

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning **2015**, and ending **20**

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

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

D Employer identification number
65-0326517

E Telephone number
(305) 374-3391

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

G Gross receipts \$ **123,251,925**

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

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

J Website: ▶ **WWW.ANFNICARAGUA.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1992** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ANF HELPS THE NEEDIEST SECTORS IN NICARAGUA BY STRENGTHENING MEDICAL ASSISTANCE, INCREASING EDUCATIONAL ATTAINMENT, BUILDING SAFE SHELTERS & DELIVERING HUMANITARIAN AID TO IMPOVERISHED COMMUNITIES.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	27
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	26
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 82,726,586	Current Year 116,571,835
	9	Program service revenue (Part VIII, line 2g)	3,967,321	6,145,028
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,519	22,511
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	391,316	242,705
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	87,121,742	122,982,079
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	81,042,761	110,049,427
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,086,458	1,239,029
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 530,995		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,167,031	5,712,052
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	86,296,250	117,000,508
19	Revenue less expenses. Subtract line 18 from line 12	825,492	5,981,571	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 12,674,044	End of Year 19,048,138
	21	Total liabilities (Part X, line 26)	1,143,851	1,495,365
	22	Net assets or fund balances. Subtract line 21 from line 20	11,530,193	17,552,773

Part II Signature Block

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

Sign Here

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

Paid Preparer Use Only

Print/Type preparer's name: **BRITTNEY KOCAJ** Preparer's signature: *Brittney Kocaj* Date: **5/16/2016** Check if self-employed PTIN: **P01320603**
 Firm's name ▶ **CROWE HORWATH LLP** Firm's EIN ▶ **35-0921680**
 Firm's address ▶ **401 EAST LAS OLAS BLVD, SUITE 1100, FORT LAUDERDALE, FL 33301** Phone no. **(954) 202-8600**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses \$ 115,438,125 including grants of \$ 110,049,427) (Revenue \$ 6,443,577)

ERADICATE EXTREME POVERTY AND HUNGER - THE AMERICAN NICARAGUAN FOUNDATION (ANF) WORKS TO ERADICATE EXTREME POVERTY AND HUNGER. DURING 2015, THE ORGANIZATION PROMOTED ECONOMIC OPPORTUNITY BY CREATING JOBS THROUGH THE PROVISION OF TRAINING, TECHNICAL ASSISTANCE, AND CAPITAL IN THE AREAS OF ANIMAL HUSBANDRY. IN ADDITION, THE ORGANIZATION SUPPLIED NUTRITIONAL ASSISTANCE TO 381 SCHOOLS. THESE CENTERS PROVIDED A DAILY PLATE OF FOOD TO 34,000 PEOPLE INCLUDING STUDENTS, AT-RISK CHILDREN, NURSING MOTHERS, AND SENIOR CITIZENS.
(CONTINUED ON SCHEDULE O.)

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

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

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

4e Total program service expenses ▶ 115,438,125

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		✓
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<input checked="" type="checkbox"/>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) F. ALFREDO PELLAS, JR. PRESIDENT	1.0	✓		✓				0	0	0
(2) RAFAEL SANCHEZ EXECUTIVE DIRECTOR	40.0	✓		✓			120,000	0		0
(3) THERESA PELLAS VICE CHAIR	1.0	✓		✓			0	0		0
(4) RUBEN DIAZ, ESQ SECRETARY	1.0	✓		✓			0	0		0
(5) RICHARDO ROMAN, MD VICE-PRESIDENT	1.0	✓		✓			0	0		0
(6) VICENTE GREGORIO TREASURER	1.0	✓		✓			0	0		0
(7) ANA MARIA GARCIA BOARD MEMBER	1.0	✓					0	0		0
(8) IVETTE CALDERA ESSERMAN BOARD MEMBER	1.0	✓					0	0		0
(9) BARNEY VAUGHAN BOARD MEMBER	1.0	✓					0	0		0
(10) CARMEN CH. DE PELLAS BOARD MEMBER	1.0	✓					0	0		0
(11) LUIS NAVAS BOARD MEMBER	1.0	✓					0	0		0
(12) JOHNNY SORDO BOARD MEMBER	1.0	✓					0	0		0
(13) HENRY B. HOWARD BOARD MEMBER	1.0	✓					0	0		0
(14) CARLOS PELLAS BOARD MEMBER	1.0	✓					0	0		0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) PADRE JOSE RAMIREZ BOARD MEMBER	1.0	✓					0	0	0	
(16) SILVIO SOLORZANO P. BOARD MEMBER	1.0	✓					0	0	0	
(17) GABRIELA TERAN BOARD MEMBER	1.0	✓					0	0	0	
(18) FRANK ROBLETO BOARD MEMBER	1.0	✓					0	0	0	
(19) HENRY FERNANDEZ BOARD MEMBER	1.0	✓					0	0	0	
(20) EDWIN A. MENDIETA CH. BOARD MEMBER	1.0	✓					0	0	0	
(21) SILVIO PELLAS CH. BOARD MEMBER	1.0	✓					0	0	0	
(22) CARLOS VICENTE BOARD MEMBER	1.0	✓					0	0	0	
(23) FELIPE RODRIGUEZ BOARD MEMBER	1.0	✓					0	0	0	
(24) DANILO MANZANARES, ESQ. BOARD MEMBER	1.0	✓					0	0	0	
(25) (SEE STATEMENT)										
1b Sub-total							120,000	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							120,000	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	361,159				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	116,210,676				
	g Noncash contributions included in lines 1a-1f: \$		115,578,006				
	h Total. Add lines 1a-1f		116,571,835				
Program Service Revenue			Business Code				
	2a FOOD AND FARMING	624200	491,906	491,906			
	b COMMUNITY IMPROVEMENT	900099	1,819,837	1,819,837			
	c IMPROVING EDUCATION	611710	216,103	216,103			
	d SANITATION	562000	858,494	858,494			
	e IMPROVING HOUSING	624200	1,808,838	1,808,838			
	f All other program service revenue .	900099	949,850	949,850	0	0	
g Total. Add lines 2a-2f		6,145,028					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		22,511			22,511	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)	0	0			
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)	0	0			
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ <u>361,159</u> of contributions reported on line 1c). See Part IV, line 18	a	128,960				
		b Less: direct expenses	b	230,693			
		c Net income or (loss) from fundraising events		(101,733)			(101,733)
	9a Gross income from gaming activities. See Part IV, line 19	a	85,042				
		b Less: direct expenses	b	39,153			
		c Net income or (loss) from gaming activities		45,889			45,889
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a VAT REIMBURSEMENT	900099	212,338	212,338				
b FOREIGN CURRENCY TRANSLATION	900099	86,211	86,211				
c							
d All other revenue		0	0	0	0		
e Total. Add lines 11a-11d		298,549					
12 Total revenue. See instructions.		122,982,079	6,443,577	0	(33,333)		

Part IX Statement of Functional Expenses

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	110,049,427	110,049,427		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	120,000	120,000		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	860,112	386,559	288,050	185,503
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	59,017	22,306	11,729	24,982
10 Payroll taxes	199,900	122,324	53,056	24,520
11 Fees for services (non-employees):				
a Management				
b Legal	272	250	22	
c Accounting	70,505		70,505	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	48,123		48,123	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	213,471	32,814	33,618	147,039
12 Advertising and promotion				
13 Office expenses	92,998	32,604	32,184	28,210
14 Information technology	38,489	38,489		
15 Royalties				
16 Occupancy	322,846	49,918	172,340	100,588
17 Travel	101,082	67,586	26,135	7,361
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	161		161	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	109,962	52,941	47,275	9,746
23 Insurance	44	44		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNITY IMPROVEMENT	2,871,404	2,871,404		
b FOOD AND FARMING	673,118	673,118		
c IMPROVING EDUCATION	152,110	152,110		
d SANITATION	572,061	572,061		
e All other expenses	445,406	194,170	248,190	3,046
25 Total functional expenses. Add lines 1 through 24e	117,000,508	115,438,125	1,031,388	530,995
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	3,181,625	2	2,974,899
	3 Pledges and grants receivable, net	805,492	3	1,849,091
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	7,562,064	8	13,075,676
	9 Prepaid expenses and deferred charges	244,230	9	174,357
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,162,430		
	b Less: accumulated depreciation	10b 642,889	398,976	10c 519,541
	11 Investments—publicly traded securities	481,657	11	454,574
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,674,044	16	19,048,138	
Liabilities	17 Accounts payable and accrued expenses	1,143,851	17	1,495,365
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	1,143,851	26	1,495,365
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,065,627	27	15,999,151
	28 Temporarily restricted net assets	464,566	28	1,553,622
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	11,530,193	33	17,552,773
34 Total liabilities and net assets/fund balances	12,674,044	34	19,048,138	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	122,982,079
2	Total expenses (must equal Part IX, column (A), line 25)	2	117,000,508
3	Revenue less expenses. Subtract line 2 from line 1	3	5,981,571
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,530,193
5	Net unrealized gains (losses) on investments	5	41,009
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	17,552,773

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) LILLIAM ARGUELLO ----- BOARD MEMBER	1.00 -----	✓						0	0	0
(26) AGUSTIN ABALO ----- BOARD MEMBER	1.00 -----	✓						0	0	0
(27) DANILO LACAYO R. ----- BOARD MEMBER	1.00 -----	✓						0	0	0
(28) DAMARIS OPORTA ----- CFO	40.00 -----			✓				0	0	0
(29) DONA LILLIAM ----- COO (PARTIAL YEAR)	40.00 -----			✓				0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2015

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization AMERICAN NICARAGUAN FOUNDATION INC	Employer identification number 65-0326517
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	111,701,897	123,120,960	75,540,875	82,726,586	116,571,835	509,662,153
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	111,701,897	123,120,960	75,540,875	82,726,586	116,571,835	509,662,153
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)						5,454,988
6 Public support. Subtract line 5 from line 4.						504,207,165

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	111,701,897	123,120,960	75,540,875	82,726,586	116,571,835	509,662,153
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	40,478	78,663	37,759	36,519	22,511	215,930
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	210,731	633,610	541,678	675,403	512,551	2,573,973
11 Total support. Add lines 7 through 10						512,452,056
12 Gross receipts from related activities, etc. (see instructions)					12	24,303,812
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	98.39 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	98.91 %
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . .			
d Excess from 2014 . . .			
e Excess from 2015 . . .			

Part VI

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

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	GROSS INCOME FROM FUNDRAISING EVENTS	24,470	417,270	222,651	354,567	128,960	1,147,918
	GROSS INCOME FROM GAMING ACTIVITIES	80,800	70,327	80,466	85,018	85,042	401,653
	OTHER INCOME	105,461	146,013	238,561	235,818	298,549	1,024,402
	Total	210,731	633,610	541,678	675,403	512,551	2,573,973

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

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

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

Name of the organization

AMERICAN NICARAGUAN FOUNDATION INC

Employer identification number

65-0326517

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization AMERICAN NICARAGUAN FOUNDATION INC	Employer identification number 65-0326517
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 87,542,212	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 24,176,147	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 3,469,292	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN NICARAGUAN FOUNDATION INC	Employer identification number 65-0326517
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	FOOD, MEDICAL SUPPLIES AND HOUSEHOLD GOODS ----- ----- -----	\$ 87,542,212	12/31/2015
2	FOOD, MEDICAL SUPPLIES AND HOUSEHOLD GOODS ----- ----- -----	\$ 24,176,147	12/31/2015
3	FOOD, MEDICAL SUPPLIES AND HOUSEHOLD GOODS ----- ----- -----	\$ 3,469,292	12/31/2015
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization AMERICAN NICARAGUAN FOUNDATION INC	Employer identification number 65-0326517
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number and acreage, and monitoring details.

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

Table with 2 columns: Question, Amount. Rows include reporting requirements for art and historical treasures and amounts for revenue and assets.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		239,509		239,509
b Buildings				
c Leasehold improvements		365,995	204,509	161,486
d Equipment		556,926	438,380	118,546
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 519,541

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 124,581,368.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 118,558,788.

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.

SEE NEXT PAGE

Series of horizontal dashed lines provided for entering supplemental information.

Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	FUNDRAISING EXPENSES	230,693
	GAMING EXPENSES	39,153

Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	FUNDRAISING EXPENSES	230,693
	GAMING EXPENSES	39,153

Part XIII

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

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>THE FOUNDATION HAS RECEIVED DETERMINATION OF TAX EXEMPT STATUS FROM THE INTERNAL REVENUE SERVICE UNDER CODE SECTION 501(C)(3) AND, CONSEQUENTLY, THE EARNINGS OF THE FOUNDATION ARE NOT TAXED AND NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE FOUNDATION IS ALSO EXEMPT FROM STATE TAXES. THERE WAS NO UNRELATED BUSINESS INCOME TAX PAYABLE FOR THE YEARS ENDING DECEMBER 31, 2015 AND 2014. THE FOUNDATION HAS ADOPTED ASC 958, NOT FOR PROFIT ENTITIES, WHICH ESTABLISHES A SINGLE MODEL TO ADDRESS ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS.</p> <p>IN NICARAGUA, THE FOUNDATION AND ASOCIACIÓN NICARAGÜENSE AMERICANA DE FOMENTO SOCIAL ARE NOT-FOR-PROFIT ORGANIZATIONS EXEMPT FROM INCOME TAXES IN ACCORDANCE WITH ARTICLE (11), SUBPARAGRAPH (4) OF THE EQUITABLE TAX LAW.</p> <p>DUE TO ITS TAX-EXEMPT STATUS, THE FOUNDATION IS NOT SUBJECT TO U.S. FEDERAL INCOME TAX OR STATE INCOME TAX. THE FOUNDATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS.</p> <p>THE FOUNDATION IS NOT SUBJECT TO EXAMINATION BY U.S. TAXING AUTHORITIES FOR YEARS PRIOR TO 2012. THE FOUNDATION IS NOT SUBJECT TO EXAMINATION BY NICARAGUAN AUTHORITIES FOR ANY YEAR PRIOR TO 2010.</p> <p>IF THE FOUNDATION WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS, THESE WOULD BE RECORDED AS INTEREST AND INCOME TAX EXPENSE, RESPECTIVELY. THE FOUNDATION HAS NO AMOUNTS ACCRUED FOR INTEREST OR PENALTIES AS OF DECEMBER 31, 2015 AND 2014.</p>

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN NICARAGUAN FOUNDATION INC

Employer identification number

65-0326517

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING	DISTRIBUTION OF FOOD AND SUPPLIES	110,049,427
(2) CENTRAL AMERICA AND THE CARIBBEAN	1	75	PROGRAM SERVICES	PROMOTING ECONOMIC OPPORTUNITY	5,388,698
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	1	75			115,438,125
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	75			115,438,125

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,386,368	FOOD AND MEDICAL SUPPLIES	FMV
(2)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,956,251	FOOD AND MEDICAL SUPPLIES	FMV
(3)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	4,393,495	FOOD AND MEDICAL SUPPLIES	FMV
(4)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	4,342,945	FOOD AND MEDICAL SUPPLIES	FMV
(5)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	4,184,767	FOOD AND MEDICAL SUPPLIES	FMV
(6)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	3,275,377	FOOD AND MEDICAL SUPPLIES	FMV
(7)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	2,868,964	FOOD AND MEDICAL SUPPLIES	FMV
(8)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	2,248,225	FOOD AND MEDICAL SUPPLIES	FMV
(9)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,860,731	FOOD AND MEDICAL SUPPLIES	FMV
(10)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,631,837	FOOD AND MEDICAL SUPPLIES	FMV
(11)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,426,588	FOOD AND MEDICAL SUPPLIES	FMV
(12)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,422,593	FOOD AND MEDICAL SUPPLIES	FMV
(13)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,406,781	FOOD AND MEDICAL SUPPLIES	FMV
(14)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,395,556	FOOD AND MEDICAL SUPPLIES	FMV
(15)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,313,638	FOOD AND MEDICAL SUPPLIES	FMV
(16)			(SEE STATEMENT)						

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 374

3 Enter total number of other organizations or entities ▶ 0

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

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

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

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

- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*. Yes No

- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part II

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

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(17)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,313,148	FOOD AND MEDICAL SUPPLIES	FMV
(18)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,310,846	FOOD AND MEDICAL SUPPLIES	FMV
(19)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,286,443	FOOD AND MEDICAL SUPPLIES	FMV
(20)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,257,737	FOOD AND MEDICAL SUPPLIES	FMV
(21)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,170,191	FOOD AND MEDICAL SUPPLIES	FMV
(22)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,111,657	FOOD AND MEDICAL SUPPLIES	FMV
(23)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,106,041	FOOD AND MEDICAL SUPPLIES	FMV
(24)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,087,093	FOOD AND MEDICAL SUPPLIES	FMV
(25)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,084,022	FOOD AND MEDICAL SUPPLIES	FMV
(26)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,066,338	FOOD AND MEDICAL SUPPLIES	FMV
(27)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	1,044,706	FOOD AND MEDICAL SUPPLIES	FMV
(28)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	990,599	FOOD AND MEDICAL SUPPLIES	FMV
(29)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	955,972	FOOD AND MEDICAL SUPPLIES	FMV
(30)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	942,253	FOOD AND MEDICAL SUPPLIES	FMV
(31)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	940,778	FOOD AND MEDICAL SUPPLIES	FMV
(32)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	916,666	FOOD AND MEDICAL SUPPLIES	FMV
(33)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	904,647	FOOD AND MEDICAL SUPPLIES	FMV
(34)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	889,382	FOOD AND MEDICAL SUPPLIES	FMV
(35)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	866,141	FOOD AND MEDICAL SUPPLIES	FMV
(36)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	861,209	FOOD AND MEDICAL SUPPLIES	FMV
(37)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	859,477	FOOD AND MEDICAL SUPPLIES	FMV
(38)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	820,255	FOOD AND MEDICAL SUPPLIES	FMV
(39)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	796,711	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(40)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	793,718	FOOD AND MEDICAL SUPPLIES	FMV
(41)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	789,486	FOOD AND MEDICAL SUPPLIES	FMV
(42)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	781,024	FOOD AND MEDICAL SUPPLIES	FMV
(43)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	775,077	FOOD AND MEDICAL SUPPLIES	FMV
(44)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	755,624	FOOD AND MEDICAL SUPPLIES	FMV
(45)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	755,131	FOOD AND MEDICAL SUPPLIES	FMV
(46)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	736,612	FOOD AND MEDICAL SUPPLIES	FMV
(47)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	732,693	FOOD AND MEDICAL SUPPLIES	FMV
(48)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	730,386	FOOD AND MEDICAL SUPPLIES	FMV
(49)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	714,674	FOOD AND MEDICAL SUPPLIES	FMV
(50)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	707,643	FOOD AND MEDICAL SUPPLIES	FMV
(51)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	695,712	FOOD AND MEDICAL SUPPLIES	FMV
(52)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	693,789	FOOD AND MEDICAL SUPPLIES	FMV
(53)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	658,332	FOOD AND MEDICAL SUPPLIES	FMV
(54)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	640,900	FOOD AND MEDICAL SUPPLIES	FMV
(55)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	629,925	FOOD AND MEDICAL SUPPLIES	FMV
(56)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	623,435	FOOD AND MEDICAL SUPPLIES	FMV
(57)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	614,724	FOOD AND MEDICAL SUPPLIES	FMV
(58)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	608,507	FOOD AND MEDICAL SUPPLIES	FMV
(59)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	586,090	FOOD AND MEDICAL SUPPLIES	FMV
(60)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	577,304	FOOD AND MEDICAL SUPPLIES	FMV
(61)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	558,033	FOOD AND MEDICAL SUPPLIES	FMV
(62)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	542,585	FOOD AND MEDICAL SUPPLIES	FMV
(63)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	540,742	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(64)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	540,588	FOOD AND MEDICAL SUPPLIES	FMV
(65)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	535,959	FOOD AND MEDICAL SUPPLIES	FMV
(66)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	514,290	FOOD AND MEDICAL SUPPLIES	FMV
(67)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	512,518	FOOD AND MEDICAL SUPPLIES	FMV
(68)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	509,254	FOOD AND MEDICAL SUPPLIES	FMV
(69)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	494,396	FOOD AND MEDICAL SUPPLIES	FMV
(70)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	475,840	FOOD AND MEDICAL SUPPLIES	FMV
(71)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	458,808	FOOD AND MEDICAL SUPPLIES	FMV
(72)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	456,430	FOOD AND MEDICAL SUPPLIES	FMV
(73)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	445,481	FOOD AND MEDICAL SUPPLIES	FMV
(74)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	441,853	FOOD AND MEDICAL SUPPLIES	FMV
(75)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	423,392	FOOD AND MEDICAL SUPPLIES	FMV
(76)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	404,640	FOOD AND MEDICAL SUPPLIES	FMV
(77)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	385,793	FOOD AND MEDICAL SUPPLIES	FMV
(78)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	371,022	FOOD AND MEDICAL SUPPLIES	FMV
(79)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	365,878	FOOD AND MEDICAL SUPPLIES	FMV
(80)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	361,160	FOOD AND MEDICAL SUPPLIES	FMV
(81)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	351,610	FOOD AND MEDICAL SUPPLIES	FMV
(82)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	329,089	FOOD AND MEDICAL SUPPLIES	FMV
(83)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	324,528	FOOD AND MEDICAL SUPPLIES	FMV
(84)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	318,031	FOOD AND MEDICAL SUPPLIES	FMV
(85)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	316,487	FOOD AND MEDICAL SUPPLIES	FMV
(86)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	310,591	FOOD AND MEDICAL SUPPLIES	FMV
(87)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	308,050	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(88)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	294,232	FOOD AND MEDICAL SUPPLIES	FMV
(89)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	290,970	FOOD AND MEDICAL SUPPLIES	FMV
(90)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	281,548	FOOD AND MEDICAL SUPPLIES	FMV
(91)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	269,563	FOOD AND MEDICAL SUPPLIES	FMV
(92)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	269,125	FOOD AND MEDICAL SUPPLIES	FMV
(93)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	259,100	FOOD AND MEDICAL SUPPLIES	FMV
(94)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	254,530	FOOD AND MEDICAL SUPPLIES	FMV
(95)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	251,638	FOOD AND MEDICAL SUPPLIES	FMV
(96)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	249,372	FOOD AND MEDICAL SUPPLIES	FMV
(97)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	234,123	FOOD AND MEDICAL SUPPLIES	FMV
(98)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	226,270	FOOD AND MEDICAL SUPPLIES	FMV
(99)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	225,541	FOOD AND MEDICAL SUPPLIES	FMV
(100)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	221,786	FOOD AND MEDICAL SUPPLIES	FMV
(101)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	204,625	FOOD AND MEDICAL SUPPLIES	FMV
(102)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	200,714	FOOD AND MEDICAL SUPPLIES	FMV
(103)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	196,980	FOOD AND MEDICAL SUPPLIES	FMV
(104)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	195,219	FOOD AND MEDICAL SUPPLIES	FMV
(105)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	191,098	FOOD AND MEDICAL SUPPLIES	FMV
(106)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	186,054	FOOD AND MEDICAL SUPPLIES	FMV
(107)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	184,329	FOOD AND MEDICAL SUPPLIES	FMV
(108)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	183,183	FOOD AND MEDICAL SUPPLIES	FMV
(109)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	179,778	FOOD AND MEDICAL SUPPLIES	FMV
(110)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	177,397	FOOD AND MEDICAL SUPPLIES	FMV
(111)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	174,550	FOOD AND MEDICAL SUPPLIES	FMV

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(112)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	169,118	FOOD AND MEDICAL SUPPLIES	FMV
(113)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	165,756	FOOD AND MEDICAL SUPPLIES	FMV
(114)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	160,678	FOOD AND MEDICAL SUPPLIES	FMV
(115)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	159,287	FOOD AND MEDICAL SUPPLIES	FMV
(116)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	145,902	FOOD AND MEDICAL SUPPLIES	FMV
(117)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	141,381	FOOD AND MEDICAL SUPPLIES	FMV
(118)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	138,758	FOOD AND MEDICAL SUPPLIES	FMV
(119)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	132,198	FOOD AND MEDICAL SUPPLIES	FMV
(120)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	130,606	FOOD AND MEDICAL SUPPLIES	FMV
(121)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	121,822	FOOD AND MEDICAL SUPPLIES	FMV
(122)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	117,089	FOOD AND MEDICAL SUPPLIES	FMV
(123)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	109,993	FOOD AND MEDICAL SUPPLIES	FMV
(124)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	107,724	FOOD AND MEDICAL SUPPLIES	FMV
(125)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	106,963	FOOD AND MEDICAL SUPPLIES	FMV
(126)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	105,334	FOOD AND MEDICAL SUPPLIES	FMV
(127)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	105,030	FOOD AND MEDICAL SUPPLIES	FMV
(128)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	103,339	FOOD AND MEDICAL SUPPLIES	FMV
(129)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	102,727	FOOD AND MEDICAL SUPPLIES	FMV
(130)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	102,676	FOOD AND MEDICAL SUPPLIES	FMV
(131)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	99,422	FOOD AND MEDICAL SUPPLIES	FMV
(132)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	94,842	FOOD AND MEDICAL SUPPLIES	FMV
(133)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	86,769	FOOD AND MEDICAL SUPPLIES	FMV
(134)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	86,612	FOOD AND MEDICAL SUPPLIES	FMV
(135)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	83,325	FOOD AND MEDICAL SUPPLIES	FMV

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(136)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	79,417	FOOD AND MEDICAL SUPPLIES	FMV
(137)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	74,963	FOOD AND MEDICAL SUPPLIES	FMV
(138)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	67,786	FOOD AND MEDICAL SUPPLIES	FMV
(139)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	67,542	FOOD AND MEDICAL SUPPLIES	FMV
(140)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	66,466	FOOD AND MEDICAL SUPPLIES	FMV
(141)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	65,455	FOOD AND MEDICAL SUPPLIES	FMV
(142)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	64,912	FOOD AND MEDICAL SUPPLIES	FMV
(143)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	64,248	FOOD AND MEDICAL SUPPLIES	FMV
(144)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	62,933	FOOD AND MEDICAL SUPPLIES	FMV
(145)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	62,618	FOOD AND MEDICAL SUPPLIES	FMV
(146)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	62,167	FOOD AND MEDICAL SUPPLIES	FMV
(147)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	61,452	FOOD AND MEDICAL SUPPLIES	FMV
(148)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	58,762	FOOD AND MEDICAL SUPPLIES	FMV
(149)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	57,638	FOOD AND MEDICAL SUPPLIES	FMV
(150)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	57,121	FOOD AND MEDICAL SUPPLIES	FMV
(151)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	56,357	FOOD AND MEDICAL SUPPLIES	FMV
(152)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	56,317	FOOD AND MEDICAL SUPPLIES	FMV
(153)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	55,776	FOOD AND MEDICAL SUPPLIES	FMV
(154)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	54,347	FOOD AND MEDICAL SUPPLIES	FMV
(155)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	54,338	FOOD AND MEDICAL SUPPLIES	FMV
(156)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	51,491	FOOD AND MEDICAL SUPPLIES	FMV
(157)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	51,089	FOOD AND MEDICAL SUPPLIES	FMV
(158)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	50,864	FOOD AND MEDICAL SUPPLIES	FMV
(159)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	50,593	FOOD AND MEDICAL SUPPLIES	FMV

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(160)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	50,080	FOOD AND MEDICAL SUPPLIES	FMV
(161)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	49,603	FOOD AND MEDICAL SUPPLIES	FMV
(162)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	48,769	FOOD AND MEDICAL SUPPLIES	FMV
(163)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	47,130	FOOD AND MEDICAL SUPPLIES	FMV
(164)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	47,093	FOOD AND MEDICAL SUPPLIES	FMV
(165)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	46,709	FOOD AND MEDICAL SUPPLIES	FMV
(166)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	46,284	FOOD AND MEDICAL SUPPLIES	FMV
(167)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	46,017	FOOD AND MEDICAL SUPPLIES	FMV
(168)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	45,557	FOOD AND MEDICAL SUPPLIES	FMV
(169)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	44,030	FOOD AND MEDICAL SUPPLIES	FMV
(170)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	44,019	FOOD AND MEDICAL SUPPLIES	FMV
(171)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	43,844	FOOD AND MEDICAL SUPPLIES	FMV
(172)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	43,638	FOOD AND MEDICAL SUPPLIES	FMV
(173)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	42,224	FOOD AND MEDICAL SUPPLIES	FMV
(174)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	41,005	FOOD AND MEDICAL SUPPLIES	FMV
(175)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	40,971	FOOD AND MEDICAL SUPPLIES	FMV
(176)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	40,892	FOOD AND MEDICAL SUPPLIES	FMV
(177)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	38,002	FOOD AND MEDICAL SUPPLIES	FMV
(178)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	37,965	FOOD AND MEDICAL SUPPLIES	FMV
(179)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	37,396	FOOD AND MEDICAL SUPPLIES	FMV
(180)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	37,219	FOOD AND MEDICAL SUPPLIES	FMV
(181)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	35,961	FOOD AND MEDICAL SUPPLIES	FMV
(182)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	35,769	FOOD AND MEDICAL SUPPLIES	FMV
(183)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	35,614	FOOD AND MEDICAL SUPPLIES	FMV

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(184)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	34,249	FOOD AND MEDICAL SUPPLIES	FMV
(185)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	33,377	FOOD AND MEDICAL SUPPLIES	FMV
(186)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	32,353	FOOD AND MEDICAL SUPPLIES	FMV
(187)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	32,151	FOOD AND MEDICAL SUPPLIES	FMV
(188)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	32,111	FOOD AND MEDICAL SUPPLIES	FMV
(189)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	31,431	FOOD AND MEDICAL SUPPLIES	FMV
(190)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	31,375	FOOD AND MEDICAL SUPPLIES	FMV
(191)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	31,305	FOOD AND MEDICAL SUPPLIES	FMV
(192)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	31,272	FOOD AND MEDICAL SUPPLIES	FMV
(193)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	30,032	FOOD AND MEDICAL SUPPLIES	FMV
(194)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	29,178	FOOD AND MEDICAL SUPPLIES	FMV
(195)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	28,862	FOOD AND MEDICAL SUPPLIES	FMV
(196)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	28,805	FOOD AND MEDICAL SUPPLIES	FMV
(197)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	28,445	FOOD AND MEDICAL SUPPLIES	FMV
(198)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	28,060	FOOD AND MEDICAL SUPPLIES	FMV
(199)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	27,886	FOOD AND MEDICAL SUPPLIES	FMV
(200)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	27,637	FOOD AND MEDICAL SUPPLIES	FMV
(201)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	27,561	FOOD AND MEDICAL SUPPLIES	FMV
(202)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	27,100	FOOD AND MEDICAL SUPPLIES	FMV
(203)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	26,795	FOOD AND MEDICAL SUPPLIES	FMV
(204)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	26,699	FOOD AND MEDICAL SUPPLIES	FMV
(205)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	26,558	FOOD AND MEDICAL SUPPLIES	FMV
(206)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	26,502	FOOD AND MEDICAL SUPPLIES	FMV
(207)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	26,420	FOOD AND MEDICAL SUPPLIES	FMV

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(208)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	25,682	FOOD AND MEDICAL SUPPLIES	FMV
(209)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	25,308	FOOD AND MEDICAL SUPPLIES	FMV
(210)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	24,926	FOOD AND MEDICAL SUPPLIES	FMV
(211)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	24,864	FOOD AND MEDICAL SUPPLIES	FMV
(212)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	24,585	FOOD AND MEDICAL SUPPLIES	FMV
(213)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	24,236	FOOD AND MEDICAL SUPPLIES	FMV
(214)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	24,174	FOOD AND MEDICAL SUPPLIES	FMV
(215)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	23,610	FOOD AND MEDICAL SUPPLIES	FMV
(216)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	23,480	FOOD AND MEDICAL SUPPLIES	FMV
(217)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	23,277	FOOD AND MEDICAL SUPPLIES	FMV
(218)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	23,129	FOOD AND MEDICAL SUPPLIES	FMV
(219)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	22,902	FOOD AND MEDICAL SUPPLIES	FMV
(220)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	22,732	FOOD AND MEDICAL SUPPLIES	FMV
(221)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	22,486	FOOD AND MEDICAL SUPPLIES	FMV
(222)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	22,438	FOOD AND MEDICAL SUPPLIES	FMV
(223)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	22,435	FOOD AND MEDICAL SUPPLIES	FMV
(224)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	22,331	FOOD AND MEDICAL SUPPLIES	FMV
(225)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	22,158	FOOD AND MEDICAL SUPPLIES	FMV
(226)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	22,135	FOOD AND MEDICAL SUPPLIES	FMV
(227)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	21,827	FOOD AND MEDICAL SUPPLIES	FMV
(228)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	21,760	FOOD AND MEDICAL SUPPLIES	FMV
(229)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	21,734	FOOD AND MEDICAL SUPPLIES	FMV
(230)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	21,700	FOOD AND MEDICAL SUPPLIES	FMV
(231)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	21,380	FOOD AND MEDICAL SUPPLIES	FMV

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(232)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	21,354	FOOD AND MEDICAL SUPPLIES	FMV
(233)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	20,786	FOOD AND MEDICAL SUPPLIES	FMV
(234)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	20,559	FOOD AND MEDICAL SUPPLIES	FMV
(235)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	20,499	FOOD AND MEDICAL SUPPLIES	FMV
(236)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	20,254	FOOD AND MEDICAL SUPPLIES	FMV
(237)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	19,969	FOOD AND MEDICAL SUPPLIES	FMV
(238)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	19,726	FOOD AND MEDICAL SUPPLIES	FMV
(239)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	19,640	FOOD AND MEDICAL SUPPLIES	FMV
(240)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	19,509	FOOD AND MEDICAL SUPPLIES	FMV
(241)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	19,199	FOOD AND MEDICAL SUPPLIES	FMV
(242)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	19,094	FOOD AND MEDICAL SUPPLIES	FMV
(243)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,949	FOOD AND MEDICAL SUPPLIES	FMV
(244)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,940	FOOD AND MEDICAL SUPPLIES	FMV
(245)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,854	FOOD AND MEDICAL SUPPLIES	FMV
(246)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,846	FOOD AND MEDICAL SUPPLIES	FMV
(247)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,653	FOOD AND MEDICAL SUPPLIES	FMV
(248)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,512	FOOD AND MEDICAL SUPPLIES	FMV
(249)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,400	FOOD AND MEDICAL SUPPLIES	FMV
(250)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,265	FOOD AND MEDICAL SUPPLIES	FMV
(251)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,153	FOOD AND MEDICAL SUPPLIES	FMV
(252)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,000	FOOD AND MEDICAL SUPPLIES	FMV
(253)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	17,717	FOOD AND MEDICAL SUPPLIES	FMV
(254)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	17,696	FOOD AND MEDICAL SUPPLIES	FMV
(255)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	17,619	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(256)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	17,361	FOOD AND MEDICAL SUPPLIES	FMV
(257)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	16,994	FOOD AND MEDICAL SUPPLIES	FMV
(258)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	16,123	FOOD AND MEDICAL SUPPLIES	FMV
(259)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	15,918	FOOD AND MEDICAL SUPPLIES	FMV
(260)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	15,566	FOOD AND MEDICAL SUPPLIES	FMV
(261)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	15,543	FOOD AND MEDICAL SUPPLIES	FMV
(262)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	15,485	FOOD AND MEDICAL SUPPLIES	FMV
(263)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	15,465	FOOD AND MEDICAL SUPPLIES	FMV
(264)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	15,324	FOOD AND MEDICAL SUPPLIES	FMV
(265)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	15,268	FOOD AND MEDICAL SUPPLIES	FMV
(266)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	14,571	FOOD AND MEDICAL SUPPLIES	FMV
(267)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	14,376	FOOD AND MEDICAL SUPPLIES	FMV
(268)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	14,314	FOOD AND MEDICAL SUPPLIES	FMV
(269)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	14,293	FOOD AND MEDICAL SUPPLIES	FMV
(270)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	14,283	FOOD AND MEDICAL SUPPLIES	FMV
(271)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	14,239	FOOD AND MEDICAL SUPPLIES	FMV
(272)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	14,234	FOOD AND MEDICAL SUPPLIES	FMV
(273)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	14,230	FOOD AND MEDICAL SUPPLIES	FMV
(274)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,945	FOOD AND MEDICAL SUPPLIES	FMV
(275)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,935	FOOD AND MEDICAL SUPPLIES	FMV
(276)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,843	FOOD AND MEDICAL SUPPLIES	FMV
(277)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,815	FOOD AND MEDICAL SUPPLIES	FMV
(278)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,718	FOOD AND MEDICAL SUPPLIES	FMV
(279)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,547	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(280)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,540	FOOD AND MEDICAL SUPPLIES	FMV
(281)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,533	FOOD AND MEDICAL SUPPLIES	FMV
(282)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,460	FOOD AND MEDICAL SUPPLIES	FMV
(283)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,087	FOOD AND MEDICAL SUPPLIES	FMV
(284)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	12,929	FOOD AND MEDICAL SUPPLIES	FMV
(285)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	12,818	FOOD AND MEDICAL SUPPLIES	FMV
(286)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	12,797	FOOD AND MEDICAL SUPPLIES	FMV
(287)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	12,771	FOOD AND MEDICAL SUPPLIES	FMV
(288)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	12,735	FOOD AND MEDICAL SUPPLIES	FMV
(289)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	12,606	FOOD AND MEDICAL SUPPLIES	FMV
(290)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	12,337	FOOD AND MEDICAL SUPPLIES	FMV
(291)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	12,292	FOOD AND MEDICAL SUPPLIES	FMV
(292)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	11,991	FOOD AND MEDICAL SUPPLIES	FMV
(293)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	11,737	FOOD AND MEDICAL SUPPLIES	FMV
(294)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	11,405	FOOD AND MEDICAL SUPPLIES	FMV
(295)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	11,333	FOOD AND MEDICAL SUPPLIES	FMV
(296)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	11,322	FOOD AND MEDICAL SUPPLIES	FMV
(297)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	11,321	FOOD AND MEDICAL SUPPLIES	FMV
(298)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,903	FOOD AND MEDICAL SUPPLIES	FMV
(299)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,877	FOOD AND MEDICAL SUPPLIES	FMV
(300)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,839	FOOD AND MEDICAL SUPPLIES	FMV
(301)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,833	FOOD AND MEDICAL SUPPLIES	FMV
(302)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,772	FOOD AND MEDICAL SUPPLIES	FMV
(303)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,692	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(304)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,637	FOOD AND MEDICAL SUPPLIES	FMV
(305)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,637	FOOD AND MEDICAL SUPPLIES	FMV
(306)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,624	FOOD AND MEDICAL SUPPLIES	FMV
(307)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,611	FOOD AND MEDICAL SUPPLIES	FMV
(308)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,569	FOOD AND MEDICAL SUPPLIES	FMV
(309)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,448	FOOD AND MEDICAL SUPPLIES	FMV
(310)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,380	FOOD AND MEDICAL SUPPLIES	FMV
(311)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,305	FOOD AND MEDICAL SUPPLIES	FMV
(312)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,164	FOOD AND MEDICAL SUPPLIES	FMV
(313)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,141	FOOD AND MEDICAL SUPPLIES	FMV
(314)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,971	FOOD AND MEDICAL SUPPLIES	FMV
(315)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,951	FOOD AND MEDICAL SUPPLIES	FMV
(316)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,919	FOOD AND MEDICAL SUPPLIES	FMV
(317)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,828	FOOD AND MEDICAL SUPPLIES	FMV
(318)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,817	FOOD AND MEDICAL SUPPLIES	FMV
(319)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,738	FOOD AND MEDICAL SUPPLIES	FMV
(320)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,694	FOOD AND MEDICAL SUPPLIES	FMV
(321)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,574	FOOD AND MEDICAL SUPPLIES	FMV
(322)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,390	FOOD AND MEDICAL SUPPLIES	FMV
(323)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,259	FOOD AND MEDICAL SUPPLIES	FMV
(324)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,075	FOOD AND MEDICAL SUPPLIES	FMV
(325)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,049	FOOD AND MEDICAL SUPPLIES	FMV
(326)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,026	FOOD AND MEDICAL SUPPLIES	FMV
(327)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,907	FOOD AND MEDICAL SUPPLIES	FMV

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(328)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,886	FOOD AND MEDICAL SUPPLIES	FMV
(329)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,883	FOOD AND MEDICAL SUPPLIES	FMV
(330)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,877	FOOD AND MEDICAL SUPPLIES	FMV
(331)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,694	FOOD AND MEDICAL SUPPLIES	FMV
(332)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,649	FOOD AND MEDICAL SUPPLIES	FMV
(333)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,540	FOOD AND MEDICAL SUPPLIES	FMV
(334)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,513	FOOD AND MEDICAL SUPPLIES	FMV
(335)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,476	FOOD AND MEDICAL SUPPLIES	FMV
(336)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,326	FOOD AND MEDICAL SUPPLIES	FMV
(337)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,230	FOOD AND MEDICAL SUPPLIES	FMV
(338)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,125	FOOD AND MEDICAL SUPPLIES	FMV
(339)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,992	FOOD AND MEDICAL SUPPLIES	FMV
(340)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,943	FOOD AND MEDICAL SUPPLIES	FMV
(341)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,925	FOOD AND MEDICAL SUPPLIES	FMV
(342)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,917	FOOD AND MEDICAL SUPPLIES	FMV
(343)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,771	FOOD AND MEDICAL SUPPLIES	FMV
(344)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,649	FOOD AND MEDICAL SUPPLIES	FMV
(345)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,526	FOOD AND MEDICAL SUPPLIES	FMV
(346)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,493	FOOD AND MEDICAL SUPPLIES	FMV
(347)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,490	FOOD AND MEDICAL SUPPLIES	FMV
(348)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,344	FOOD AND MEDICAL SUPPLIES	FMV
(349)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,219	FOOD AND MEDICAL SUPPLIES	FMV
(350)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,881	FOOD AND MEDICAL SUPPLIES	FMV
(351)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,776	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(352)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,770	FOOD AND MEDICAL SUPPLIES	FMV
(353)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,719	FOOD AND MEDICAL SUPPLIES	FMV
(354)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,512	FOOD AND MEDICAL SUPPLIES	FMV
(355)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,484	FOOD AND MEDICAL SUPPLIES	FMV
(356)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,480	FOOD AND MEDICAL SUPPLIES	FMV
(357)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,451	FOOD AND MEDICAL SUPPLIES	FMV
(358)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,246	FOOD AND MEDICAL SUPPLIES	FMV
(359)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,179	FOOD AND MEDICAL SUPPLIES	FMV
(360)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,143	FOOD AND MEDICAL SUPPLIES	FMV
(361)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,074	FOOD AND MEDICAL SUPPLIES	FMV
(362)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,068	FOOD AND MEDICAL SUPPLIES	FMV
(363)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,050	FOOD AND MEDICAL SUPPLIES	FMV
(364)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,953	FOOD AND MEDICAL SUPPLIES	FMV
(365)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,923	FOOD AND MEDICAL SUPPLIES	FMV
(366)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,904	FOOD AND MEDICAL SUPPLIES	FMV
(367)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,606	FOOD AND MEDICAL SUPPLIES	FMV
(368)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,544	FOOD AND MEDICAL SUPPLIES	FMV
(369)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,533	FOOD AND MEDICAL SUPPLIES	FMV
(370)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,453	FOOD AND MEDICAL SUPPLIES	FMV
(371)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,291	FOOD AND MEDICAL SUPPLIES	FMV
(372)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,233	FOOD AND MEDICAL SUPPLIES	FMV
(373)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,217	FOOD AND MEDICAL SUPPLIES	FMV
(374)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,168	FOOD AND MEDICAL SUPPLIES	FMV
(375)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,013	FOOD AND MEDICAL SUPPLIES	FMV

Part V

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

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

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

AMERICAN NICARAGUAN FOUNDATION INC

Employer identification number

65-0326517

Part I

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GALA</u> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	490,119			490,119
	2 Less: Contributions	361,159			361,159
	3 Gross income (line 1 minus line 2)	128,960	0	0	128,960
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	10,000			10,000
	6 Rent/facility costs				0
	7 Food and beverages	64,238			64,238
	8 Entertainment	39,113			39,113
	9 Other direct expenses	117,342			117,342
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				230,693
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(101,733)	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			85,042
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes			38,166	38,166
	4 Rent/facility costs				0
	5 Other direct expenses			987	987
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 90 % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				39,153	
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				45,889	

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

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

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

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

b If "Yes," explain: _____

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ DAMARIS OPORTA

Address ▶ 100 NW 57TH COURT, MIAMI, FL 33126

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ MARIA SOLEDAD ALMENDAREZ

Gaming manager compensation ▶ \$ 640

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SEE NEXT PAGE

Part IV

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

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

AMERICAN NICARAGUAN FOUNDATION INC

Employer identification number

65-0326517

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		12,612,354	MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	✓	122	6,465,368	MARKET VALUE
20 Drugs and medical supplies	✓	61	95,737,007	MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SCHOOL SUPPLIES)	✓	47	588,168	MARKET VALUE
26 Other ▶ (VARIOUS)	✓	1	175,109	MARKET VALUE
27 Other ▶ ()				
28 Other ▶ ()				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0
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	Yes	No
30a		✓
31	✓	
32a	✓	
33		

Part II

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

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

Supplemental Information to Form 990 or 990-EZ

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

2015

Open to Public Inspection

Name of the Organization
AMERICAN NICARAGUAN FOUNDATION INC

Employer Identification Number
65-0326517

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>(CONTINUED FROM PART III)</p> <p>ACHIEVE UNIVERSAL PRIMARY EDUCATION - ANF ALSO ATTEMPTS TO ACHIEVE UNIVERSAL PRIMARY EDUCATION IN NICARAGUA BY INCREASING EDUCATIONAL QUALITY AND ATTAINMENT. THE ORGANIZATION HELPED PROVIDE CLASSROOM FURNITURE TO 381 SCHOOLS. ANF DISTRIBUTED 47 CONTAINERS OF SCHOOL SUPPLIES VALUED AT \$ 600,000 TO 647 SCHOOLS, WHICH BENEFITED 66,100 CHILDREN. IN ADDITION, THE ORGANIZATION CONTRIBUTED MORE THAN 3,447 PIECES OF SCHOOL FURNITURE DISTRIBUTED TO 381 SCHOOLS AND BENEFITING 3,800 STUDENTS.</p> <p>IMPROVE HEALTH – ANF DISTRIBUTED MEDICINE AND MEDICAL SUPPLIES TO 141 DISPENSARIES, INCLUDING 88 PRIMARY CARE CENTERS, 11 DISPENSARIES IN NURSING HOMES AND CHILDREN, 29 HOSPITALS, 3 SPECIALIZED CENTERS AND 13 DELEGATIONS OF THE MINISTRY OF HEALTH WHICH PROVIDED 265,000 MEDICAL CONSULTATIONS. THE ORGANIZATION ALSO PROVIDED WHEELCHAIRS AND AUXILIARY EQUIPMENT TO MORE THAN 2,000 HANDICAPPED INDIVIDUALS. DEVELOPED EDUCATIONAL CAMPAIGNS HYGIENE, INCLUDING PROPER HAND WASHING, DENGUE, MALARIA, PARASITES AND LICE. IN ADDITION, ANF DEVELOPED CAMPAIGNS TO PROMOTE BETTER DIETARY PRACTICES, WASTE MANAGEMENT PRACTICES AND ENVIRONMENTAL STEWARDSHIP. ALL THESE CAMPAIGNS WERE ABLE TO BENEFIT MORE THAN 15,000 CHILDREN.</p> <p>ENSURE ENVIRONMENTAL SUSTAINABILITY – IN 2015, 5,145 FAMILIES BENEFITED DIRECTLY THROUGH PROGRAMS AND PROJECTS OF COMMUNITY DEVELOPMENT AND ECONOMIC DEVELOPMENT, INCLUDING:</p> <ul style="list-style-type: none"> • 1,498 HOUSEHOLDS BENEFITING 9,288 PEOPLE; • 287 HOMES EQUIPPED WITH SOLAR PANELS; • 175 REFORESTATION PROJECTS WITH FRUIT AND ORNAMENTAL PLANTS; • 277 FAMILIES WERE SUPPORTED WITH GALLEYS AND CHICKENS FOR PRODUCTION AND BREEDING POULTRY; • 4 NEW BEEKEEPING PROJECTS IN PUEBLO NUEVO, LA CONCORDIA, LA DALIA AND GOOD HOPE BENEFITING 130 NEW PRODUCERS. <p>THE ORGANIZATION ALSO CONSTRUCTED 6 WELLS IN COMMUNITIES AFFECTED BY WATER SCARCITY. ANF CONNECTED MUNICIPAL WATER SOURCES AND INSTALLED HOME WATER SYSTEMS FOR IMPOVERISHED FAMILIES.</p>
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE ORGANIZATION'S EXECUTIVE COMMITTEE HAS AND MAY EXERCISE ALL THE AUTHORITY OF THE BOARD OF DIRECTORS, EXCEPT AS PROVIDED BY LAW. ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE VOTING MEMBERS OF THE GOVERNING BODY.
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	<p>F. ALFREDO PELLAS, JR., SILVIO PELLAS CH., THERESA PELLAS, CARMEN CH. DE PELLAS AND CARLOS PELLAS - FAMILY RELATIONSHIP</p> <p>F. ALFREDO PELLAS, JR., RUBEN DIAZ, FRANK ROBLETO AND AGUSTIN ABALO AND CARLOS PELLAS - BUSINESS RELATIONSHIP</p> <p>RAFAEL SANCHEZ AND JOHNNY SORDO - BUSINESS RELATIONSHIP</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS REVIEWED IN DETAIL BY MANAGEMENT. A COPY OF THE FORM 990 IS THEN PROVIDED TO EVERY MEMBER OF THE GOVERNING BODY PRIOR TO FILING.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	AMERICAN NICARAGUAN FOUNDATION HAS ADOPTED A CONFLICT OF INTEREST POLICY THAT REQUIRES THE MEMBERS OF THE BOARD TO SUBMIT A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY. ONCE THE STATEMENTS ARE COMPLETED THE RESPONSES ARE REVIEWED AND IT IS DETERMINED WHETHER OR NOT THERE ARE ANY POTENTIAL CONFLICTS OF INTEREST. IF AN ACTUAL CONFLICT OF INTEREST IS DETERMINED TO EXIST, THAT PERSON IS EXCLUDED FROM ANY DECISIONS OR ACTIONS REGARDING THE CONFLICTING ISSUE.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED AND APPROVED BY THE ADMINISTRATION COMMITTEE, WHICH IS A COMMITTEE OF BOARD MEMBERS. THE COMMITTEE USES COMPARABILITY DATA TO ENSURE COMPENSATION IS REASONABLE AND DOCUMENTS THE DECISIONS AND DELIBERATIONS IN THE EMPLOYEE'S FILE AND COMMITTEE MINUTES. THE COMPENSATION REVIEW AND APPROVAL IS DONE ANNUALLY.
FORM 990, PART VI, LINE 15B - PART VI, LINE 15B	THERE ARE NO OTHER OFFICERS OR KEY EMPLOYEES WHO RECEIVE COMPENSATION. THE FORM 990 INSTRUCTIONS INDICATE WHEN THIS QUESTION IS NOT APPLICABLE IT SHOULD BE ANSWERED "NO".
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH THE STATE OF FLORIDA. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.</p> <p>THE CONFLICT OF INTEREST POLICY IS NOT A REQUIRED DISCLOSURE PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104 AND IS NOT AVAILABLE TO THE PUBLIC AT THIS TIME.</p>