** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	ror m	e 2013 calendar year, or tax year beginning	ana enaing		
В	Check if applicab	le: C Name of organization		D Employer identifi	cation number
	Addre				
	Name chan	Doing Business As		52-0	848769
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		<u> </u>
	Termi ated	1424 K STREET, NW	700	(202)628-3300
	Amer returr	City or town, state or province, country, and ZIP or foreign postal code	•		8,734,563.
	Appli tion	Ca- WASHINGTON, DC 20005		H(a) Is this a group re	eturn
	pend	F Name and address of principal officer: STEPHEN VETTER		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a))(1) or 527		list. (see instructions)
		te: NWW.PARTNERS.NET		H(c) Group exemption	
K	Form o	f organization: X Corporation Trust Association Other	∟ Year		A State of legal domicile: DC
	art I	Summary	•	•	<u> </u>
_	<u> 1</u>	Briefly describe the organization's mission or most significant activities: SEI	E PART :	III, LINE 1.	
Activities & Governance		,			
rna	2	Check this box if the organization discontinued its operations or discontinued its operations.	sposed of mor	e than 25% of its net as	ssets.
Š	3			з	13
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1			12
S	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			38
ij	6	Total number of volunteers (estimate if necessary)			5000
Ę	7a	Total unrelated business revenue from Part VIII, column (C), line 12			27,958.
⋖		Net unrelated business taxable income from Form 990-T, line 34			22,538.
_		,		Prior Year	Current Year
ø)	8	Contributions and grants (Part VIII, line 1h)		9,646,690.	8,447,792.
ğ	9	Program service revenue (Part VIII, line 2g)		21,938.	226,753.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		29,130.	28,039.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<7,315.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1		9,690,443.	8,734,563.
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,282,673.	291,861.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-		2,378,302.	3,257,706.
Expenses	16a			0.	0.
g	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 35	,719.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,648,766.	4,544,966.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,309,741.	8,094,533.
	19	Revenue less expenses. Subtract line 18 from line 12		3,380,702.	640,030.
Net Assets or Fund Balances	3			eginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		17,086,892.	18,456,327.
ASS	21	Total liabilities (Part X, line 26)		1,361,255.	2,090,660.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		15,725,637.	16,365,667.
P	art II	Signature Block			, ,
Unc	ler pen	alties of perjury, I declare that I have examined this return, including accompanying sche	dules and staten	nents, and to the best of m	y knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of			•
Sig	ın	Signature of officer		Date	
He		► STEPHEN VETTER, CEO/PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	ANDREAS ALEXANDROU, CPA		if self-employ	P01330558
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	52-1392008
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 6501	Ŋ		
	•	BETHESDA, MD 20814-2930		Phone no. (3	01) 951-9090
— Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)		11	X Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PARTNERS OF THE AMERICAS (PARTNERS) IS A NETWORK OF CITIZENS FROM
	LATIN AMERICA, THE CARIBBEAN AND THE UNITED STATES, WHO VOLUNTEER TO
	WORK TOGETHER TO IMPROVE THE LIVES OF PEOPLE ACROSS THE REGION,
	THROUGH NONPOLITICAL, COMMUNITY-BASED ACTIVITIES.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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? 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 \$ 2,994,431. including grants of \$ 291,861.) (Revenue \$ 189,253.)
	YOUTH AND EDUCATION: PARTNERS BRINGS TESTED METHODOLOGIES, EXPERIENCED
	STAFF, LESSONS LEARNED AND CREATIVE, PROACTIVE STRATEGIES TO THE AREAS
	OF YOUTH DEVELOPMENT, YOUTH LEADERSHIP, AND CHILDREN'S RIGHTS. FOR THE
	PAST 49 YEARS, PARTNERS HAS ENGAGED NEARLY 5,000 YOUTH LEADERS FROM
	OVER 20 LATIN AMERICA AND CARIBBEAN (LAC) COUNTRIES IN VARIOUS YOUTH
	LEADERSHIP AND ENGAGEMENT PROGRAMS WHICH EQUIP THEM TO BECOME
	RESPONSIBLE CITIZENS IN THEIR COMMUNITIES. THESE PROGRAMS HELP YOUTH
	BUILD LEADERSHIP SKILLS, MUTUAL UNDERSTANDING BETWEEN CULTURES, AND A
	COMMITMENT TO SERVICE, AND ENSURE LONG-TERM ENGAGEMENT THROUGHOUT THEIR
	LIVES. PARTNERS ALSO BELIEVES THAT BY ADDRESSING POVERTY AND LACK OF
	EDUCATION YOU CAN DECREASE CHILD LABOR. PARTNERS HAS COMBATED THIS
	ESCALATING CRISIS AND IMPROVED SOCIAL AND PSYCHOLOGICAL SERVICES TO
4b	(Code:) (Expenses \$ 2,764,484 • including grants of \$) (Revenue \$
	AGRICULTURE AND ENVIRONMENT - PARTNERS BELIEVES THAT BY EMPOWERING
	FARMERS, AGRIBUSINESSES, AND RURAL INSTITUTIONS TO IMPROVE PRODUCTION,
	PROCESSING, AND MARKETING, THEY CAN HELP ADDRESS THE CHALLENGES OF FOOD
	SECURITY IN THEIR OWN COUNTRIES. AGRICULTURAL DEVELOPMENT AND FOOD
	SECURITY ARE CRITICAL ISSUES AND WITH THE INCREASING GLOBAL CONCERN,
	PARTNERS IS MAKING A DIFFERENCE THROUGH OUR PROGRAMS THAT PROVIDE
	TECHNICAL ASSISTANCE AND TRAINING, HELP STRENGTHEN VALUE CHAINS
	LINKAGES, PROMOTE ORGANIZATIONAL DEVELOPMENTS, ALL WHILE PROTECTING THE
	ENVIRONMENT. PARTNERS HAS IMPLEMENTED AGRICULTURE PROGRAMS FOR MORE
	THAN 20 YEARS IN 24 COUNTRIES IN LATIN AMERICA, THE CARIBBEAN, AND
	AFRICA. CLOSE TO 2,000 TECHNICAL EXPERTS HAVE TRAVELED ON ASSIGNMENTS
	TO WORK WITH 1,800 AGRIBUSINESSES, COOPERATIVES, UNIVERSITIES, AND
4c	1 002 514
	EXCHANGES AND FELLOWSHIPS - IN ITS 49 YEAR HISTORY, PARTNERS HAS
	ARRANGED MORE THAN 40,000 EXCHANGES FOR PARTICIPANTS REPRESENTING A
	WIDE ARRAY OF ETHNIC, CULTURAL AND LINGUISTIC BACKGROUNDS. THROUGH
	EXCHANGES, PARTNERS PROVIDES PARTICIPANTS WITH INSIGHTS INTO OTHER
	SOCIETIES AND CULTURES AND NURTURES THE DEVELOPMENT OF PEOPLE WHO HAVE
	EMERGED AS LEADERS IN GOVERNMENT AGENCIES, NONPROFIT ORGANIZATIONS AND
	PRIVATE BUSINESSES. EXCHANGES AND FELLOWSHIPS PROVIDE A FOUNDATION FOR
	LONG-TERM ENGAGEMENT AROUND SPECIFIC ISSUES AND NEEDS AS WELL AS FORM
	NEW UNDERSTANDINGS AMONG CITIZENS ACROSS BORDERS WORKING ON SIMILAR
	CHALLENGES.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 7,562,429.
	Form 990 (2013

Part IV | Checklist of Required Schedules

1 Is the organization described in section 901(c)(S) or 4947((A)) (other than a private foundation? If Yes, "complete Schedule A, 2 X 2 X 3 2 Is the organization requel in decor or indeter political campaign activities on behalf of or in opposition to candidates for public office? If Yes," complete Schedule C, Part II 4 Section 501((Y) organization, Dt the organization engage in lobbying activities, or have a section 501((Y) election in effect or indeter politic formal Pt Yes," complete Schedule C, Part II 5 Is the organization a section 501((Y) (S) (Ot(S)), or 501((Y) (Organization that receives membership dues, assessments, or similar amounts as defined in Review (Province Province Schedule C, Part II 6 Dd the organization an anxion of organization described in a consume that the provide activities on the described in or investment of amounts in such funds or accounts? If Yes," complete Schedule D, Part II 7 Dd the organization maintain any donor advised funds or any similar funds or accounts? If Yes," complete Schedule D, Part II 8 Dd the organization maintain collections of works of art, historical freasures, or other similar assessor? If Yes," complete Schedule D, Part II 9 Dd the organization maintain and part II Yes," complete Schedule D, Part II 10 Dd the organization organization amount in Part X, line 21, for escrove or custodial account liability, serve as a custodian for amounts in such itself in Part X, or though a related organization, organization provide credit consessing, debt management, credit repair, or debt negotiation services? 11 Yes," complete Schedule D, Part IV 12 Dd the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes," complete Schedule D, Part X VII. VII. VII. X, to X as applicable. 2 Dd the organization report an amount for investments - other securities in Part X, line 10? If Yes, complete Schedule D, Part X VII. All X VIII.				Yes	No
2 Is the organization required to complete Schedule of Contributions 3 Indifferent principles defined or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4 Section 501(c/R) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization as ection 501(c/R) os 10(c/R) or 501(c/R)	1				
3 Life the organization engage in direct to indirect political campaign activities on behalf of or in opposition to candidates for public officer if "Yes," complete Schedule C, Part I					
A Section 501(kg) organizations. Did the organization engage in lobbying activities, or have a section 501(k) election in effect during the tax year? If "Yes," complete Schedule C, Part If 4	2		2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes, "complete Schedule C, Part II I St be organization as section 501(h)(e), 501(h)(s) or 501(h)(s) organization that receives memberahip dues, assessments, or similar amounts as defined in Revenue Procedure 89.19? If "Yes," complete Schedule C, Part II I Did the organization realistical any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I Did the organization received he hold a conservation assernet, including easements for preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or rother similar assets? If "Yes, complete Schedule D, Part II Did the organization or including collections of years or a substantial or amounts not listed in Part X: or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV and the organization of the service or any of the following questions is "Yes," then complete Schedule D, Part V as asplicable. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, ine 16? If "Yes," complete Schedule D, Part VI II If the organization report an amount for investments - other socurities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 15 that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II Did the organization report an amount for investments - program related in Part X, line 16? If "Yes," complete Schedule D, Part X II Did the organization is liability for uncertain	3		3		х
5 Is the organization a section 501(c)(4), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 9.8179 if "Yes," complete Schedule C, Part III	4				
5 Is the organization a section 501(c)(4), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 9.8179 if "Yes," complete Schedule C, Part III		during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 for Wes, "complete Schedule D, Part II 10 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 10 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III 10 Did the organization of amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization of amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 11 If the organization or any of the following questions is "Yes," then complete Schedule D, Part V 12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 12 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 12 If the organization report an amount for investments - program rolated in Part X, line 10? If "Yes," complete Schedule D, Part V 13 If the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 14 If the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 14 If the organization is behalved in Part X, line 16? If "Yes," organization seport 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	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		Х
The interviorment in historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	6				
bit the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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? If "Yes," complete Schedule D, Part IV 10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI, III, IX, or X as applicable. 10 Id the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 If X 11 If the organization report an amount for investments or the securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 D Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 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? If "Yes," complete Schedule D, Part VI 11 D Did the organization in separate, independent audited financial statements for the tax year include a footnote that addresses the organization in slability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12 D Did the organization in asset and in a more than 48 (ASC 740)? If "Yes," complete Schedule D, Part X 13 Is the organization in accordance of the complete Schedule E, Parts II and IV 14 D Did the organization in part A line organization experted Schedule E, Parts	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
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If "Yes," complete Schedule D, Part IV 10 10 10 10 10 10 10 1	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
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If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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? If "Yes," complete Schedule D, Part VIII 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? If "Yes," complete Schedule D, Part VIII 11c	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X		complete Schedule G, Part III	19		
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2013)

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			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
لہ	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24u		
ZJa	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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? If so,			
	complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		Х
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):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Λ
С	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? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34	Х	
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		Х
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	38	X	

Form **990** (2013)

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

Service the number reported in Box 3 of Form 1008. Enter 0- if not applicable 1a		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W2G included in line 1s. Enter 6-bill not applicable 10 0 0 0 0 0 0 0 0						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter o I find applicable OI bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. 38 38 38 38 38 39 39 39	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	14			
column to the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize withorises. 2a Effect 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. 3 In the state one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In the state one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In the state one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In the state one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In the state one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In the state of the state of the state of the state one is reported on line 2a, did the organization file state of the state and the state of the state and the state of the organization state of the organization had at the state of the organization of the state of the state of the state of the organization state of the organization state of the organization file form 886/61? 4 If "Yes," It line 5 a or 5b, did the organization file Form 886/61? 5 Organization state may receive deductible as charitately contributions? 5 Organization state may receive deductible contributions under section 170(c). 5 If the organization state may receive deductible contributions and partly for poots and services provided to the state of the state of the organization that may receive deductible contributions and state o	b		1b	0			
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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			X
Sec	tion 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 1a 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
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?	2		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion 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?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	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			77
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion 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) and the section 501(c) (3)s only) and 500-T (Section 501(c)(3)s only) and 500-T (Se	availab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X 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, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza HORACIO CORREA, $JR \cdot -202-637-6220$	tion:		
	1424 K STREET, NW, #700, WASHINGTON, DC 20005			
	1121 A DIALLI, NW, WIOU, WARRINGTON, DC 20003			

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.

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

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

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KAREN GRAHAM CHAIR	2.00	х		Х				0.	0.	0.
(2) HARRY E. WING	2.00	77							0.	0.
VICE CHAIR	2.00	x		х				0.	0.	0.
(3) JAN BRUMMOND	2.00									
TREASURER	2.00	х		Х				0.	0.	0.
(4) WAYNE CHANCE	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) EUGENIO BUENAVENTURA	2.00									
DIRECTOR		Х						0.	0.	0.
(6) ERIK BRAND	2.00									
DIRECTOR	2.00	Х						0.	0.	0.
(7) JOSE MARIO CORONA D.	2.00	,,								0
DIRECTOR	2.00	Х						0.	0.	0.
(8) SAM F. DREW JR DIRECTOR	2.00	х						0.	0.	0.
(9) ROSEMARY LE BRETON	2.00						\vdash	0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(10) RAAIDA MANNAA	2.00	23							•	
DIRECTOR		х						0.	0.	0.
(11) LISA MARTIN	2.00									
DIRECTOR		х						0.	0.	0.
(12) TIBERIO PAULA PEDROSA MONTEIRO	2.00									
DIRECTOR		Х						0.	0.	0.
(13) STEPHEN VETTER	40.00									
PRESIDENT	5.00	Х		Х				192,014.	0.	31,675.
(14) HORACIO CORREA JR.	40.00							100.110		
CFO	5.00			Х				122,119.	0.	27,722.
				_			\vdash			
		1								
				_				L		- 000

Form **990** (2013)

Name and title Average hours per week	Part VII Section A. Officers, Directors, Tru (A)	(B)	<u>,</u>		(C		5	<u> </u>	(D)	(E)			(F)	
Nours per Nou														
(list any hours for related organizations) hours for related organizations (W.2/1099-MISC) compensation (W.2/1099-MISC) compensation and related organizations (W.2/1099-MISC) compensation (W.2/1099-MISC) compensation and related organizations (W.2/1099-MISC) compensation (W.2/1099-MISC) compensation and related organizations and related organizations (W.2/1099-MISC) compensation (W.2/1099-	Name and title	· .		not c	heck I	more	than			•				
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organizations of the properties of the properti		hours for	r direc				pa		organization	(W-2/1099-MIS	SC)		•	
1b Sub-total C Total from continuation sheets to Part VIII, Section A D 314 , 133 . O 59 , 397 C Total from continuation sheets to Part VIII, Section A D 0 . S 314 , 133 . D 59 , 397 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 S Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a/1 "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization greater than \$150,000 ff "Yes," complete Schedule J for such individual 3 2 Soction B. Independent Contractors 1 Complete this table for your five highest compensation from any unrelated organization or individual for services reading to the organization. Report compensation from the organization or individual for services reading with or within the organization from the organization or individual for services. S S Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services reading with or within the organization or individual for services. S S S S S S S S S S S S S S S S S S S			stee o	ustee			ensat		(W-2/1099-MISC)			org	anizat	ion
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1b Sub-total			ividu	fitutio	cer	emp	hest	mer				orga	anizati	ons
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\$100,000 of compensation from the organization 0	Name and busines	s address	NO	INC	3				Description of s	ervices	C			n
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	·		not li	mite	d to		_	sted	d above) who received n	nore than				

Form	1 <u>990 (</u>	$(2013) \qquad \qquad \mathbf{PARIN}$	FK9 Ot I	UE WMEKI	CAS, INC.		32-0040	709 Page 9
Pa	rt VII							
		Check if Schedule O conta	ains a response	or note to any lin	ne in this Part VIII	(5)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grant similar amounts not included above	1c 1d ons) 1e 8 , s, and re	20,563. 380,181. 47,048.	8,447,792.			
				Business Code		100 050		
<u>:</u>	2 a		TRACTS	900099	189,253.	189,253.		
er o	b	GRANT MGMT FEE		900099	37,500.	37,500.		
en S	С							
Program Service Revenue	d							
rog	е							
_ □	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		>	226,753.			
	3	Investment income (including	dividends, inter	est, and	00 000		05 050	
		other similar amounts)			28,039.		27,958.	81.
	4	Income from investment of tax		•				
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
		1						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		<u></u>				
e e	8 a	Gross income from fundraising	g events (not					
enr		including \$	of					
3eV		contributions reported on line	1c). See					
er		Part IV, line 18						
Other Revenue	b	Less: direct expenses	b					
	С	Net income or (loss) from fund	raising events	_				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities	·····				
	10 a	Gross sales of inventory, less	returns					
		and allowances						
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales	s of inventory					
		Miscellaneous Revenue		Business Code				
	11 a	MISCELLANEOUS I		900099	33,921.			33,921.
	b	BOOK ADJ. TO K-	1 INC.	900099	<1,942.	>		<1,942.>
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		•	31,979.			

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				'
•	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
Ŭ	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	291,861.	291,861.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3		373,530.		373,530.	
6	trustees, and key employees Compensation not included above, to disqualified	37373333		37373331	
O	persons (as defined under section 4958(f)(1)) and				
	narrana described in section 40E0(a)(2)(D)				
7		2,441,755.	1,806,089.	614,042.	21,624
7	Other salaries and wages	4, ==1, / J J •	1,000,009.	014,044.	21,024
8	Pension plan accruals and contributions (include	114,581.	96,394.	17,033.	1 15/
_	section 401(k) and 403(b) employer contributions)	184,611.	138,610.	44,342.	1,154 1,659
9	Other employee benefits	143,229.	93,866.	48,239.	1,124
10	Payroll taxes	143,229.	93,000.	40,239.	1,124
11	Fees for services (non-employees):				
а					
b	Legal	50 045	1 250	55 405	
	Accounting	58,847.	1,350.	57,497.	
d	Lobbying				
е	, ,				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	403,850.	163,362.	240,201.	287
12	Advertising and promotion	5,000.	3,025.	1,866.	109
13	Office expenses	248,470.	103,508.	139,553.	5,409
14	Information technology				
15	Royalties				
16	Occupancy	369,621.	177,481.	192,140.	
17	Travel	1,566,466.	1,299,425.	266,504.	537
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	131,175.	110,082.	21,093.	
20	Interest	52,687.		52,687.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,750.		23,750.	
23		25,338.	2,409.	22,929.	
24	Other expenses, Itemize expenses not covered	==,5551	=, = 00	==,,,,	
	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 0.)				
а	ATTOO OF MOME COEM	<8,114.	> 1,703,461.	<1,711,575.>	
a b	FOREIGN SUBCONTRACTORS	1,316,477.	1,316,477.	,:,0,0	
C	STIPENDS	57,839.	34,989.	21,591.	1,259
d	EQUIP. REPAIRS	56,971.	56,971.	21,351	1,200
		236,589.	163,069.	70,963.	2,557
	All other expenses	8,094,533.	7,562,429.	496,385.	35,719
25		0,004,000	1,304,443.	±,0,,000.	33,113
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2013

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			60,437.	1	73,946.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		15,650,399.	3	16,804,358.	
	4	Accounts receivable, net	24,795.	4	57,497.		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	14958(c	(3)(B), and contributing			
		employers and sponsoring organizations of sections	tion 501	(c)(9) voluntary			
į į		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			32,499.	7	64,998.
⋖	8	Inventories for sale or use				8	
	9	B			85,520.	9	194,769.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	336,198.			
	b	Less: accumulated depreciation		296,283.	63,665.	10c	39,915.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line	18,270.	12	18,270.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,151,307.	15	1,202,574.
	16	Total assets. Add lines 1 through 15 (must equ			17,086,892.	16	18,456,327.
	17	Accounts payable and accrued expenses			625,563.	17	1,050,253.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
sa	22	Loans and other payables to current and former	officers	s, directors, trustees,			
≜		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela			735,692.	23	1,040,407.
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	3 17-24).	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,361,255.	26	2,090,660.
		Organizations that follow SFAS 117 (ASC 958	3), checl	k here ▶ 🔼 and			
es		complete lines 27 through 29, and lines 33 an					
arc	27	Unrestricted net assets			<401,258.		<578,974.
ğ	28	Temporarily restricted net assets		16,126,895.	28	16,944,641.	
2	29	•				29	
로		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶Ш			
p		and complete lines 30 through 34.					
jets	30	Capital stock or trust principal, or current funds				30	
ASS	31	Paid-in or capital surplus, or land, building, or ed	quipmen	t fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		_	45 -4	32	4.6.4.
۱ ۲	33	Total net assets or fund balances			15,725,637.	33	16,365,667.
	34	Total liabilities and net assets/fund balances			17,086,892.	34	18,456,327.

Form **990** (2013)

Pa	rt 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				<u>63.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	8			33.
3	Revenue less expenses. Subtract line 2 from line 1	3				30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15	,72	5,6	37.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	16	, 36	5,6	67.
Pa	rt 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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	it			
	Act and OMB Circular A-133?			За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audi	it [
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X	1

Form **990** (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

> PARTNERS OF THE AMERICAS, INC.

Employer identification number 52-0848769

Part I	Reason	for Public Char	fity Status (All organiz	ations mu	st complet	te this part	t.) See inst	ructions.				
The organ	nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1	A church, cor	nvention of churche	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗌	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) . A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name,											
4	•	•	•					(b)(1)(A)(ii	i). Enter	the hospit	al's nan	ne.
• —	city, and stat	-	,						•			,
5 🔲	-		benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ned in		
• <u> </u>	-	(b)(1)(A)(iv). (Comple		iiroioity o		oratoa o j	a govern	morrial am	. 4000110	, ca		
6			,	t dogariba	d in coati a	n 170/h)/-	1\/ A\/\ ₄ \					
6 L 7 X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.)											
•	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9 🗌						rom contri	hutiana m	a a maha wahi	n food o	nd aross	raasinta	from
9 📖			eives: (1) more than 33 1									
			nctions - subject to certa									
			axable income (less sect	lion o i i ta	x) Irom bu	Siriesses a	acquired b	y trie orga	mzation	arter June	; 30, 197	75.
40		509(a)(2). (Complete			:		F00/-V/					
10	-	-	perated exclusively to te	-	•			-	4 4			
11 📖	•		perated exclusively for the						•			or
			ations described in section		•	, , ,	2). See se 0	tion 509(a)(3). Cn	eck the bo	ox that	
			organization and comple		-		_		- III - NI		-0	
	a		•	ype III - Fu	•	-		,,		n-function	, ,	•
e 📖			at the organization is not									
			han one or more publicly						9(a)(1) or	section 5	J9(a)(2).	
f			tten determination from t					e III				
	•	rganization, check th										. Ш
g			organization accepted ar								[_V	Τ
			lirectly controls, either al								Yes	No
			upported organization?									├─
			n described in (i) above?									├─
			person described in (i) o							11g(i	ii) <u> </u>	<u> </u>
h	Provide the fo	ollowing information	about the supported org	ganization	(S).							
		Ι	İ	(C-A) - 4		(-) Dist		(vi) le	tho			
` '	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis	rganization		ion in col.	(vi) Is organizațio	on in col.	(vii) Amoເ		netary
org	anization				document?			(i) organiz U.S	ed in the I	S	upport	
			(see instructions))	Yes	No	Yes	No	Yes	No			
				163	NO	163	NO	163	NO			
Fotal												

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and						• •	
	membership fees received. (Do not							
	include any "unusual grants.")	7,225,717.	5,711,099.	10,696,720.	9,646,690.	8,447,792.	41,728,018.	
2	Tax revenues levied for the organ-							
	ization'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	7,225,717.	5,711,099.	10,696,720.	9,646,690.	8,447,792.	41,728,018.	
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)							
6	Public support. Subtract line 5 from line 4.						41,728,018.	
	ction B. Total Support			•				
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7	Amounts from line 4	7,225,717.	5,711,099.	10,696,720.	9,646,690.	8,447,792.	41,728,018.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	20,153.	56,612.	23,332.	29,130.	81.	129,308.	
9	Net income from unrelated business		-	-			-	
	activities, whether or not the							
	business is regularly carried on		26,340.	20,479.	20,695.	22,538.	90,052.	
10	Other income. Do not include gain		-	-		-	-	
	or loss from the sale of capital							
	assets (Explain in Part IV.)	23,046.	70,688.	70,712.	<7,315.	> 31,979.	189,110.	
11	Total support. Add lines 7 through 10		-		_		42,136,488.	
	Gross receipts from related activities,	etc. (see instruction	ons)			12	451,710.	
	First five years. If the Form 990 is for					n 501(c)(3)		
	organization, check this box and stop							
Se	ction C. Computation of Publ	ic Support Pe	rcentage				•	
14	Public support percentage for 2013 (l	line 6, column (f) di	vided by line 11, c	olumn (f))		14	99.03 %	
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	98.68 %	
	33 1/3% support test - 2013. If the o					nore, check this bo	x and	
	stop here. The organization qualifies	as a publicly supp	orted organization				X	
b	33 1/3% support test - 2012. If the o							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□	
17a	and stop here. The organization qualifies as a publicly supported organization 7a 10% -facts-and-circumstances test - 2013. 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 "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pa	rt IV how the organ	nization	
	meets the "facts-and-circumstances"					-		
b	10% -facts-and-circumstances tes							
	more, and if the organization meets the	-						
	organization meets the "facts-and-circ							
18	Private foundation. If the organization							
	J		,	. , , ,	•			

Schedule A (Form 990 or 990-EZ) 2013

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	now, prodec com	proto r art my				
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax vear as a sectic	on 501(c)(3) organiz	ation.
check this box and stop here	•		•	•		
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	:012 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2012. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	า did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	<u> </u>

chedule A	(Form 990 or 990	0-EZ) 2013 🗜	ARTNERS	OF THE	AMERICAS	, INC.	52-0848/69 Pa
Part IV	Supplement	tal Informa	ation. Provide	the explanati	ions required by Pa	art II, line 10; Part II,	line 17a or 17b; and Part III, line 12.
	Also complete t	this part for a	ny additional inf	ormation. (Se	ee instructions).		

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

PARTNERS OF THE AMERICAS, INC.

OMB No. 1545-0047

Name of the organization

Employer identification number

52-0848769

Organization type (check one):									
Filers of:	ilers of: Section:								
Form 990 or 9	990-EZ X 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								
Note. Only a General Rule For a cont	an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ributor. Complete Parts I and II.								
Special Rule	S Control of the cont								
509(a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% e amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.								
total	a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or prevention of cruelty to children or animals. Complete Parts I, II, and III.								
cont If thi purp	a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, ributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. In some solutions that were received during the year for an exclusively religious, charitable, etc., ose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ous, charitable, etc., contributions of \$5,000 or more during the year								
	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), aswer "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								

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

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

PARTNERS OF THE AMERICAS, INC.

52-0848769

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization **Employer identification number**

PARTNERS OF THE AMERICAS, INC.

52-0848769

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
\neg		_	
453 10-24-	-13	\$Schedule B (Form	 990, 990-EZ, or 990-PF) (20

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number PARTNERS OF THE AMERICAS INC. 52-0848769 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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 (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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.

► Attach to Form 990.

Info<u>rmation about Schedule D (Form 990) and its instructions is at www.irs.gov/form990</u>

2013
Open to Public Inspection

Name of the organization

PARTNERS OF THE AMERICAS, INC.

Employer identification number 52-0848769

Par	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	• •		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certifi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d			
	listed in the National Register		I I
3	Number of conservation easements modified, transferred, rel		
	year >	, ,	
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	he year > \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes th	ne organization's accounting for
	conservation easements.		
Par	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publ	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treatment	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051

Schedule D (Form 990) 2013

		OF THE A			Oth -			48/6		age 2
Pai	t III Organizations Maintaining Co									
3	Using the organization's acquisition, accession	on, and other record	s, check any of t	he following tha	at are a si	gnificant u	se of its	collectio	n item	ıs
	(check all that apply):									
а	Public exhibition	d	Loan or e	exchange progra	ams					
b	Scholarly research	е	U Other							
С	c Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how they furthe	er the organizati	ion's exer	npt purpos	se in Par	t XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma							Yes		□No
Pai	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Part							,		
12	Is the organization an agent, trustee, custodia		liany for contribut	ions or other as	eete not	included				
Ia								Yes		□No
	on Form 990, Part X?						🗀	⊥ res	L	⊔ INO
D	If "Yes," explain the arrangement in Part XIII a	and complete the to	llowing table:							
								Amoun	<u>t </u>	
	Beginning balance									
	Additions during the year									
е	Distributions during the year					1e				
f	Ending balance									
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				L	Yes	<u> </u>	∐ No
b	If "Yes," explain the arrangement in Part XIII.							<u></u>		
Pai	t V Endowment Funds. Complete if	the organization an	swered "Yes" to	Form 990, Part	IV, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance									
	Contributions									
c	Net investment earnings, gains, and losses									
q	Grants or scholarships									
	Other expenditures for facilities									
-	•									
	and programs							├──		
f	Administrative expenses				-					
g	End of year balance									
2	Provide the estimated percentage of the curre	•	e (line 1g, colum	n (a)) held as:						
а	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are hel	d and administe	ered for th	ne organiza	ation			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations							3b		
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipme									
	Complete if the organization answered		Part IV line 11a	See Form 990	Part X I	ine 10				
	Description of property					cumulated	,	(d) Poo	le volu	
	Description of property	(a) Cost or or basis (investn		ost or other sis (other)	` '	reciation	'	(d) Bool	k valu	е
	Land	<u> </u>	Date Date	515 (Ott 161 <i>)</i>	uep	- COIALIUI I				
	Land									
	Buildings			22 410		10 20			2 ^	24
	Leasehold improvements			33,412.		10,38				24.
d	Equipment			302,786.	2	85,89	5.	$\underline{}$	6,8	91.
<u>e</u>	Other									
Total	. Add lines 1a through 1e. (Column (d) must eq	qual Form 990, Part	X, column (B), lin	e 10(c).)				3	9,9	<u> 15.</u>

Schedule D (Form 990) 2013

Schedule D	(Form 990) 2013	PARTNERS C	OF THE	AMERICAS,	INC.	52-0848769	Page
Part VII	Investments -	Other Securities.					

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	to Form 990, Part IV, line (b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	-of-vear market value
(4) =	(b) Book value	(c) Welliod of Valuation. Cost of end	-or-year market value
(1) Financial derivatives (2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	e 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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	to Form 000 Dort IV line	- 11d Cos Farm 000 Part V line 15	
Complete if the organization answered "Yes"	to Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) PROGRAM ADVANCES	Sescription		249,288.
(1) TROCKINI TIBVINOED			15,648.
(3) DUE FROM PARTNERS OF THE	AMERICAS FOU	NDATION	937,638.
(4)		1,5111 1 011	337,70301
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	1,202,574.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	e 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			
 Liability for uncertain tay positions. In Part XIII. provide 	the text of the footnote	to the organization's financial statements t	hat ranorte tha

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 X

Schedule D (Form 990) 2013

Sche	dule D (Form 990) 2013 PARTNERS OF THE AMERICAS, INC.	52-	0848769 Page
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Returi	า.
	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	9,995,091
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,260,528

8,734,563 Subtract line 2e from line 1 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

b Other (Describe in Part XIII.)

c Add lines 4a and 4b 4c 8,734,56 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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	9,355,061.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,260,528.		
b		2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,260,528.
3	Subtract line 2e from line 1			3	8,094,533.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	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	8,094,533.

Part XIII Supplemental Information.

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

PART X, LINE 2:

EXPLANATION: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011, POA HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS. THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED.

Schedule D (Form 990) 2013	PARTNERS OF	THE	AMERICAS,	INC.	52-0848769	Page 5
Schedule D (Form 990) 2013 Part XIII Supplemental Info	rmation (continued)					
	(11111)					
-						
-						

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

Department of the Treasury ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service

OMB No. 1545-0047 Open to Public Inspection

Name	of the	organization

Employer identification number

PARTNERS OF THE				52-084876	
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organization answered "	Yes" on
Form 990, Part I\					
			ds to substantiate the amount of its gr		
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? 🔼	Yes No
0 Fan amantanalama Daga	other to Deat Vale				
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance out	side the
	he following Part	· I line 3 table ca	an be duplicated if additional space is	needed)	
(a) Region	(b) Number of		(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
(4) 1.09.0	offices	employees	(by type) (e.g., fundraising, program	is a program service,	expenditures
	in the region	agents, and independent	services, investments, grants to	describe specific type	for and investments
		contractors in region	recipients located in the region)	of service(s) in region	in region
CENTRAL AMERICA AND				NUTRITION/AGRICULTURE	
THE CARIBBEAN	2	43	PROGRAM SERVICES	AND YOUTH TRAINING	1,800,801.
COLUMN AMERICA	_	,	DDOGDAM GEDUTGEG	YOUTH TRAINING AND	220 625
SOUTH AMERICA	1	4	PROGRAM SERVICES	FELLOWSHIPS & EXCHANGES	228,625.
CENTRAL AMERICA AND			GRANTS TO RECIPIENTS		
THE CARIBBEAN	0	0	LOCATED IN REGION		136,861.
					, -
			GRANTS TO RECIPIENTS		
SOUTH AMERICA	0	0	LOCATED IN REGION		155,000.
3 a Sub-total	3	47			2,321,287.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					0 201 20-
and 3b)	3	47			2,321,287.

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

Schedule F (Form 990) 2013

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)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	AWARDS TO					
		AND THE CARIBBEAN	UNIVERSITIES	125,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROJECT AWARDS TO PARTNERSHIPS	11,861.	WIRE	0.		
			PROJECT AWARDS TO PARTNERSHIPS	30,000.	WTRE	0.		
			TIMINENETI S	30,000.				
			AWARDS TO UNIVERSITIES	125,000.	WIRE	0.		
						- •		

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

3 Enter total number of other organizations or entities

4 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		(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)

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)	X Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X 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	X 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	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)

(estimated number of recipients), as applicable. Also complete this part to provide any additional information.
PART I, LINE 2:
EXPLANATION: GRANTS ARE MONITORED BY DIFFERENT METHODS, DEPENDING ON THE
NATURE OF THE GRANT. SOME GRANTS ARE PAID UPON RECEIPT OF DELIVERABLES;
OTHERS ARE COST REIMBURSABLE. THE PROGRAM MANAGER OR CHIEF-OF-PARTY
REVIEWS THE SUBMISSION FOR REIMBURSEMENT BEFORE PAYMENT HAS BEEN MADE. AN
ESSENTIAL PART OF THIS REVIEW IS TO DETERMINE THAT THE PROGRAM OBJECTIVES
ARE BEING MET IN A TIMELY MANNER.

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

➤ Attach to Form 990. ➤ See separate instructions.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PARTNERS OF THE AMERICAS, INC.

Employer identification number 52-0848769

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		<u>X</u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		37
	The organization?	5a		$\frac{x}{x}$
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6				
	contingent on the net earnings of:	0-		v
а	The organization?	6a		X
b	Any related organization?	6b		Λ
7	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	7		X
ρ	not described in lines 5 and 6? If "Yes," describe in Part III	1		21
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		Х
a	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	0		21
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	0		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns	(F) Compensation reported as deferred
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in prior Form 990
(1) STEPHEN VETTER	(i)	192,014.	0.	0.	19,505.	12,170.	223,689.	0.
PRESIDENT	(ii)	0.	0.	0.		0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i)							
	(ii)							
_	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2013
Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization

PARTNERS OF THE AMERICAS, INC.

Employer identification number 52-0848769

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

EXPLANATION: THE ORGANIZATION CEASED CONDUCTING ITS CIVIL SOCIETY AND

GOVERNANCE PROGRAM IN FY13.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

VICTIMS OF CHILD LABOR SO THEY CAN BEGIN HEALTHY AND PRODUCTIVE LIVES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PRIVATE FARMERS. PROGRAMS HAVE DIRECTLY BENEFITED OVER 90,000 PEOPLE

AND LEVERAGED MORE THAN \$25,000,000 IN RESOURCES.

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

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

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

EXPLANATION: EACH BOARD MEMBER, OFFICER AND EMPLOYEE OF THE PARTNERS OF THE AMERICAS IS ANNUALLY GIVEN A COPY OF THE PARTNERS OF THE AMERICAS' CONFLICT OF INTEREST POLICY. HE/SHE SIGNS AND RETURNS A COPY TO REFLECT THE ABSENCE OF ANY RELATIONSHIPS OR FINANCIAL INTERESTS DESCRIBED IN THE POLICY OR DISCLOSE ANY WHICH DO OR MAY EXIST.

INTERESTED BOARD MEMBERS OR OFFICERS MAY BE COUNTED IN DETERMINING A QUORUM

AT ANY MEETING OF THE BOARD OF DIRECTORS WHICH AUTHORIZES THE CONTRACT OR

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

Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

Name of the organization PARTNERS OF THE AMERICAS, INC.	Employer identification number 52-0848769
TRANSACTION, PROVIDED, HOWEVER, THAT THE INTERESTED PERSO	N OR PERSONS ARE
EXCLUDED FROM THE ROOM DURING THE DISCUSSION OF THE CONTR	ACT OR TRANSACTION
IN QUESTION AND DURING THE VOTE THEREON.	
FORM 990, PART VI, SECTION B, LINE 15A:	
EXPLANATION: THE CHAIRPERSON OF THE BOARD REVIEWS AND APP	ROVES THE CEO'S
ANNUAL PERFORMANCE. THE REVIEW AND THE RECOMMENDATION FOR	A SALARY INCREASE
IS BASED UPON THE CEO'S SUCCESSFUL COMPLETION OF HIS/HER	PERSONAL AND
ORGANIZATIONAL GOALS. ADDITIONALLY, A PEER REVIEW OF OTHE	R CEOS IN THE NGO
INDUSTRY IS TAKEN IN TO ACCOUNT WHEN SETTING UP HIS/HER C	OMPENSATION. THE
LAST COMPENSATION REVIEW TOOK PLACE IN JANUARY 2013. THE	DELIBERATION AND
DECISION WAS DOCUMENTED IN THE PERSONNEL FILE AND BOARD C	ORRESPONDENCE WITH
FINANCE/ADMINISTRATIVE PERSONNEL.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMEN	TS, CONFLICT OF
INTERST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE	PUBLIC UPON
REQUEST.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ See separate instructions.

Department of the Treasury Internal Revenue Service ▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 OMB No. 1545-0047

Open to Public Inspection

PARTNERS OF THE AMERICAS, INC.						Employer identification number 52-0848769		
Part I Identification of Disregarded Entities Compl	ete if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco		(e) End-of-year assets		(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organ	izations Complete if the organization a	answered "Yes" on Form 990	D, Part IV, line 34 b	ecause it had one	or more	related tax-exer	npt	
organizations during the tax year. (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ect controlling entity	Section 512(b)(13) controlled entity?	
PARTNERS OF THE AMERICAS FOUNDATION - 23-7317884, 1424 K STREET, SUITE 700, WASHINGTON, DC 20005	TO ADVANCE THE SOCIAL ECONOMIC WELL BEING OF THE AMERICAS.	DISTRICT OF COLUMBIA	501(C)(3)			ERS OF THE	Yes	No
						•		

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule	General managi partner	or Percentago ownership
		country)		sections 512-514)		255015	Yes	No	K-1 (Form 1065)	Yes N	0

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
									\vdash
-									
									<u> </u>
									
	l					l	1		

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No						
1 [uring the tax year, did the organization engage in any of the following transaction	s with one or more re	elated organizations listed	in Parts II-IV?									
a F	eceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X						
b (ift, grant, or capital contribution to related organization(s)				1b		Х						
c (ift, grant, or capital contribution from related organization(s)				1c		Х						
	oans or loan guarantees to or for related organization(s)					X							
	oans or loan guarantees by related organization(s)						X						
f [ividends from related organization(s)				1f		X						
g S	ale of assets to related organization(s)				1g		Х						
h F	urchase of assets from related organization(s)				1h		X						
i E	i Exchange of assets with related organization(s)												
jЬ	j Lease of facilities, equipment, or other assets to related organization(s)												
k L	ease of facilities, equipment, or other assets from related organization(s)				1k		Х						
	erformance of services or membership or fundraising solicitations for related orga						Х						
	erformance of services or membership or fundraising solicitations by related orga						Х						
	haring of facilities, equipment, mailing lists, or other assets with related organizati					Х							
	haring of paid employees with related organization(s)					Х							
рF	eimbursement paid to related organization(s) for expenses				1p		Х						
a F	eimbursement paid by related organization(s) for expenses				1g		Х						
-													
r C	ther transfer of cash or property to related organization(s)				1r		Х						
	ther transfer of cash or property from related organization(s)				1s		Х						
	the answer to any of the above is "Yes," see the instructions for information on w						•						
	(a)	(b)	(c)	(d)									
	Name of related organization	Transaction	Amount involved	Method of determining amount in	volved								
		type (a-s)											
1) P.	RTNERS OF THE AMERICAS FOUNDATION	N	0.										
2) PA	RTNERS OF THE AMERICAS FOUNDATION	0	0.										
3) P.	RTNERS OF THE AMERICAS FOUNDATION	D	937,638.	FMV									
4)													
5)													
6)													

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e)	(f) Share of total income	(g) Share of end-of-year assets	(h Dispro tiona allocati Yes	por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes	(k) Percentage ing ownership

2014 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

FOR THE YEAR ENDING

Dranarad for	
Prepared for	PARTNERS OF THE AMERICAS, INC. 1424 K STREET, NW NO. 700 WASHINGTON, DC 20005
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930
Amount of tax	Total Estimated Tax \$ 3,600 Less credit from prior year \$ 0 Less amount already paid on 2014 estimate \$ 0 Balance due \$ 3,600 Payable in full or in installments as follows: Installment Amount Due Date No. 1 \$ NONE REQUIRED
Make check	No.2 \$ NONE REQUIRED No.3 \$ NONE REQUIRED No.4 \$ 3,600 DECEMBER 15, 2014 PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX
Mail voucher and check (if applicable) to	PAYMENT SYSTEM (EFTPS). NOT APPLICABLE
Special Instructions	

Form **990-W**

(Worksheet)

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations (and on Investment Income for Private Foundations)

FORM 990-T

OMB No. 1545-0976

Depai Intern	rtment of the Treasury nal Revenue Service (Keep for y	our reco	rds. Do not send to the l	nternal Revenue Service	.)		
1	Unrelated business taxable income expected in the tax	year				1	
2	Tax on the amount on line 1. See instructions for tax	computa	tion			2	
3	Alternative minimum tax (see instructions)					3	
4	Total. Add lines 2 and 3					4	
5	Estimated tax credits (see instructions)					5	
6	Subtract line 5 from line 4					6	
7	Other taxes (see instructions)					7	
8	Total. Add lines 6 and 7					8	
9	Credit for federal tax paid on fuels (see instructions)					9	
	Subtract line 9 from line 8. Note . If less than \$500, the estimated tax payments. Private foundations, see instreenter the tax shown on the 2013 return (see instruction)	uctions ns) . Cau					
	zero or the tax year was for less than 12 months, skip and enter the amount from line 10a on line 10c			10b	3,381.		
C	2014 Estimated Tax. Enter the smaller of line 10a or I						
	from line 10a on line 10c					10c	3,600.
			(a)	(b)	(c)		(d)
11	Installment due dates (see instructions)	11					12/15/14
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method,						
	the adjusted seasonal installment method, or is a "large organization" (see instructions)	12					3,600.
13	2013 Overpayment (see instructions)	13					
14	Payment due (Subtract line 13 from line 12)	14					3,600.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2014)

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

Prepared for	PARTNERS OF THE AMERICAS, INC. 1424 K STREET, NW NO. 700 WASHINGTON, DC 20005
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930
Amount due or refund	BALANCE DUE OF \$217
Make check payable to	PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS).
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 17, 2014
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Form 990-T		E	xempt Organization Bus			ax Returi	n	OMB No. 1545-0687
		F1	(and proxy tax und					2042
		For cale	endar year 2013 or other tax year beginning Information about Form 990-T and its instruc	tione is	, and ending		<u> </u>	2013
Department of the Trea Internal Revenue Servi		•	Do not enter SSN numbers on this form as it may				١.	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box address ch			Name of organization (Check box if name c				D Empl (Emp	oyer identification number loyees' trust, see uctions.)
B Exempt under s	section	Print	PARTNERS OF THE AMERIC	AS,	INC.		5	2-0848769
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box				E Unrel	ated business activity codes instructions.)
408(e)]220(e)	Type	1424 K STREET, NW, NO.	70	0		(000)	mod dodono.,
529(a)]530(a)		City or town, state or province, country, and ZIP o ${\tt WASHINGTON}$, ${\tt DC}$ ${\tt 20005}$	r foreigi	n postal code		531	390
C Book value of all as	ssets F		exemption number (See instructions.)					
18,456,32			organization type X 501(c) corporation		501(c) trust	401(a) trust		Other trust
			3 -		STATEMENT 1		1	[T T]
			oration a subsidiary in an affiliated group or a parer	ıt-subsi	diary controlled group?	> I	Ye	es X No
			ifying number of the parent corporation.		Talanhan	na mumban N	202	637-6220
			le or Business Income		(A) Income	(B) Expense		(C) Net
1a Gross receipt		mad	ic or business income		(7.)	(D) Expense	•	(6)
b Less returns		ances	c Balance	1c				
			A, line 7)	2				
3 Gross profit.				3				
			n Form 8949 and Schedule D)	4a				
			art II, line 17) (attach Form 4797)	4b				
			ts	4c				
5 Income (loss	s) from part	tnershi	ps and S corporations (attach statement)	5	27,958.	STMT 2	2	27,958.
				6				
			ne (Schedule E)	7				
			nd rents from controlled organizations (Sch. F)	8				
			n 501(c)(7), (9), or (17) organization (Schedule G)					
			me (Schedule I)	10				
11 Advertising ir	ncome (Sc	hedule 	J)	11				
			s; attach schedule.)	12 13	27,958.			27,958.
			gh 12t Taken Elsewhere (See instructions fo					21,930.
			itions, deductions must be directly connected		,	income.)		
14 Compensati	ion of office	ers, dir	ectors, and trustees (Schedule K)				14	
15 Salaries and	d wages						15	
							16	
							17	
							18	1 442
19 Taxes and li	icenses		in the state of the Berlin Harman and a N				19	1,442. 2,478.
20 Charitable co21 Depreciation	ONTRIBUTION	1S (5ee	instructions for limitation rules.)		21		20	2,4/0.
			62) Schedule A and elsewhere on return				22b	
			Schedule A and elsewhere on return				23	
			npensation plans				24	
25 Employee be	enefit proa	ırams					25	
26 Excess exen	npt expens	ses (Sc	hedule I)				26	
27 Excess read	lership cos	ts (Sch	nedule J)				27	
28 Other deduc	ctions (atta	ch sch	edule)		SEE STATE	MENT 3	28	500.
29 Total dedu	uctions. P	Add line	es 14 through 28				29	4,420.
			come before net operating loss deduction. Subtrac	t line 29	from line 13		30	23,538.
			(limited to the amount on line 30)				31	
			come before specific deduction. Subtract line 31 fr				32	23,538.
			\$1,000, but see instructions for exceptions.)				33	1,000.
			income. Subtract line 33 from line 32. If line 33 is	-	*			22 520
IIIIe 32							34	22,538.

323701 12-12-13 LHA For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2013)

						. • •						
Part II	I T	Tax Computation										
35	Orgai	nizations Taxable as Corpora	tions. See ins	structions for tax c	omput	ation.						
	Contr	olled group members (section	is 1561 and 1	1563) check here 🕽	▶ [See instructions	and:					
а	Enter	your share of the \$50,000, \$2	5,000, and \$	9,925,000 taxable	incom	e brackets (in that or	der):					
	(1)	\$	(2) \$			(3) \$						
b		organization's share of: (1) A		tax (not more than	\$11,7			_				
		dditional 3% tax (not more tha						_				
C		ne tax on the amount on line 3							▶ 35c		3,3	81.
36	Trust	s Taxable at Trust Rates. See	instructions	for tax computatio	n Inco	me tax on the amou	nt on line 3	34 from	333		- , -	
•		Tax rate schedule or		•					▶ 36			
37		tax. See instructions							37			
		native minimum tax										
39	Total	. Add lines 37 and 38 to line 35	50 or 36 whi	chavar annliae					39		3,3	81
		Tax and Payments	00 01 00, Will	citevet applies					00	ı	5 , 5	
		gn tax credit (corporations atta	och Form 111	8. truete attach Eo	rm 11	16)	40a					
		rol business eredit Attach Forr	ກ 2000				40c					
		ral business credit. Attach Forn										
		t for prior year minimum tax (a										
e	lotai	credits. Add lines 40a through	n 40a						40e		2 2	01
41	Subtr	act line 40e from line 39						 1	41		3,3	<u>от•</u>
		taxes. Check if from: Fo									<u> </u>	- 1
									43		3,3	<u>81.</u>
		ents: A 2012 overpayment cr						2 00	\rightarrow			
		estimated tax payments						3,20	0 •			
		eposited with Form 8868										
		gn organizations: Tax paid or v										
		up withholding (see instruction										
f	Credi	t for small employer health ins	urance prem	iums (Attach Form	8941)		. 44f					
g	Other	credits and payments:		Form 2439								
		Form 4136		Other								
45	Total	payments. Add lines 44a thro	ugh 44g			······			45		3,2	
46	Estim	ated tax penalty (see instruction	ons). Check it	f Form 2220 is atta	ched	▶ □			46			33.
47	Tax d	lue. If line 45 is less than the to	otal of lines 4	3 and 46, enter am	ount o	wed STA	TEME	NT 4	▶ 47		2	14.
48	Over	payment. If line 45 is larger tha	an the total o	f lines 43 and 46, e	nter a	mount overpaid			▶ 48			
49		the amount of line 48 you war						Refunded	▶ 49			
Part V	<u>, </u>	Statements Regardir	ng Certai	in Activities	and	Other Informa	i tion (see	e instructions)				
1 At a	ny tim	e during the 2013 calendar ye	ar, did the or	ganization have an	intere	st in or a signature or	r other autl	hority over a financial	account	(bank,	Yes	No
secu	ırities,	or other) in a foreign country	? If YES, the	organization may h	ave to	file Form TD F 90-22	2.1, Report	of Foreign Bank and	Financial			
Acco	ounts.	If YES, enter the name of the	foreign count	try here 🕨								X
2 Durir	ig the t S, see i	If YES, enter the name of the ax year, did the organization receive nstructions for other forms the organization.	e a distribution i nization may ha	from, or was it the grains to the grains of the grains.	ntor of,	or transferor to, a foreign	trust?					Х
		amount of tax-exempt interest										
Sched	ule /	A - Cost of Goods S	old. Enter	method of invent	tory v	aluation 🕨 N/	'A					
1 Inve	ntory	at beginning of year	1		6	Inventory at end of	year		6			
2 Puro	hases	s	2		-	Cost of goods sold.						
3 Cost	of lab	oor	3		1	from line 5. Enter he	ere and in F	Part I, line 2	7			
		ection 263A costs (att. schedule)	4a		1 8	Do the rules of secti			··· <u> </u>	•	Yes	No
b Othe	r cost	ts (attach schedule)	4b		1		•	for resale) apply to				
		d lines 1 through 4b	5		1			, 11 3				
		der penalties of perjury, I declare the rrect, and complete. Declaration of p	at I have exami	ned this return, includ	ling acc						s true,	
Sign	со	rrect, and complete. Declaration of p	preparer (other	than taxpayer) is base	d on all	information of which pre	parer has an	y knowledge.				itla
Here		_		1		CEO/PF	RESID	ENT	· 1	RS discuss th arer shown bel		WILII
		Signature of officer		Date		Title				ns)? X Y	` —	□No
		Print/Type preparer's name		Preparer's sign	nature		Date	Check	if P	TIN		
D-:-!		ANDREAS ALEXA	NDROU .			[self- employ		-		
Paid		CPA	. =====					33 3	P01330558			
Prepa		Firm's name ► GELMA	N, ROS	ENBERG &	FF	REEDMAN		Firm's EIN				8
Use O	nıy					SUITE 650)N	5	· · ·			
			rm's address ► BETHESDA, MD 20814-2930 Phone no.									90

Schedule C - Rent Inco	me (Fr	om Real	Proper	ty and	l Personal	Propert	y Lease	ed With Real P	rope	erty)(see instructions)
1. Description of property										
(2)										
(3)										
(4)										
	2							2/a) Deductions dire	ctly co	onnected with the income in
(a) From personal property (if rent for personal property 10% but not more the	is more tha		(b) F	f rent for pe	nd personal proper ersonal property ex t is based on profit	ceeds 50% o	entage r if	columns 2(a	and 2	2(b) (attach schedule)
(1)										
(2)										
(3)										
_(4)		0								
Total		0.	Total				0.	(h) Total deductions		
(c) Total income. Add totals of col							_	(b) Total deductions Enter here and on page	1	0
here and on page 1, Part I, line 6, c	olumn (A)) F:	>				0.	Part I, line 6, column (B)	🕨	· 0.
Schedule E - Unrelated	Dept-	Financed	incom	le (see i	nstructions)			2 Dadiestines discoult		
					2. Gross inc	come from		 Deductions directly to debt-fin 	anced	property
1. Description of	debt-financ	ed property			or allocable financed p		(a) :	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)									\dashv	
(2)										
(3)										
(4)										
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average debt-financed of o debt-financed property (attach schedule)			e adjusted basis allocable to anced property th schedule)		6. Column 4 divided by column 5			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)						%	.			
<u>(1)</u> <u>(2)</u>							_			
(3)							_			
(4)						%				
(4)							En	ter here and on page 1, art I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals						•	▶ │		0.	0.
Total dividends-received deducti									▶	0.
Schedule F - Interest, A	nnuiti	es, Royal	ties, ar	nd Ren	its From C	ontrolle	d Orgar	nizations (see ir	nstru	ctions)
				Exemp	t Controlled O	rganizatio	ns			
1. Name of controlled organization	on	Employer ide numb	entification	Net un (loss) (s	3. related income see instructions)	Total o payme	4. f specified ents made	5. Part of column a included in the conorganization's gross	trolling	connected with income
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	ations									
7. Taxable Income		unrelated incom see instructions		9 . Tot	tal of specified pay made	ments	in the cont	olumn 9 that is included rolling organization's ross income	11.	Deductions directly connected with income in column 10
(1)										
(1) (2)						- 				
(3)										
(4)										
_(+)							Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	Er	Add columns 6 and 11. nter here and on page 1, Part I, line 8, column (B).
Totals						 		0.		0.
323721 12-12-13										Form 990-T (2013)

Form 990-1 (2013) PAR'I'N	IERS	OF THE	AMERIC	AS,	INC.			5 <u>Z</u> -U	1848/6	9 Page
Schedule G - Investn			Section !	501(c)(7	7), (9), or (17) Or	ganizat	tion			
	struction o	,			2. Amount of income	3. Dec	luctions connected		Set-asides	5. Total deductions and set-asides
- (4)						(attach	schedule)	(atta	ch schedule)	(col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)										
					Enter here and on page 1, Part I, line 9, column (A).					Enter here and on page Part I, line 9, column (E
Totals				▶	0.					0
Schedule I - Exploite (see ins	d Exer		/ Income	, Other	Than Advertisi	ng Inco	ome			
<u> </u>		_	3		4. Net income (loss)					7 5
1. Description of exploited activity	i	2. Gross elated business income from de or business	3. Experdirectly conwith production of unrelables business in	nected uction ated	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from act is not u	s income ivity that nrelated s income	attr	Expenses ributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
(4)	р	ter here and on page 1, Part I, ne 10, col. (A).	Enter here page 1, F	art I,						Enter here and on page 1, Part II, line 26.
Totals		0.		0.						
Schedule J - Adverti	sina In		instructions'							
					solidated Basis					
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, computicols. 5 through 7.		rculation come		eadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										,
(1)					_	_				
(2)									$\overline{}$	
(3)										
(4)										
Totals (carry to Part II, line (5))	>		0.	0						0
Part II Income From columns 2 throu				a Sepa	arate Basis _{(For e}	each perio	odical liste	d in Par	t II, fill in	
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		rculation come		eadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals from Part I			0.	0						0
		Enter here and o page 1, Part I, line 11, col. (A)	on Enter h page line 1	ere and on 1, Part I, 1, col. (B).					-	Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	► neatio		0. rs Direct	ore an		inote: -=+:-	una)			0
Schedule K - Compe	ะกรสแบ	on or ornice	is, Direct	.015, al	id Trustees (see	instructio	3. Percer		4. Compe	ensation attributable
	. Name				2. Title		time devot busines	ss		elated business
(1)				ļ				%		
(2)								%		
(3)								%		
(4)								%		_
Total. Enter here and on page 1	I. Part II I	line 14								0

Form **990-T** (2013)

FORM 990-T	DESCRIPTION (OF ORGANIZATIO	N'S PRIMARY	UNRELATED	STATEMENT	1						
	BUSINESS ACTIVITY											

PARTNERS OF AMERICAS (PARTNERS) IS A NETWORK OF CITIZENS FROM LATIN AMERICA, THE CARIBBEAN AND THE UNITED STATES, WHO VOLUNTEER TO WORK TOGETHER TO IMPROVE THE LIVES OF PEOPLE ACROSS THE REGION, THROUGH NONPOLITICAL, COMMUNITY-BASED ACTIVITIES.

TO FORM 990-T, PAGE 1

	(LOSS) FROM PARTNERSHIPS	STATEMENT	2
	AND S CORPORATIONS		
DESCRIPTION		AMOUNT	
BULL RUN L.P. (NO 1017)	- DEBT-FINANCED REAL ESTATE RENTAL	27,95	58.
TOTAL TO FORM 990-T, PAG	E 1, LINE 5	27,95	58.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
DESCRIPTION		AMOUNT	
TAX PREPARATION FEES		5(00.
TOTAL TO FORM 990-T, PAG	E 1, LINE 28	5(00.
FORM 990-T	INTEREST AND PENALTIES	STATEMENT	4
TAX FROM FORM 990-T, PA UNDERPAYMENT PENALTY LATE PAYMENT INTEREST	RT IV		81. 33.
TOTAL AMOUNT DUE		21	17.

FORM 990-T	LATE PAYMENT INTEREST STATEMENT					
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE DATE FILED	05/15/14 11/12/14	181.	181. 184.	.0300	181	3.
TOTAL LATE PAYMEN	IT INTEREST					3.

Form **2220**

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-T

OMB No. 1545-0142

Department of the Treasury Internal Revenue Service

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

2013

Name

Part I

PARTNERS OF THE AMERICAS, INC.

Required Annual Payment

Employer identification number 52-0848769

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

1	Total tax (see instructions)				1	3,381.	
2 a	Personal holding company tax (Schedule PH (Form 1120), lin						
	Look-back interest included on line 1 under section 460(b)(2)						
	contracts or section 167(g) for depreciation under the income						
	Credit for federal tax paid on fuels (see instructions)						
d	Total. Add lines 2a through 2c	2d					
3	Subtract line 2d from line 1. If the result is less than \$500, $\ensuremath{\text{do}}$		2 224				
	does not owe the penalty	3	3,381.				
4	Enter the tax shown on the corporation's 2012 income tax ret	,	,			2 104	
	or the tax year was for less than 12 months, skip this line a	nd ei	iter the amount from line	3 on line 5	4	3,104.	
_	Degrated annual neumant. Enter the amelian of line 2 or line	۷ It	the corneration is require	d to akin line 4			
Ð	Required annual payment. Enter the smaller of line 3 or line enter the amount from line 3				5	3,104.	
D	Part II Reasons for Filing - Check the boxes belo					3,104.	
	even if it does not owe a penalty (see instructions).	יוו אינ	at apply. If ally buxes are	checkeu, the corporation	IIIust iile Foriii 2220		
6	The corporation is using the adjusted seasonal installi	ment	method				
7	The corporation is using the annualized income install						
8	The corporation is a "large corporation" figuring its first			n the prior year's tax			
	Part III Figuring the Underpayment			The prior your o war.			
•			(a)	(b)	(c)	(d)	
9	Installment due dates. Enter in columns (a) through		(4)	(5)	(0)	(4)	
•	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers:						
	Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/13	06/15/13	09/15/13	12/15/13	
0	Required installments. If the box on line 6 and/or line 7	Ť	, ,	, ,	,,		
	above is checked, enter the amounts from Sch A, line 38. If						
	the box on line 8 (but not 6 or 7) is checked, see instructions						
	for the amounts to enter. If none of these boxes are checked,						
	enter 25% of line 5 above in each column.	10	776.	776.	776.	776.	
11	Estimated tax paid or credited for each period (see		-		-	-	
	instructions). For column (a) only, enter the amount						
	from line 11 on line 15	11				3,200.	
	Complete lines 12 through 18 of one column before						
	going to the next column.						
2	Enter amount, if any, from line 18 of the preceding column	12					
	Add lines 11 and 12	13				3,200.	
4	Add amounts on lines 16 and 17 of the preceding column	14		776.	1,552.	2,328.	
	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	872.	
	If the amount on line 15 is zero, subtract line 13 from line						
	14. Otherwise, enter -0-	16		776.	1,552.		
17	Underpayment. If line 15 is less than or equal to line 10,						
	subtract line 15 from line 10. Then go to line 12 of the next						
	column. Otherwise, go to line 18	17	776.	776.	776.		
18	Overpayment. If line 10 is less than line 15, subtract line 10						
	from line 15. Then go to line 12 of the next column	18					
	Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.						

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2013)

JWA

Form 2220 (2013)

Part IV Figuring the Penalty

_			(a)	(b)	(c)	(d)	
19	Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see						
	instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19					
20	Number of days from due date of installment on line 9 to the date shown on line 19	20					
21	Number of days on line 20 after 4/15/2013 and before 7/1/2013	21					
22	Underpayment on line 17 x Number of days on line 21 x 3%	22	\$	\$	\$	\$	
	Number of days on line 20 after 06/30/2013 and before 10/1/2013	23					
24	Underpayment on line 17 x Number of days on line 23 x 3%	24	\$	\$	\$	\$	
25	Number of days on line 20 after 9/30/2013 and before 1/1/2014	25					
26	Underpayment on line 17 x Number of days on line 25 x 3% 365	26	\$	\$	\$	\$	
27	Number of days on line 20 after 12/31/2013 and before 4/1/2014	27	SEE	ATTACHED W	ORKSHEET		
28	Underpayment on line 17 x Number of days on line 27 x 3%	28	\$	\$	\$	\$	
29	Number of days on line 20 after 3/31/2014 and before 7/1/2014	29					
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$	
31	Number of days on line 20 after 6/30/2014 and before 10/01/2014	31					
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$	
33	Number of days on line 20 after 9/30/2014 and before 1/1/2015	33					
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$	
35	Number of days on line 20 after 12/31/2014 and before 2/16/2015	35					
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$	
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$	
38	Penalty. Add columns (a) through (d) of line 37. Enter the tot or the comparable line for other income tax returns		•	•	38	\$ 3	3.

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

JWA Form **2220** (2013)

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)					Identifying Nu	ımber
PARTNERS O	F THE AMERIC.	AS, INC.			52-08	48769
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily		(F)
*Date	Amount	Balance Due	Balance Due	Penalty I	Rate	Penalty
		-0-				
04/15/13	776.	776.	61	.000	082192	4.
06/15/13	776.	1,552.	92	.000	082192	12.
09/15/13	776.	2,328.	91	.000	082192	17.
12/15/13	776.	3,104.				
12/15/13	<3,200.	> <96.	>			
Penalty Due (Sum of Coli	umn F).					33.

312511

^{*} Date of estimated tax payment, withholding credit date or installment due date.

Application Return Code Application Is For Form 990 or Form 990-EZ 01 Form 990-BL 02 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual)	mber (EIN) or 7 6 9				
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed Enter filer's identifying number, see Type or Print III See Instructions. Name of exempt organization or other filer, see instructions. PARTNERS OF THE AMERICAS, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 1424 K STREET, NW, NO. 700 City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Form 990 or Form 990-EZ Form 990-BL Form 4720 (individual) Part II (on page 1). Enter to page 1). Enter filer's identifying number, see Employer identification number (S 52-0848) Social security number (S 52-0848) Social security number (S 52-0848) Because Instructions. Return Code Is For Form 990-BL Form 4720 (individual) Form 4720 (other than individual)	mber (EIN) or 7 6 9				
Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed Enter filer's identifying number, see Type or print File by the due date for filing your return. See instructions. PARTNERS OF THE AMERICAS, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 1424 K STREET, NW, NO. 700 City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Form 990 or Form 990-EZ Form 990-BL O2 Form 1041-A Form 4720 (individual) Form 4720 (individual)	mber (EIN) or 7 6 9				
Type or print File by the due date for filing your return. See instructions. PARTNERS OF THE AMERICAS, INC. Number, street, and room or suite no. If a P.O. box, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions. 1424 K STREET, NW, NO. 700 City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Is For Form 990 or Form 990-EZ Form 990-BL 02 Form 1041-A Form 4720 (individual)	mber (EIN) or 7 6 9				
Name of exempt organization or other filer, see instructions. PARTNERS OF THE AMERICAS, INC. PARTNERS OF THE AMERICAS, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 1424 K STREET, NW, NO. 700 City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Form 990 or Form 990-EZ Form 990-BL 02 Form 1041-A Form 4720 (individual) Form 4720 (other than individual)	mber (EIN) or 7 6 9 SN)				
PARTNERS OF THE AMERICAS, INC. PARTNERS OF THE AMERICAS, INC. Social security number (Siting your return. See instructions. 1424 K STREET, NW, NO. 700 City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Form 990 or Form 990-EZ Form 990-BL O2 Form 1041-A Form 4720 (individual)	769 SN)				
PARTNERS OF THE AMERICAS, INC. Social security number (S number, street, and room or suite no. If a P.O. box, see instructions. 1424 K STREET, NW, NO. 700 City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Form 990 or Form 990-EZ Form 990-BL Form 4720 (individual) DARTNERS OF THE AMERICAS, INC. 52-0848 Social security number (S number) Social security number (S number) Code Is For Code Is For Form 1041-A Form 4720 (individual)	SN)				
Number, street, and room or suite no. If a P.O. box, see instructions. 1424 K STREET, NW, NO. 700 City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Form 990 or Form 990-EZ Form 990-BL Form 4720 (individual) Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (Security number) Application. Social security number (Security number) Application. Social security number (Security number) For a foreign address, see instructions. Application Is For Social security number (Security number) Social security number (Security number) Social security number (Security number) For a foreign address, see instructions. Application Is For Social security number (Security number) SN)					
Tumber, street, and room or suite no. If a P.O. box, see instructions. 1424 K STREET, NW, NO • 700 City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Form 990 or Form 990-EZ Form 990-BL Form 4720 (individual) O3 Form 4720 (other than individual)					
Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Form 990 or Form 990-EZ Form 990-BL Form 4720 (individual) Perform a foreign address, see instructions. Application for each return) Application Is For Code Is For Form 1041-A Form 4720 (individual) Form 4720 (other than individual)					
Application Return Code Application Is For Form 990 or Form 990-EZ 01 Form 990-BL 02 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual)					
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Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-BL 02 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual)	Return				
Form 990 or Form 990-EZ 01 Form 990-BL 02 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual)	Code				
Form 990-BL 02 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual)	Joue				
Form 4720 (individual) 03 Form 4720 (other than individual)	08				
	09				
	10				
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069	11				
Form 990-T (trust other than above) 06 Form 8870	12				
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.					
HORACIO CORREA, JR.					
 The books are in the care of ► 1424 K STREET, NW, #700 - WASHINGTON, DC 20005 					
Telephone No. ▶ 202-637-6220 Fax No. ▶					
If the organization does not have an office or place of business in the United States, check this box	▶ □				
 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group 	, check this				
box 🕨 📖 . If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and EINs of all members the extension	ı is for.				
4 I request an additional 3-month extension of time until NOVEMBER 15, 2014					
5 For calendar year 2013 , or other tax year beginning , and ending					
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return					
Change in accounting period					
7 State in detail why you need the extension					
AN EXTENSION OF TIME TO FILE IS REQUIRED TO GATHER THE INFORMATION	<u> </u>				
NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.					
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
nonrefundable credits. See instructions.	0.				
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated					
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					
previously with Form 8868.					
Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using					
EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$	0.				
Signature and Verification must be completed for Part II only.					
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge ar it is true, correct, and complete, and that I am authorized to prepare this form.					
Signature ► Title ► CPA Date ►					
Form 8868					

2014 ESTIMATED TAX FILING INSTRUCTIONS

VIRGINIA ESTIMATED TAX

FOR THE YEAR ENDING

Prepared for	PARTNERS OF THE AMERICAS, INC.					
	1424 K STREET, NW NO. 700 WASHINGTON, DC 20005					
Prepared by						
	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930					
Amount of tax	Total Estimated Tax \$ 1,450					
	Less credit from prior year \$ 0					
	Less amount already paid on 2014 estimate \$ 0					
	Balance due \$ 1,450					
	Payable in full or in installments as follows:					
	Installment Amount Due Date					
	No.1 \$ 0 APRIL 15, 2014					
	No.2 \$ 0 JUNE 16 2014					
	No.3 \$ 0 SEPTEMBER 15, 2014					
	No.4 \$ 1,450 DECEMBER 15, 2014					
Make check payable to	NOT APPLICABLE					
Mail voucher and check (if applicable) to	REFER TO THE VIRGINIA DEPARTMENT OF TAXATION WEBSITE FOR PAYMENT INFORMATION.					
	WWW.TAX.VIRGINIA.GOV/DOCUMENTS/ELECTRONIC_PAYMENT_GUIDE.PDF					
Special Instructions						
	•					

TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

FOR THE YEAR ENDING

	BIGHABIN 31, 2013
Prepared for	PARTNERS OF THE AMERICAS, INC. 1424 K STREET, NW NO. 700 WASHINGTON, DC 20005
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930
Amount due or refund	BALANCE DUE OF \$1,469
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	VIRGINIA DEPT. OF TAXATION P.O. BOX 1500 RICHMOND, VA 23218-1500
Return must be mailed on or before	DECEMBER 15, 2014
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL. YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW BY DECEMBER 15, 2014. REFER TO THE VIRGINIA DEPARTMENT OF TAXATION WEBSITE FOR PAYMENT INFORMATION. WWW.TAX.VIRGINIA.GOV/DOCUMENTS/ELECTRONIC_PAYMENT_GUIDE.PDF

FORM 500

Department of Taxation PO Box 1500 Richmond, VA 23218-1500

2013 Virginia Corporation Income Tax Return



FIS	SCAL or							Official Use Only	/
SH	SHORT Year Filer: Beginning Date ; Ending Date								
	Short Year Return Change in Accounting Period								
Ву	By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer. \longrightarrow X								
Fe	deral Employer ID Number					01			
_5	52-0848769 Check if:								
Na	Initial Filer								
	Name Change								
_	PARTNERS OF THE AMERICAS, INC. Mailing Address Change								
	Mailing Address Physical Address Change								
_	1424 K STREET, NW								
	City or Town State ZIP Code								
	VASHINGTON sysical Address (if different from Mailing Address)					Entity 7	DC Type Code	20005	
l' ''	ysical Address (if different from Mailing Address)					1	Type Code		
Ph	ysical City or Town			State	ZIP Code	NP		NAICS	
	,			""				531390	1
Da	ate Incorporated State or Country of Incorporation	1	Description of Business Activity					331390	,
			PARTNERS OF AME	DTCA	c / D x	דאים כו	ERS)	IS A 1	NETWO
H			PARINERS OF AME	KICA	S (FA	VIII	EKS /	TO W I	IEIMO
	Check Applicable Boxes	Final Re	eturn		Corporat	te Tele	ecommı	unications C	ompany
	Consolidated - Sch 500AC Attached	Einal	Return - Check here and applica	blo	Entor amo	unt fro	om Form	n 500T, Line 7	,.
	Combined - Sch 500AC Attached	1	s below.	able	Linter anno	unt ne	JIII I OIII	1 300 1, LINE 1	.00
	Change in Filing Status	│	thdrawn		Noncorn	orate	Telecor	mmunication	
	Multistate Sch 500A Attached		ssolved-No longer liable for tax.		-			x and enter	•
	Schedule 500AB Attached		ssolved Date					T, Line 10:	
	X Nonprofit Corporation		erged	_				.,	.00
			erged Date		Electric	Suppli	ier Com	pany	
			erged FEIN #	_	Enter amo	unt fro	om Sch	500EL, Line 7	' or 14:
			Corp Effective	_				,	.00
H			<u></u>						
	Amended Return		Amended Return - Check here	and	☐ Non	refund	dable or	Refundable	
	Complete Form 500 and Schedule 500ADJ.		other applicable boxes.		Cred	dit Ch	ange		
	Attach an explanation of changes to income and modifications.		Federal Audit - Attach		Sch	edule	500AB	Changes	
	and modifications.	_	copy of IRS final determination	ո.	<u></u> Сар	ital Lo	ss Carr	yback	
	DO NOT FILE THIS FORM TO CARRY BACK		Schedule 500A Changes		U Oth	er-Att	ach exp	lanation	
	NET OPERATING LOSS. File Form 500NOL	D	Schedule 500ADJ Changes						
	Questions and Related Information								
A	Have you made any payments to an affiliated								
	related to intangible property (patents, trader						d attach	Schedule 50	
L	On olfinial Foundations and Follows are at Tour		Enter Exception amount from So	cnedule	500AB, Li	ne 8			.00
1	Coalfield Employment Enhancement Tax C			/4	\ Voor of				.00
١٢	If a net operating loss deduction was claimed U.S. Corporation Income Tax Return, provide	-	•	•) Year of I) Federal	•			
	a merger, enter below the FEIN of the compa	•		•) Percent		oral		
	FEIN	ily generatiii	ig the NOL phor to merger date.	(3	NOL use				%
	(If there are NOLs for more than one year, att.	ach a sched	ule)		INOL US	JU 11115	year		70
n	If Pass-Through Entity Withholding is claimed		·						
	VK-1s and complete and attach Schedule 500	•							
F	Has your federal income tax liability been red	, ,		rior vear	(s) that		Yρ	ar(s)	
-	has not previously been reported to the Depa		• •	or year	(S) triat		100	<u>ــــــ</u>	
F	Location of the Corporation's books 1424			ASHI	NGTON	, D	С		
[<u> </u>		, ,						
	Contact for Corporation's books HORAC	O CORE	REA, JR. Contac	t Teleph	one Numb	oer	202-	637-622	20

2013 Virginia Form 500

Federal Employer ID Number $\ \underline{52-084}8769$



INCOM	

 Federal taxable income (from attached federal return) Total Additions from Schedule 500ADJ, Section A, Line 7 Total (add Lines 1 and 2) Total Subtractions from Schedule 500ADJ, Section B, Line 10 Balance (subtract Line 4 from Line 3) Savings and Loan Association's Bad Debt Deduction (see Instructions) 	2 3 4 5	22538.00 1442.00 23980.00 .00 23980.00
7 Virginia Taxable Income (subtract Line 6 from Line 5)	7	23980.00
TAX COMPUTATION		
 8 Multistate Corporation - If business conducted within and without Virginia (Multistate Corporation), attach Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in Virginia, skip to Line 9. (a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j) (b) Apportionment factor from Schedule 500A, Section B, Line 1 or Line 2(g) (c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c) 	8(b)	.00 % .00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d)	.00
9 Income tax (6% of Line 7 or 6% of Line 8(a)). PAYMENTS AND CREDITS	9	1439.00
 Nonrefundable Tax Credits: Enter the amount from Schedule 500CR, Part XXX, Line 134 Adjusted Corporate Tax (subtract Line 10 from Line 9) 2013 estimated Virginia income tax payments including overpayment credit from 2012 Extension payment Refundable Tax Credits from Schedule 500CR, Part XXXIV, Line 142 Pass-Through Entity total withholding from Schedule 500ADJ, Section D Total payments and credits (add Lines 12 through 15) 	11 12 13 14 15 15 15 15 16 17 17 17 17 17 17 17 17 17 17 17 17 17	.00 1439.00 .00 .00 .00
REFUND OR TAX DUE		
17 Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11) 18 Penalty (see Instructions) 19 Interest (see Instructions) 20 Additional charge from Form 500C, Line 17 (attach Form 500C) 21 Total due (add Lines 17 through 20) 22 Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16) 23 Amount to be credited to 2014 estimated tax	18 19 20 21 22 23 23	.00 30.00 .00 1469.00 .00
24 Amount to be refunded (subtract Line 23 from Line 22)	24	.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act, of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than taxpayer, their declaration is based on all information of which they have any knowledge.

		CEO/PRESIDENT
(Date)	(Signature of Officer)	(Title)
STEPHEN		
	(Printed Name of Officer)	(Phone Number)
		GELMAN, ROSENBERG & FREEDMAN
		4550 MONTGOMERY AVE SUITE 650N
	(301) 951-9090	BETHESDA, MD 20814-2930
(Date)	Print Preparer's Name, Firm Name and Phone Number	(Address)
Preparer's	FEIN PTIN or SSN 52-1392008	Approved Vendor Gode 1019

IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN.

Schedule of Adjustments



Name as shown on Virginia return PARTNERS OF THE AMERICAS, INC.

Federal Employer ID Number

52-0848769

1. Fixed-Date Conformity Addition (depreciation-see instructions) 2	S	ection A - Additions to Federal Taxable Income			
2. Fixed-Date Conformity Addition (other-see instructions) 2 0.00 4. Net Income tax and other taxes that are based on, measured by or computed with reference to note income 4 1.442 0.00 5. Interest on state obligations other than Virginia 5 0.00 6. Other Additions to federal taxable income Code Amount 6. Other Additions to federal taxable income 6a 0.00 6a 6c Refer to instructions for the Other Addition Codes. 6b 0.00 6a 6c Refer to instructions from Federal Taxable Income 7 1.442 0.00 Section B - Subtractions from Federal Taxable Income Income Federal Taxable Income Income federal Income taxes and to conformity Subtraction (depreciation-see instructions) 1 0.00 2. Fixed-Date Conformity Subtraction (depreciation-see instructions) 1 0.00 2. Fixed-Date Conformity Subtraction (depreciation-see instructions) 1 0.00 3. Income fixes 3 0.00 4. Foreign dividend gross-up (PGC § 78) 4 0.00 5. Refund or credit of income taxes included in federal taxable income 5 0.00 6. Subpart Fincome (RIC § § 51)<	1	Fixed-Date Conformity Addition (depreciation-see instructions)		1	00
3					
4. Net Income tax and other taxes that are based on, measured by or computed with reference to net income to net income. 5. Interest on state obligations other than Virginia. 6. Other Additions to federal taxable income. 6. Code. 6. Code. 6. Code. 6. Code. 6. Code. 7. Total Additions (Add Lines 1-5 and 6a-6c. Enter here and on Form 500, Line 2.). 7. Total Additions (Add Lines 1-5 and 6a-6c. Enter here and on Form 500, Line 2.). 7. Total Additions (Add Lines 1-5 and 6a-6c. Enter here and on Form 500, Line 2.). 8. Exition B - Subtractions from Federal Taxable Income. 1. Fixed-Date Conformity Subtraction (depreciation-see instructions). 2. Fixed-Date Conformity Subtraction (depreciation-see instructions). 3. Income from obligations or securities of the U.S. exempt from state income taxes but not from federal income taxes. 4. Foreign dividend gross-up (IRC § 78). 4. Foreign dividend gross-up (IRC § 78). 5. Foreign source income subtraction allowed by VA. Code § 58.1-402 C.B. (see instructions for limitations). 7. Foreign source income subtraction allowed by VA. Code § 58.1-402 C.B. (see instructions for limitations). 8. Dividends received from corporations in which the recipient owns 50% or more of the voting stock, to the extent remaining in federal taxable income. 9a. Other Subtractions from federal taxable income. 9a. Other Subtractions for the Other Subtraction Codes. 9b. Other Subtractions (Add Lines 1-8 and 9a-9c. Enter here and on Form 500, Line 4.). 10. Total Subtractions (Add Lines 1-8 and 9a-9c. Enter here and on Form 500, Line 4.). 11. Add amount paid with original return, plus additional tax paid after it was filed (Do not include amount paid from Line 20, additional charge from Form 5000C.). 1. Add Line 1 from above and Line 16 from Form 5000 and enter here. 2. Add Line 1 from above and Line 16 from Form 5000 and enter here. 2. Add Line 1 from above and Line 16 from Form 5000 and enter here. 2. Add Line 1 from above and Line 16 from Form 5000 and enter here.					
to net income					
Interest on state obligations other than Virginia Code Amount		•	4	1442 .00	
6. Other Additions to federal taxable income 6a	5.				
Section B - Subtractions for the Other Addition Codes. 6b					
Total Additions (Add Lines 1-5 and 6a-6c. Enter here and on Form 500, Line 2.) Total Additions (Add Lines 1-5 and 6a-6c. Enter here and on Form 500, Line 2.) Total Additions (Add Lines 1-5 and 6a-6c. Enter here and on Form 500, Line 2.) Total Additions (Add Lines 1-5 and 6a-6c. Enter here and on Form 500, Line 2.) Total Additional law payment.			6a		.00.
Section B - Subtractions from Federal Taxable Income 1. Fixed-Date Conformity Subtraction (depreciation-see instructions) 1 0.00 2. Fixed-Date Conformity Subtraction (other-see instructions) 2 0.00 3. Income from obligations or securities of the U.S. exempt from state income taxes but not from federal income taxes 0.00 4. Foreign dividend gross-up (IRC § 78) 4 0.00 5. Refund or credit of income taxes included in federal taxable income 0.5 0.00 6. Subpart Fincome (IRC § 951) 6 0.00 6. Subpart Fincome (IRC § 951) 6 0.00 7. Foreign source income subtraction allowed by VA. Code § 58.1-402 C 8. (see instructions for limitations) 7 0.00 8. Dividends received from corporations in which the recipient owns 50% or more of the voting stock, to the extent remaining in federal taxable income 0.00 9. Other Subtractions from federal taxable income 0.00 9. Other Subtractions for the Other Subtraction Codes. 9b 0.00 9a-9c Refer to instructions for the Other Subtraction Codes. 9b 0.00 9a-9c Refer to instructions (Add Lines 1-8 and 9a-9c. Enter here and on Form 500, Line 4.) 10 0.00 Section C - Amended Return 11 You are filling an amended return, complete Section C to determine if you will receive an additional refund or if you need to make an additional payment. 1. Add amount paid with original return, plus additional tax paid after it was filled (Do not include amount paid with original return, plus additional tax paid after it was filed (Do not include amount paid from Line 20, additional tax paid after it was filed (Do not include amount paid from Line 20, additional tax paid after here 0.00 9c 0.00		6a-6c Refer to instructions for the Other Addition Codes.	6b		.00
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9. Other Subtractions from federal taxable income Pa Sa-9c Refer to instructions for the Other Subtraction Codes. 9b Social Codes Section Cod	8.				
9a		of the voting stock, to the extent remaining in federal taxable incom	ne	8	.00
9a-9c Refer to instructions for the Other Subtraction Codes. 9b	9.	Other Subtractions from federal taxable income	Code		Amount
9a-9c Refer to instructions for the Other Subtraction Codes. 9b			9a		.00
9c		9a-9c Refer to instructions for the Other Subtraction Codes.			.00
Section C - Amended Return If you are filing an amended return, complete Section C to determine if you will receive an additional refund or if you need to make an additional payment. 1. Add amount paid with original return, plus additional tax paid after it was filed (Do not include amount paid from Line 20, additional charge from Form 500C.) 2. Add Line 1 from above and Line 16 from Form 500 and enter here 2 0.00			^		.00
If you are filing an amended return, complete Section C to determine if you will receive an additional refund or if you need to make an additional payment. 1. Add amount paid with original return, plus additional tax paid after it was filed (Do not include amount paid from Line 20, additional charge from Form 500C.) 2. Add Line 1 from above and Line 16 from Form 500 and enter here 2 0.00	10.	Total Subtractions (Add Lines 1-8 and 9a-9c. Enter here and on For	m 500, Line 4.)	10	.00
additional payment. 1. Add amount paid with original return, plus additional tax paid after it was filed (Do not include amount paid from Line 20, additional charge from Form 500C.) 2. Add Line 1 from above and Line 16 from Form 500 and enter here 2 0.00	S	ection C - Amended Return			
include amount paid from Line 20, additional charge from Form 500C.) 1 .00 2. Add Line 1 from above and Line 16 from Form 500 and enter here 2 .00	-	-	you will receive an additional refun	nd or if you need to ma	ake an
2. Add Line 1 from above and Line 16 from Form 500 and enter here 2 .00	1.	Add amount paid with original return, plus additional tax paid after	it was filed (Do not		
		include amount paid from Line 20, additional charge from Form 500	11	.00	
3. Overpayment, if any, as shown on original return or as previously adjusted3	2.	Add Line 1 from above and Line 16 from Form 500 and enter here		2	.00
	3.				.00
4. Subtract Line 3 from Line 2	4.	Subtract Line 3 from Line 2	4	.00	
5. If Line 4 above is less than Line 11 on amended Form 500, subtract Line 4 above from					
Line 11 on amended Form 500. This is the Tax You Owe		Line 11 on amended Form 500. This is the Tax You Owe		5	.00
6. Refund. If Line 11 on amended Form 500, is less than Line 4 above, subtract Line 11	6.	Refund. If Line 11 on amended Form 500, is less than Line 4 above			
on amended Form 500, from Line 4 above. This is the Tax You Overpaid 6	Ev:		rpaid	b	.00

Attach Schedule 500ADJ to Your Virginia Corporation Return, Form 500.

Attach explanation for amending return. Provide the Line reference from the Form 500 for which a change is reported, and give the reason

383691 10-11-13 1019 Va. Dept. of Taxation 2601001 REV 06/13

for each change. Show any computation in detail and attach any applicable schedules.

Schedule of Federal Line Items



52-0848769 PARTNERS OF THE AMERICAS INC

Name as shown on Virginia return PARTNERS OF THE AMERICAS, INC.	Federal Employer ID Number	52-0848769
Form 1120-Deductions and Taxable Income		
Domestic Production Activities Deduction	1	.00
2. Federal Taxable Income before NOL and Special Deductions		23538 .00
3. Net Operating Loss Deduction		.00
4. Special Deductions		1000 .00
5. Federal Taxable Income after NOL and Special Deductions		22538 .00
Form 1120, Schedule C-Dividends and Special Deductions		
6. Subpart F Income	6	.00
7. Foreign Dividend Gross-Up		
Form 1120, Schedule K or M-3		
8. Tax Exempt Interest	8	.00
Form 5884		
9. Salaries and Wages not deducted due to the WOTC	9	.00
Form 4562-Special Depreciation Allowance and Other Depreciation		
10. Special depreciation allowance for qualified property placed in service during the		
taxable year	· · · · · · · · · · · · · · · · · · ·	
11. Property subject to 168(f)(1) election		
12. Other depreciation	·	.00
Form 1118, Schedule A, Income or Loss Before Adjustments-Gross Income of	or Loss	
13. Total: Deemed Dividends (Exclude Gross-up)		
14. Total: Deemed Dividend (Gross-up)		
15. Total: Other Dividends (Exclude Gross-up)		
16. Total: Other Dividends (Gross-up)		
17. Total: Interest		
18. Total: Gross Rents, Royalties, and License Fees		
19. Total: Gross Income from Performance of Services		
20. Total: Other		
21. Total: Total Gross Income or Loss from Outside the US	21	.00
Form 1118, Schedule A, Income or Loss Before Adjustments-Deductions		
22. Total: Definitely Allocable-Rental, Royalty, and Licensing Expenses-		
Depreciation, Depletion, and Amortization	22	.00.
23. Total: Definitely Allocable-Rental, Royalty, and Licensing Expenses-		
Other Expenses	23	.00
24. Total: Definitely Allocable-Expenses Related to Gross Income from	0.4	00
Performance of Services 25 Total: Definitely Allegable Other Definitely Allegable Deductions		
25. Total: Definitely Allocable-Other Definitely Allocable Deductions		
26. Total: Total Definitely Allocable Deductions		
27. Total: Apportioned Share of Deductions not Definitely Allocable		
28. Total: Net Operating Loss Deduction		
29. Total: Total Deductions Form 1118, Schedule A, Income or Loss Before Adjustments-Total Income	28	.00
30. Total: Total Income or (Loss) Before Adjustments	30	.00

Attach Schedule 500FED to Your Virginia Corporation Return, Form 500. Schedule 500FED does not replace the requirement to attach a complete federal Form 1120 to your Virginia return.

383701 10-11-13 **1019**

Va. Dept. of Taxation 2601002 REV 06/13

2013 Virginia Form 500C

Underpayment of Virginia Estimated Tax by Corporations



Department of Taxation P.O. Box 1500, Richmond, VA 23218-1500

FISCAL year filer or SHORT year filer: ENTER beginning date		,			
name and ending date		, and CHI	ECK HERE	OVER ID NUMBER	
PARTNERS OF THE AMERICAS, INC.				FEDERAL EMPLOYER ID NUMBER 52-0848769	
MAILING ADDRESS (Rural Route and Box Number)	IIIC •		DZ 0040	3703	
1424 K STREET, NW					
CITY OR TOWN, STATE AND ZIP CODE					
WASHINGTON, DC 20005					
PART I HOW TO COMPUTE THE UN	NDERPAYMENT				
By completing Lines 1 through 8, a corporation can determine amounts were not timely paid, an additional charge may be in calendar year should enter the dates to correspond to its tax	mposed for the period of ur	nderpayment. A corporation	ed tax by the proper due dat that filed its return on a bas	es. If the minimum sis other than a	
1. Income tax reduced by allowable nonrefundable and refu	ndable credits from Schedu	ıle 500CR	1.	1439	
2. 90% of Line 1			2.	1295.	
		Due Dates of	Inatallmente		
Enter in Columns (a) through (d) the installment		Due Dates of	mstallments		
due dates (the 15th day of the 4th, 6th, 9th and	(a)	(b)	(c)	(d)	
12th month(s)) of your taxable year	04/15/13	06/17/13	09/16/13	12/16/13	
3. Enter 25% of Line 2 in columns (a) through (d)	324.	324.	324.	324.	
4. Amounts paid or credited for each period					
5. Amount of 2012 overpayment credited against					
2013 estimated tax					
6. Overpayment of previous installment					
7. Total (add Lines 4, 5 and 6)					
8. Underpayment (or overpayment) (Subtract Line 3 from Line 7)	324.	324.	324.	324.	
An overpayment of an installment in Line 8 in excess of all p	rior underpayments should	11			
PART II EXCEPTIONS TO THE ADDI	TIONAL CHARGE		NY OF THE EXCEPTIONS TH TAX, COMPLETE LINES 9 T		
Total amount paid or credited from the beginning of the taxable	(a)	(b)	(c)	(d)	
year through the installment dates that correspond to the 15th day of the 4th, 6th, 9th and 12th months of your taxable year					
	25% of tax	50% of tax	75% of tax	100% of tax	
0. Exception 1, Prior Year's Tax	383.	766.	1149.	1532	
Exception 2, Tax on prior year's income based on the facts shown on the prior year's return but using current year's rates	25% of tax	50% of tax	75% of tax	100% of tax	
2. Exception 3, Tax on annualized income (Attach	22.50% of tax	45% of tax	67.50% of tax	90% of tax	
Computation)					
There is no additional charge imposed on an underpayment s determined under any of the exceptions reflected in the instru	hown in Line 8 for any insta ctions.	allment date if by that date th	ne corporation made the min	nimum payment	
PART III COMPUTATION OF THE AD	DITIONAL CHARG	:E			
If an underpayment of estimated tax is shown in Line 8 for an completing the portion(s) of this schedule applicable to the in	installment and an exception	on is not applicable, the add	itional charge should be cor	nputed by	
completing the portion(s) of this schedule applicable to the in F	1 /	(b)	(a)	(4)	
Enter the same installment dates used above	(a)	(b)	(c)	(d)	
3. Amount of underpayment from Line 8					
4. Enter the date of payment or the 15th day of the 4th month					
after the close of your taxable year, whichever is earlier					
5. Number of days from the due date of installment to					
the date shown on Line 14 6. Additional charge (Rate of interest established in IRC					
·					
§ 6621, plus 2%, times the amount on Line 13					
for the number of days shown on Line 15)					
7. Add Columns (a) through (d), Line 16. Enter amount on F	Form 500, Line 20.				
A payment of estimated tax on any installment date shall be considered	a payment of any previous under	rpayment only to the extent such	payment exceeds the amount o	f the installment as computed	
17. Add Columns (a) through (d), Line 16. Enter amount on F A payment of estimated tax on any installment date shall be considered in Line 3. If the corporation made more than one payment for a given inst	•	rpayment only to the extent such	payment exceeds the amount o	f the installment	

 $383441 \ \ 10\text{-}11\text{-}13 \quad \ \ 1019 \quad \text{Va Dept of Taxation Rev 07/13 500C 2601007}$

Virginia Corporation Income Tax e-file Signature Authorization

Tax Year 2013

DO NOT SEND THIS VA-8879C TO THE VA DEPT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Corporation Name	Federal ID Number				
PARTNERS OF THE AMERICAS, INC.	52-0848769				
Part I Tax Return Information					
1. Federal Taxable Income (Form 500, page 2, line 1)	1. 22,538.				
2. Virginia Taxable Income (Form 500, page 2, line 7)	2. 23,980.				
3. Income tax (Form 500, page 2, line 9)	3. 1,439.				
4. Total payments and credits (Form 500, page 2, line 16)	4.				
5. Total due (Form 500, page 2, line 21)	5. 1,469 .				
6. Amount to be refunded (Form 500, page 2, line 24)	6.				
Part II Declaration and Signature Authorization of Officer	•				
Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2013 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. I understand that if the Virginia Department of Taxation does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to the Virginia Department of Taxation. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.					
Officer's PIN: check one box only I authorize the ERO named below to enter my PIN 25230 income tax return. GELMAN, ROSENBERG & FREEDMAN					
ERO Firm Name					
I will enter my PIN as my signature on the corporation's 2013 electronic Virginia corporation income tax return. Check this box only if you are entering your own PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below.					
Your signature ▶ Date ▶					
Part III Certification and Authentication					
ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. 52697404550					
Do not enter all zeros					
I certify that the above numeric entry is my PIN, which is my signature for the 2013 Virginia corporation income tax return for the corporation					
indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed					
all other requirements as specified by the Department. ERO's may sign the form using a rubber stamp, mechanical device, such as a signature					
pen, or computer software program.					
ERO's signature ▶	Date ▶				

Form VA-8879C (REV 10/13)