,928	FOOD AND MEDICAL SUPPLIES	FMV
(161)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	78,995	FOOD AND MEDICAL SUPPLIES	FMV
(162)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	78,369	FOOD AND MEDICAL SUPPLIES	FMV
(163)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	77,111	FOOD AND MEDICAL SUPPLIES	FMV
(164)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	76,950	FOOD AND MEDICAL SUPPLIES	FMV
(165)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	76,047	FOOD AND MEDICAL SUPPLIES	FMV
(166)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	75,937	FOOD AND MEDICAL SUPPLIES	FMV
(167)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	75,551	FOOD AND MEDICAL SUPPLIES	FMV
(168)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	74,498	FOOD AND MEDICAL SUPPLIES	FMV
(169)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	73,719	FOOD AND MEDICAL SUPPLIES	FMV
(170)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	72,536	FOOD AND MEDICAL SUPPLIES	FMV
(171)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	72,012	FOOD AND MEDICAL SUPPLIES	FMV
(172)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	71,379	FOOD AND MEDICAL SUPPLIES	FMV
(173)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	70,623	FOOD AND MEDICAL SUPPLIES	FMV
(174)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	69,677	FOOD AND MEDICAL SUPPLIES	FMV
(175)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	69,094	FOOD AND MEDICAL SUPPLIES	FMV
(176)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	68,493	FOOD AND MEDICAL SUPPLIES	FMV
(177)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	67,798	FOOD AND MEDICAL SUPPLIES	FMV
(178)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	67,329	FOOD AND MEDICAL SUPPLIES	FMV
(179)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	66,817	FOOD AND MEDICAL SUPPLIES	FMV
(180)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	65,962	FOOD AND MEDICAL SUPPLIES	FMV
(181)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	65,639	FOOD AND MEDICAL SUPPLIES	FMV
(182)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	65,039	FOOD AND MEDICAL SUPPLIES	FMV
(183)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	65,009	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(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)
(184)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	64,444	FOOD AND MEDICAL SUPPLIES	FMV
(185)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	64,067	FOOD AND MEDICAL SUPPLIES	FMV
(186)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	63,565	FOOD AND MEDICAL SUPPLIES	FMV
(187)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	63,468	FOOD AND MEDICAL SUPPLIES	FMV
(188)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	63,464	FOOD AND MEDICAL SUPPLIES	FMV
(189)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	62,643	FOOD AND MEDICAL SUPPLIES	FMV
(190)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	62,558	FOOD AND MEDICAL SUPPLIES	FMV
(191)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	61,992	FOOD AND MEDICAL SUPPLIES	FMV
(192)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	61,965	FOOD AND MEDICAL SUPPLIES	FMV
(193)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	60,426	FOOD AND MEDICAL SUPPLIES	FMV
(194)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	59,587	FOOD AND MEDICAL SUPPLIES	FMV
(195)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	59,175	FOOD AND MEDICAL SUPPLIES	FMV
(196)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	59,084	FOOD AND MEDICAL SUPPLIES	FMV
(197)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	59,063	FOOD AND MEDICAL SUPPLIES	FMV
(198)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	58,950	FOOD AND MEDICAL SUPPLIES	FMV
(199)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	57,457	FOOD AND MEDICAL SUPPLIES	FMV
(200)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	57,067	FOOD AND MEDICAL SUPPLIES	FMV
(201)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	56,865	FOOD AND MEDICAL SUPPLIES	FMV
(202)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	56,616	FOOD AND MEDICAL SUPPLIES	FMV
(203)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	55,761	FOOD AND MEDICAL SUPPLIES	FMV
(204)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	55,552	FOOD AND MEDICAL SUPPLIES	FMV
(205)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	55,311	FOOD AND MEDICAL SUPPLIES	FMV
(206)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	54,649	FOOD AND MEDICAL SUPPLIES	FMV
(207)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	54,467	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(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)
(208)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	53,640	FOOD AND MEDICAL SUPPLIES	FMV
(209)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	53,320	FOOD AND MEDICAL SUPPLIES	FMV
(210)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	53,305	FOOD AND MEDICAL SUPPLIES	FMV
(211)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	52,913	FOOD AND MEDICAL SUPPLIES	FMV
(212)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	52,747	FOOD AND MEDICAL SUPPLIES	FMV
(213)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	51,625	FOOD AND MEDICAL SUPPLIES	FMV
(214)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	51,359	FOOD AND MEDICAL SUPPLIES	FMV
(215)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	50,258	FOOD AND MEDICAL SUPPLIES	FMV
(216)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	50,254	FOOD AND MEDICAL SUPPLIES	FMV
(217)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	49,713	FOOD AND MEDICAL SUPPLIES	FMV
(218)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	49,082	FOOD AND MEDICAL SUPPLIES	FMV
(219)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	49,076	FOOD AND MEDICAL SUPPLIES	FMV
(220)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	48,860	FOOD AND MEDICAL SUPPLIES	FMV
(221)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	47,971	FOOD AND MEDICAL SUPPLIES	FMV
(222)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	47,959	FOOD AND MEDICAL SUPPLIES	FMV
(223)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	47,881	FOOD AND MEDICAL SUPPLIES	FMV
(224)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	47,337	FOOD AND MEDICAL SUPPLIES	FMV
(225)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	47,282	FOOD AND MEDICAL SUPPLIES	FMV
(226)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	46,889	FOOD AND MEDICAL SUPPLIES	FMV
(227)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	46,366	FOOD AND MEDICAL SUPPLIES	FMV
(228)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	46,362	FOOD AND MEDICAL SUPPLIES	FMV
(229)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	46,343	FOOD AND MEDICAL SUPPLIES	FMV
(230)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	46,228	FOOD AND MEDICAL SUPPLIES	FMV
(231)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	45,802	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(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)
(232)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	44,925	FOOD AND MEDICAL SUPPLIES	FMV
(233)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	44,684	FOOD AND MEDICAL SUPPLIES	FMV
(234)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	44,246	FOOD AND MEDICAL SUPPLIES	FMV
(235)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	44,065	FOOD AND MEDICAL SUPPLIES	FMV
(236)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	43,828	FOOD AND MEDICAL SUPPLIES	FMV
(237)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	43,224	FOOD AND MEDICAL SUPPLIES	FMV
(238)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	42,791	FOOD AND MEDICAL SUPPLIES	FMV
(239)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	42,765	FOOD AND MEDICAL SUPPLIES	FMV
(240)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	42,522	FOOD AND MEDICAL SUPPLIES	FMV
(241)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	42,146	FOOD AND MEDICAL SUPPLIES	FMV
(242)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	41,973	FOOD AND MEDICAL SUPPLIES	FMV
(243)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	41,882	FOOD AND MEDICAL SUPPLIES	FMV
(244)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	41,628	FOOD AND MEDICAL SUPPLIES	FMV
(245)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	41,366	FOOD AND MEDICAL SUPPLIES	FMV
(246)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	41,363	FOOD AND MEDICAL SUPPLIES	FMV
(247)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	41,195	FOOD AND MEDICAL SUPPLIES	FMV
(248)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	40,853	FOOD AND MEDICAL SUPPLIES	FMV
(249)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	40,454	FOOD AND MEDICAL SUPPLIES	FMV
(250)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	40,365	FOOD AND MEDICAL SUPPLIES	FMV
(251)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	40,280	FOOD AND MEDICAL SUPPLIES	FMV
(252)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	40,096	FOOD AND MEDICAL SUPPLIES	FMV
(253)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	39,643	FOOD AND MEDICAL SUPPLIES	FMV
(254)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	39,316	FOOD AND MEDICAL SUPPLIES	FMV
(255)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	39,280	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(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)
(256)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	39,207	FOOD AND MEDICAL SUPPLIES	FMV
(257)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	38,982	FOOD AND MEDICAL SUPPLIES	FMV
(258)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	38,859	FOOD AND MEDICAL SUPPLIES	FMV
(259)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	38,806	FOOD AND MEDICAL SUPPLIES	FMV
(260)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	38,786	FOOD AND MEDICAL SUPPLIES	FMV
(261)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	38,729	FOOD AND MEDICAL SUPPLIES	FMV
(262)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	38,185	FOOD AND MEDICAL SUPPLIES	FMV
(263)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	37,993	FOOD AND MEDICAL SUPPLIES	FMV
(264)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	37,432	FOOD AND MEDICAL SUPPLIES	FMV
(265)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	37,351	FOOD AND MEDICAL SUPPLIES	FMV
(266)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	37,274	FOOD AND MEDICAL SUPPLIES	FMV
(267)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	37,249	FOOD AND MEDICAL SUPPLIES	FMV
(268)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	37,046	FOOD AND MEDICAL SUPPLIES	FMV
(269)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	36,845	FOOD AND MEDICAL SUPPLIES	FMV
(270)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	36,819	FOOD AND MEDICAL SUPPLIES	FMV
(271)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	36,583	FOOD AND MEDICAL SUPPLIES	FMV
(272)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	36,548	FOOD AND MEDICAL SUPPLIES	FMV
(273)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	36,416	FOOD AND MEDICAL SUPPLIES	FMV
(274)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	35,972	FOOD AND MEDICAL SUPPLIES	FMV
(275)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	35,824	FOOD AND MEDICAL SUPPLIES	FMV
(276)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	35,812	FOOD AND MEDICAL SUPPLIES	FMV
(277)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	35,734	FOOD AND MEDICAL SUPPLIES	FMV
(278)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	35,429	FOOD AND MEDICAL SUPPLIES	FMV
(279)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	35,385	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(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)
(280)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	35,315	FOOD AND MEDICAL SUPPLIES	FMV
(281)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	35,237	FOOD AND MEDICAL SUPPLIES	FMV
(282)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	35,170	FOOD AND MEDICAL SUPPLIES	FMV
(283)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	34,786	FOOD AND MEDICAL SUPPLIES	FMV
(284)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	34,203	FOOD AND MEDICAL SUPPLIES	FMV
(285)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	33,997	FOOD AND MEDICAL SUPPLIES	FMV
(286)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	33,805	FOOD AND MEDICAL SUPPLIES	FMV
(287)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	33,566	FOOD AND MEDICAL SUPPLIES	FMV
(288)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	33,545	FOOD AND MEDICAL SUPPLIES	FMV
(289)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	32,643	FOOD AND MEDICAL SUPPLIES	FMV
(290)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	32,344	FOOD AND MEDICAL SUPPLIES	FMV
(291)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	32,299	FOOD AND MEDICAL SUPPLIES	FMV
(292)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	32,219	FOOD AND MEDICAL SUPPLIES	FMV
(293)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	31,975	FOOD AND MEDICAL SUPPLIES	FMV
(294)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	31,169	FOOD AND MEDICAL SUPPLIES	FMV
(295)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	30,947	FOOD AND MEDICAL SUPPLIES	FMV
(296)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	30,824	FOOD AND MEDICAL SUPPLIES	FMV
(297)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	30,744	FOOD AND MEDICAL SUPPLIES	FMV
(298)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	30,261	FOOD AND MEDICAL SUPPLIES	FMV
(299)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	30,139	FOOD AND MEDICAL SUPPLIES	FMV
(300)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	29,755	FOOD AND MEDICAL SUPPLIES	FMV
(301)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	29,501	FOOD AND MEDICAL SUPPLIES	FMV
(302)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	29,432	FOOD AND MEDICAL SUPPLIES	FMV
(303)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	28,933	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(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)
(304)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	28,709	FOOD AND MEDICAL SUPPLIES	FMV
(305)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	28,698	FOOD AND MEDICAL SUPPLIES	FMV
(306)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	28,687	FOOD AND MEDICAL SUPPLIES	FMV
(307)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	27,755	FOOD AND MEDICAL SUPPLIES	FMV
(308)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	27,723	FOOD AND MEDICAL SUPPLIES	FMV
(309)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	27,603	FOOD AND MEDICAL SUPPLIES	FMV
(310)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	27,373	FOOD AND MEDICAL SUPPLIES	FMV
(311)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	27,300	FOOD AND MEDICAL SUPPLIES	FMV
(312)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	27,278	FOOD AND MEDICAL SUPPLIES	FMV
(313)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	27,084	FOOD AND MEDICAL SUPPLIES	FMV
(314)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	26,413	FOOD AND MEDICAL SUPPLIES	FMV
(315)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	26,390	FOOD AND MEDICAL SUPPLIES	FMV
(316)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	25,922	FOOD AND MEDICAL SUPPLIES	FMV
(317)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	25,699	FOOD AND MEDICAL SUPPLIES	FMV
(318)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	25,514	FOOD AND MEDICAL SUPPLIES	FMV
(319)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	25,347	FOOD AND MEDICAL SUPPLIES	FMV
(320)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	25,307	FOOD AND MEDICAL SUPPLIES	FMV
(321)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	25,076	FOOD AND MEDICAL SUPPLIES	FMV
(322)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	25,051	FOOD AND MEDICAL SUPPLIES	FMV
(323)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	24,962	FOOD AND MEDICAL SUPPLIES	FMV
(324)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	24,882	FOOD AND MEDICAL SUPPLIES	FMV
(325)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	24,666	FOOD AND MEDICAL SUPPLIES	FMV
(326)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	24,632	FOOD AND MEDICAL SUPPLIES	FMV
(327)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	24,304	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(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)
(328)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	24,151	FOOD AND MEDICAL SUPPLIES	FMV
(329)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	24,012	FOOD AND MEDICAL SUPPLIES	FMV
(330)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	23,521	FOOD AND MEDICAL SUPPLIES	FMV
(331)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	23,513	FOOD AND MEDICAL SUPPLIES	FMV
(332)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	23,365	FOOD AND MEDICAL SUPPLIES	FMV
(333)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	22,772	FOOD AND MEDICAL SUPPLIES	FMV
(334)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	22,735	FOOD AND MEDICAL SUPPLIES	FMV
(335)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	22,671	FOOD AND MEDICAL SUPPLIES	FMV
(336)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	22,165	FOOD AND MEDICAL SUPPLIES	FMV
(337)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	22,047	FOOD AND MEDICAL SUPPLIES	FMV
(338)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	21,897	FOOD AND MEDICAL SUPPLIES	FMV
(339)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	21,857	FOOD AND MEDICAL SUPPLIES	FMV
(340)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	21,111	FOOD AND MEDICAL SUPPLIES	FMV
(341)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	20,542	FOOD AND MEDICAL SUPPLIES	FMV
(342)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	20,216	FOOD AND MEDICAL SUPPLIES	FMV
(343)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	19,984	FOOD AND MEDICAL SUPPLIES	FMV
(344)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	19,749	FOOD AND MEDICAL SUPPLIES	FMV
(345)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	19,312	FOOD AND MEDICAL SUPPLIES	FMV
(346)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	19,273	FOOD AND MEDICAL SUPPLIES	FMV
(347)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	19,029	FOOD AND MEDICAL SUPPLIES	FMV
(348)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,861	FOOD AND MEDICAL SUPPLIES	FMV
(349)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,688	FOOD AND MEDICAL SUPPLIES	FMV
(350)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,649	FOOD AND MEDICAL SUPPLIES	FMV
(351)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,576	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(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)
(352)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,536	FOOD AND MEDICAL SUPPLIES	FMV
(353)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,357	FOOD AND MEDICAL SUPPLIES	FMV
(354)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,320	FOOD AND MEDICAL SUPPLIES	FMV
(355)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,278	FOOD AND MEDICAL SUPPLIES	FMV
(356)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,273	FOOD AND MEDICAL SUPPLIES	FMV
(357)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,225	FOOD AND MEDICAL SUPPLIES	FMV
(358)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,123	FOOD AND MEDICAL SUPPLIES	FMV
(359)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,046	FOOD AND MEDICAL SUPPLIES	FMV
(360)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,018	FOOD AND MEDICAL SUPPLIES	FMV
(361)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	17,918	FOOD AND MEDICAL SUPPLIES	FMV
(362)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	17,900	FOOD AND MEDICAL SUPPLIES	FMV
(363)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	17,781	FOOD AND MEDICAL SUPPLIES	FMV
(364)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	17,460	FOOD AND MEDICAL SUPPLIES	FMV
(365)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	17,425	FOOD AND MEDICAL SUPPLIES	FMV
(366)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	17,123	FOOD AND MEDICAL SUPPLIES	FMV
(367)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	17,107	FOOD AND MEDICAL SUPPLIES	FMV
(368)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	17,007	FOOD AND MEDICAL SUPPLIES	FMV
(369)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	16,935	FOOD AND MEDICAL SUPPLIES	FMV
(370)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	16,585	FOOD AND MEDICAL SUPPLIES	FMV
(371)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	16,519	FOOD AND MEDICAL SUPPLIES	FMV
(372)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	16,434	FOOD AND MEDICAL SUPPLIES	FMV
(373)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	16,348	FOOD AND MEDICAL SUPPLIES	FMV
(374)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	16,294	FOOD AND MEDICAL SUPPLIES	FMV
(375)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	16,133	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(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)
(376)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	16,104	FOOD AND MEDICAL SUPPLIES	FMV
(377)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	16,092	FOOD AND MEDICAL SUPPLIES	FMV
(378)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	15,965	FOOD AND MEDICAL SUPPLIES	FMV
(379)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	15,800	FOOD AND MEDICAL SUPPLIES	FMV
(380)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	15,594	FOOD AND MEDICAL SUPPLIES	FMV
(381)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	15,491	FOOD AND MEDICAL SUPPLIES	FMV
(382)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	15,324	FOOD AND MEDICAL SUPPLIES	FMV
(383)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	14,840	FOOD AND MEDICAL SUPPLIES	FMV
(384)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	14,743	FOOD AND MEDICAL SUPPLIES	FMV
(385)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	14,602	FOOD AND MEDICAL SUPPLIES	FMV
(386)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	14,425	FOOD AND MEDICAL SUPPLIES	FMV
(387)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	14,411	FOOD AND MEDICAL SUPPLIES	FMV
(388)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	14,092	FOOD AND MEDICAL SUPPLIES	FMV
(389)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,956	FOOD AND MEDICAL SUPPLIES	FMV
(390)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,843	FOOD AND MEDICAL SUPPLIES	FMV
(391)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,651	FOOD AND MEDICAL SUPPLIES	FMV
(392)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,487	FOOD AND MEDICAL SUPPLIES	FMV
(393)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,348	FOOD AND MEDICAL SUPPLIES	FMV
(394)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,096	FOOD AND MEDICAL SUPPLIES	FMV
(395)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,077	FOOD AND MEDICAL SUPPLIES	FMV
(396)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,015	FOOD AND MEDICAL SUPPLIES	FMV
(397)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,001	FOOD AND MEDICAL SUPPLIES	FMV
(398)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	12,948	FOOD AND MEDICAL SUPPLIES	FMV
(399)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	12,892	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(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)
(400)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	12,803	FOOD AND MEDICAL SUPPLIES	FMV
(401)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	12,701	FOOD AND MEDICAL SUPPLIES	FMV
(402)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	12,558	FOOD AND MEDICAL SUPPLIES	FMV
(403)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	12,512	FOOD AND MEDICAL SUPPLIES	FMV
(404)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	12,448	FOOD AND MEDICAL SUPPLIES	FMV
(405)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	12,325	FOOD AND MEDICAL SUPPLIES	FMV
(406)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	12,244	FOOD AND MEDICAL SUPPLIES	FMV
(407)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	12,038	FOOD AND MEDICAL SUPPLIES	FMV
(408)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	11,834	FOOD AND MEDICAL SUPPLIES	FMV
(409)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	11,824	FOOD AND MEDICAL SUPPLIES	FMV
(410)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	11,724	FOOD AND MEDICAL SUPPLIES	FMV
(411)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	11,703	FOOD AND MEDICAL SUPPLIES	FMV
(412)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	11,666	FOOD AND MEDICAL SUPPLIES	FMV
(413)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	11,421	FOOD AND MEDICAL SUPPLIES	FMV
(414)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	11,408	FOOD AND MEDICAL SUPPLIES	FMV
(415)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	11,338	FOOD AND MEDICAL SUPPLIES	FMV
(416)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	11,267	FOOD AND MEDICAL SUPPLIES	FMV
(417)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	11,187	FOOD AND MEDICAL SUPPLIES	FMV
(418)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	11,102	FOOD AND MEDICAL SUPPLIES	FMV
(419)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	11,062	FOOD AND MEDICAL SUPPLIES	FMV
(420)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,839	FOOD AND MEDICAL SUPPLIES	FMV
(421)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,789	FOOD AND MEDICAL SUPPLIES	FMV
(422)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,771	FOOD AND MEDICAL SUPPLIES	FMV
(423)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,680	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(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)
(424)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,589	FOOD AND MEDICAL SUPPLIES	FMV
(425)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,566	FOOD AND MEDICAL SUPPLIES	FMV
(426)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,455	FOOD AND MEDICAL SUPPLIES	FMV
(427)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,375	FOOD AND MEDICAL SUPPLIES	FMV
(428)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,051	FOOD AND MEDICAL SUPPLIES	FMV
(429)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,939	FOOD AND MEDICAL SUPPLIES	FMV
(430)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,895	FOOD AND MEDICAL SUPPLIES	FMV
(431)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,819	FOOD AND MEDICAL SUPPLIES	FMV
(432)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,736	FOOD AND MEDICAL SUPPLIES	FMV
(433)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,735	FOOD AND MEDICAL SUPPLIES	FMV
(434)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,681	FOOD AND MEDICAL SUPPLIES	FMV
(435)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,578	FOOD AND MEDICAL SUPPLIES	FMV
(436)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,577	FOOD AND MEDICAL SUPPLIES	FMV
(437)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,470	FOOD AND MEDICAL SUPPLIES	FMV
(438)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,336	FOOD AND MEDICAL SUPPLIES	FMV
(439)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,318	FOOD AND MEDICAL SUPPLIES	FMV
(440)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,268	FOOD AND MEDICAL SUPPLIES	FMV
(441)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,228	FOOD AND MEDICAL SUPPLIES	FMV
(442)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,929	FOOD AND MEDICAL SUPPLIES	FMV
(443)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,914	FOOD AND MEDICAL SUPPLIES	FMV
(444)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,911	FOOD AND MEDICAL SUPPLIES	FMV
(445)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,872	FOOD AND MEDICAL SUPPLIES	FMV
(446)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,811	FOOD AND MEDICAL SUPPLIES	FMV
(447)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,773	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(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)
(448)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,389	FOOD AND MEDICAL SUPPLIES	FMV
(449)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,089	FOOD AND MEDICAL SUPPLIES	FMV
(450)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,067	FOOD AND MEDICAL SUPPLIES	FMV
(451)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,032	FOOD AND MEDICAL SUPPLIES	FMV
(452)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,916	FOOD AND MEDICAL SUPPLIES	FMV
(453)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,902	FOOD AND MEDICAL SUPPLIES	FMV
(454)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,679	FOOD AND MEDICAL SUPPLIES	FMV
(455)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,675	FOOD AND MEDICAL SUPPLIES	FMV
(456)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,629	FOOD AND MEDICAL SUPPLIES	FMV
(457)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,501	FOOD AND MEDICAL SUPPLIES	FMV
(458)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,485	FOOD AND MEDICAL SUPPLIES	FMV
(459)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,344	FOOD AND MEDICAL SUPPLIES	FMV
(460)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,292	FOOD AND MEDICAL SUPPLIES	FMV
(461)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,006	FOOD AND MEDICAL SUPPLIES	FMV
(462)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,981	FOOD AND MEDICAL SUPPLIES	FMV
(463)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,913	FOOD AND MEDICAL SUPPLIES	FMV
(464)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,911	FOOD AND MEDICAL SUPPLIES	FMV
(465)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,911	FOOD AND MEDICAL SUPPLIES	FMV
(466)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,874	FOOD AND MEDICAL SUPPLIES	FMV
(467)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,798	FOOD AND MEDICAL SUPPLIES	FMV
(468)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,718	FOOD AND MEDICAL SUPPLIES	FMV
(469)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,683	FOOD AND MEDICAL SUPPLIES	FMV
(470)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,654	FOOD AND MEDICAL SUPPLIES	FMV
(471)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,650	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(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)
(472)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,572	FOOD AND MEDICAL SUPPLIES	FMV
(473)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,531	FOOD AND MEDICAL SUPPLIES	FMV
(474)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,403	FOOD AND MEDICAL SUPPLIES	FMV
(475)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,390	FOOD AND MEDICAL SUPPLIES	FMV
(476)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,290	FOOD AND MEDICAL SUPPLIES	FMV
(477)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,194	FOOD AND MEDICAL SUPPLIES	FMV
(478)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,189	FOOD AND MEDICAL SUPPLIES	FMV
(479)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,170	FOOD AND MEDICAL SUPPLIES	FMV
(480)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,162	FOOD AND MEDICAL SUPPLIES	FMV
(481)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,143	FOOD AND MEDICAL SUPPLIES	FMV
(482)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,143	FOOD AND MEDICAL SUPPLIES	FMV
(483)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,136	FOOD AND MEDICAL SUPPLIES	FMV
(484)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,134	FOOD AND MEDICAL SUPPLIES	FMV
(485)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,127	FOOD AND MEDICAL SUPPLIES	FMV
(486)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,127	FOOD AND MEDICAL SUPPLIES	FMV
(487)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,127	FOOD AND MEDICAL SUPPLIES	FMV
(488)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,127	FOOD AND MEDICAL SUPPLIES	FMV
(489)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,118	FOOD AND MEDICAL SUPPLIES	FMV
(490)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,085	FOOD AND MEDICAL SUPPLIES	FMV
(491)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,080	FOOD AND MEDICAL SUPPLIES	FMV
(492)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,079	FOOD AND MEDICAL SUPPLIES	FMV
(493)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,000	FOOD AND MEDICAL SUPPLIES	FMV
(494)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,981	FOOD AND MEDICAL SUPPLIES	FMV
(495)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,962	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(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)
(496)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,932	FOOD AND MEDICAL SUPPLIES	FMV
(497)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,688	FOOD AND MEDICAL SUPPLIES	FMV
(498)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,635	FOOD AND MEDICAL SUPPLIES	FMV
(499)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,492	FOOD AND MEDICAL SUPPLIES	FMV
(500)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,477	FOOD AND MEDICAL SUPPLIES	FMV
(501)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,457	FOOD AND MEDICAL SUPPLIES	FMV
(502)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,394	FOOD AND MEDICAL SUPPLIES	FMV
(503)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,303	FOOD AND MEDICAL SUPPLIES	FMV
(504)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,145	FOOD AND MEDICAL SUPPLIES	FMV
(505)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,094	FOOD AND MEDICAL SUPPLIES	FMV

Part V

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

Return Reference	Identifier	Explanation
SCHEDULE F, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE ORGANIZATION WORKS VERY CLOSELY WITH GRANTEE ORGANIZATIONS TO ENSURE DONATED GOODS ARE USED FOR THEIR INTENDED PURPOSES. THE ORGANIZATION MAINTAINS SEVERAL WAREHOUSES AND AN OFFICE IN NICARAGUA TO HOUSE THE GOODS BEFORE THEY ARE DISTRIBUTED. THE ORGANIZATION CONDUCTS FIELD INVESTIGATIONS TO ENSURE GOODS ARE USED AS INTENDED. EMPLOYEES OF THE ORGANIZATION ARE ACTIVE IN THE COMMUNITIES THAT BENEFIT FROM THESE GRANTS AND ARE PRESENT TO SEE THE DISTRIBUTION OF THE GOODS, WHICH ENSURES THE GRANTS ARE USED FOR THEIR INTENDED PURPOSES.
SCHEDULE F, PART I, LINE 3	METHOD TO ACCOUNT FOR EXPENDITURES ON ORG' FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL
SCHEDULE F, PART II	GRANT REPORTING	ALL GRANT AMOUNTS ARE REPORTED ON AN ACCRUAL BASIS.
SCHEDULE F, PART II, LINE 1	METHOD TO ACCOUNT FOR EXPENDITURES ON ORG' FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

AMERICAN NICARAGUAN FOUNDATION INC

Employer identification number

65-0326517

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA			(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	635,655			635,655
	2 Less: Contributions	281,088			281,088
	3 Gross income (line 1 minus line 2)	354,567	0	0	354,567
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	10,348			10,348
	6 Rent/facility costs				0
	7 Food and beverages	82,195			82,195
	8 Entertainment	38,875			38,875
	9 Other direct expenses	123,671			123,671
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				255,089
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				99,478	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			85,300
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes			27,960	27,960
	4 Rent/facility costs				0
	5 Other direct expenses			1,038	1,038
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 90 % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				28,998	
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				56,302	

9 Enter the state(s) in which the organization conducts gaming activities: FL

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: NO GAMING LICENSE IS REQUIRED.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	0 %
b An outside facility	13b	100 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ DAMARIS OPORTA

Address ▶ 1000 NW 57TH COURT, MIAMI, FL 33126

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ GLORIA NAVAS

Gaming manager compensation ▶ \$ 395

Description of services provided ▶ INDIVIDUAL AND CORPORATE GIVING MANAGER - MANAGES GAMING ACTIVITIES

Director/officer Employee Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Identifier	Explanation
SCHEDULE G, PART III, LINE 16	GAMING MANAGER COMPENSATION	THE INDIVIDUAL AND CORPORATE GAMING MANAGER OVERSEES THE GAMING. SHE ONLY SPENDS ABOUT 1% OF HER TIME MANAGING THE GAMING, AND THEREFORE ONLY 1% OF HER COMPENSATION HAS BEEN ALLOCATED AS "GAMING MANAGER COMPENSATION".

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

AMERICAN NICARAGUAN FOUNDATION INC

Employer identification number

65-0326517

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9	✓		13,319,452	MARKET VALUE
10				
11				
12				
13				
14				
15				
16				
17				
18				
19	✓	5	490	COST
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30a				
31				
32a				
33				

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

	Yes	No
30a		✓
31	✓	
32a	✓	
33		

Part II

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

Return Reference	Identifier	Explanation
SCHEDULE M, PART I	EXPLANATIONS OF REPORTING METHOD FOR NUMBER ON CONTRIBUTIONS	CLOTHING AND HOUSEHOLD GOODS: NUMBER OF CONTAINERS DRUGS AND MEDICAL SUPPLIES: NUMBER OF CONTAINERS FOOD INVENTORY: NUMBER OF CONTAINERS OTHER: NUMBER OF CONTAINERS OTHER: NUMBER OF CONTAINERS SECURITIES – PUBLICLY TRADED: NUMBER OF ITEMS RECIEVED
SCHEDULE M, PART I, LINE 32B	THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	THE ORGANIZATION USES A COMPANY TO PROCESS NONCASH CONTRIBUTIONS FOR THE SILENT AUCTION AND TO HELP WITH THE SALE OF THE ITEMS AT THE AUCTION.

Supplemental Information to Form 990 or 990-EZ

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

2014

Open to Public Inspection

Name of the Organization
AMERICAN NICARAGUAN FOUNDATION INC

Employer Identification Number
65-0326517

Return Reference	Identifier	Explanation												
FORM 990, PART III, LINE 4A	PROGRAM SERVICE DESCRIPTION	(CONTINUED FROM PART III) ACHIEVE UNIVERSAL PRIMARY EDUCATION - ANF ALSO ATTEMPTS TO ACHIEVE UNIVERSAL PRIMARY EDUCATION IN NICARAGUA BY INCREASING EDUCATIONAL QUALITY AND ATTAINMENT. THE ORGANIZATION HELPED PROVIDE CLASSROOM FURNITURE TO 350 SCHOOLS. ANF PROVIDED BASIC EDUCATIONAL SUPPLIES TO 583 SCHOOLS, WHICH BENEFITED 75,000 CHILDREN. IN ADDITION, THE ORGANIZATION HELPED WITH THE NEW CONSTRUCTION OF 13 SCHOOL CLASSROOMS. IMPROVE HEALTH – ANF DISTRIBUTED MEDICINE AND MEDICAL SUPPLIES TO 130 DISPENSARIES, HEALTH CENTERS, AND HOSPITALS WHICH PROVIDED 259,750 MEDICAL CONSULTATIONS. THE ORGANIZATION ALSO PROVIDED WHEELCHAIRS AND AUXILIARY EQUIPMENT TO MORE THAN 1,000 HANDICAPPED INDIVIDUALS. ENSURE ENVIRONMENTAL SUSTAINABILITY – THE ORGANIZATION HELPED WITH THE CONSTRUCTION OF 830 HOUSES, 452 DRINKING WATER SOLUTIONS AND 498 SANITARY SOLUTIONS. THE ORGANIZATION CONSTRUCTED 15 WELLS IN COMMUNITIES AFFECTED BY WATER SCARCITY. ANF CONNECTED MUNICIPAL WATER SOURCES AND INSTALLED HOME WATER SYSTEMS FOR IMPOVERISHED FAMILIES.												
FORM 990, PART VI, LINE 1A	DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE ORGANIZATION'S EXECUTIVE COMMITTEE HAS AND MAY EXERCISE ALL THE AUTHORITY OF THE BOARD OF DIRECTORS, EXCEPT AS PROVIDED BY LAW. ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE VOTING MEMBERS OF THE GOVERNING BODY.												
FORM 990, PART VI, LINE 2	FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	F. ALFREDO PELLAS, JR., SILVIO PELLAS CH., THERESA PELLAS, CARMEN CH. DE PELLAS AND CARLOS PELLAS - FAMILY RELATIONSHIP F. ALFREDO PELLAS, JR., RUBEN DIAZ, FRANK ROBLETO AND AGUSTIN ABALO AND CARLOS PELLAS - BUSINESS RELATIONSHIP RAFAEL SANCHEZ AND JOHNNY SORDO - BUSINESS RELATIONSHIP												
FORM 990, PART VI, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS REVIEWED IN DETAIL BY MANAGEMENT. A COPY OF THE FORM 990 IS THEN PROVIDED TO EVERY MEMBER OF THE GOVERNING BODY PRIOR TO FILING.												
FORM 990, PART VI, LINE 12C	CONFLICT OF INTEREST POLICY	AMERICAN NICARAGUAN FOUNDATION HAS ADOPTED A CONFLICT OF INTEREST POLICY THAT REQUIRES THE MEMBERS OF THE BOARD TO SUBMIT A CONFLICT OF INTEREST DISCLOSURE STATEMENT. ONCE THE STATEMENTS ARE COMPLETED THE RESPONSES ARE REVIEWED AND IT IS DETERMINED WHETHER OR NOT THERE ARE ANY POTENTIAL CONFLICTS OF INTEREST. IF AN ACTUAL CONFLICT OF INTEREST IS DETERMINED TO EXIST, THAT PERSON IS EXCLUDED FROM ANY DECISIONS OR ACTIONS REGARDING THE CONFLICTING ISSUE.												
FORM 990, PART VI, LINE 15A	PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED AND APPROVED BY THE ADMINISTRATION COMMITTEE, WHICH IS A COMMITTEE OF BOARD MEMBERS. THE COMMITTEE USES COMPARABILITY DATA TO ENSURE COMPENSATION IS REASONABLE AND DOCUMENTS THE DECISIONS AND DELIBERATIONS IN THE EMPLOYEE'S FILE AND COMMITTEE MINUTES. THE COMPENSATION REVIEW AND APPROVAL IS DONE ANNUALLY.												
FORM 990, PART VI, LINE 15B	PART VI, LINE 15B	THERE ARE NO OTHER OFFICERS OR KEY EMPLOYEES WHO RECEIVE COMPENSATION. THE FORM 990 INSTRUCTIONS INDICATE WHEN THIS QUESTION IS NOT APPLICABLE IT SHOULD BE ANSWERED "NO".												
FORM 990, PART VI, LINE 19	REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH THE STATE OF FLORIDA. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE CONFLICT OF INTEREST POLICY IS NOT A REQUIRED DISCLOSURE PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104 AND IS NOT AVAILABLE TO THE PUBLIC AT THIS TIME.												
FORM 990, PART VIII, LINE 2F	OTHER REVENUES	<table border="1"> <thead> <tr> <th>Description</th> <th>Business Code</th> <th>(A) Total Revenue</th> <th>(B) Related or Exempt Function Revenue</th> <th>(C) Unrelated Business Revenue</th> <th>(D) Revenue Excluded from Tax Under Sections 512, 513, or 514</th> </tr> </thead> <tbody> <tr> <td>OTHER REVENUE</td> <td>900099</td> <td>544,644</td> <td>544,644</td> <td></td> <td></td> </tr> </tbody> </table>	Description	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax Under Sections 512, 513, or 514	OTHER REVENUE	900099	544,644	544,644		
Description	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax Under Sections 512, 513, or 514									
OTHER REVENUE	900099	544,644	544,644											