Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY



November 8, 2017

Washington Office On Latin America 1666 Connecticut Avenue NW No. 400 Washington, DC 20009 Attention: Matt Clausen

Dear Matt:

Enclosed is the organization's 2016 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2017.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Matthews, Carter & Boyce

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

2016

52-1249353

Department of the Treasury

For calendar year 2016, or fiscal year beginning , 2016, and ending Do not send to the IRS. Keep for your records.

RS. Keep for your records.

Internal Revenue Service Name of exempt organization Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Employer identification number

WASHINGTON OFFICE ON LATIN AMERICA

Name and title of officer MATT CLAUSEN EXECUTIVE DIRECTOR Part I Type of Return an

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	4,679,312.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize	to enter my PIN
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also at enter my PIN on the return's disclosure consent screen.	13
X As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature ► Date ► Date ►	1/14/17
Part III Certification and Authentication	

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5414	34	987	65
do no	enter	all ze	ros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature

Date 🕨

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2016)

EXTENDED $B_{UBL}Q_{I}$ BORER BRANCE 5, 2017									
	OMB No. 1545-0047								
For	m IJ	90	Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	ode (exc	ept private foundation	» 2016			
		of the Treasury	Do not enter social security numbers on this form as	-	Open to Public				
		enue Service	Information about Form 990 and its instructions is at		.gov/form990.	Inspection			
		- 1	ar year, or tax year beginning and end	ling					
B	Check if applicat	ole: C Name of	organization		D Employer identifica	ation number			
	Addr	wash	INGTON OFFICE ON LATIN AMERICA						
	Name		usiness as WOLA		52-12	49353			
	Initial			om/suite	E Telephone number				
	Final returr		CONNECTICUT AVENUE NW 40			-797-2171			
_	termi ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,740,300.			
	Amer		INGTON, DC 20009		H(a) Is this a group ret				
	Appli tion pend		nd address of principal officer:MATT CLAUSEN		for subordinates?				
		SAME	AS C ABOVE		H(b) Are all subordinates inc				
		empt status:		527		st. (see instructions)			
		f organization:	WOLA.ORG X Corporation Trust Association Other ►	. Veen	H(c) Group exemption	number > State of legal domicile: DC			
	art I	Summary				State of legal dofinicile. DC			
	1		e the organization's mission or most significant activities: WOLA'S	MTS	STON TS TO A	DVANCE			
Governance	1.	HUMAN R	IGHTS AND SOCIAL JUSTICE IN THE AME.	RICA	<u>S.</u>				
nai	2		x ► □ if the organization discontinued its operations or disposed			ets.			
ovel	3				3	25			
	4		ependent voting members of the governing body (Part VI, line 1b)			24			
es 8	5		of individuals employed in calendar year 2016 (Part V, line 2a)			29			
viti	6		of volunteers (estimate if necessary)			24			
Activities &	7 a		d business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated	business taxable income from Form 990-T, line 34		7b	0.			
					Prior Year	Current Year			
ne	8		and grants (Part VIII, line 1h)		2,505,056.	4,512,043.			
Revenue	9	-	ce revenue (Part VIII, line 2g)		135,132.	149,679.			
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)		14,830.	17,590.			
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,655,018.	0. 4,679,312.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,055,018.	4,079,512.			
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14		to or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10)		1,824,163.	2,046,806.			
Expenses	160	Brofossional fi	compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 315,506	····	0.	0.			
ben	h	Total fundraisi	and asing lees (Part IX, column (D), line 25) \blacktriangleright 315, 506						
Щ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	-	1,244,731.	1,381,150.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,068,894.	3,427,956.			
	19		expenses. Subtract line 18 from line 12		-413,876.	1,251,356.			
or					ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		2,536,559.	3,766,818.			
t As: d Ba	21		(Part X, line 26)		237,136.	186,779.			
Fun	22		fund balances. Subtract line 21 from line 20		2,299,423.	3,580,039.			
Pa	art II	Signature	Block						
Und	er pen	alties of perjury,	declare that I have examined this return, including accompanying schedules an	d stateme	ents, 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 MATT CLAUSEN, EXECUTIV Type or print name and title	E DIRECTOR		Date				
	Print/Type preparer's name	Preparer's signature	Date					
Paid	KATHLEEN M. FLAHERTY			self-employed P00969957				
Preparer	Firm's name 🕨 MATTHEWS , CARTER			Firm's EIN 54-1487262				
Use Only	Firm's address 12500 FAIR LAKES	CIRCLE, SUITE 260						
	FAIRFAX, VA 2203		Phone no. 703 - 218 - 3600					
May the IRS discuss this return with the preparer shown above? (see instructions)								
632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)								

Settement of Program Service Accomplishments Credet (Bondue Continue response or note to any line in this Part III. Proof describe the equivalence in the response or note to any line in this Part III. WOLA'S MISSION IS TO ADVANCE HUMAN RIGHTS AND SOCIAL JUSTICE IN THE AMERICAS. Image: Control of the end of the end of the proof form 680 or 580-627. □ Ves IX If Yes, 'describe these new services on Schedule 0. □ Ves IX If Yes, 'describe these new services on Schedule 0. □ Ves IX Describe the organization's angrands are required to reach of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to reach of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to reach of its three largest program services, as measured by expenses. Image: Intermediation's angrands are required to reach of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to reach of its three largest program services, as measured by expenses. WOLA IS THE LEADING RESEARCH AND ADVOCACY ORGANIZATION ADVANCING HUMAN RIGHTS IN THE AMERICAS. WE SEEK PUBLIC POLICICES IN THE AMERICAS THAT TRANSCEND BORDERS AND REQUIRE DOMESTIC AND INTERNATIONAL ADD DUTOCACY ORGANIZATIONS ACADEMICS. WE SEEK PUBLIC POLICICES IN THE AMERICAS AND ASOCIACY OVERCOME VIOLENCE. WOLA TACKLES PRODUENT SOLUTIONS AND DECORACY ORGANIZATIONS ADVANCING HUMAN RIGHTS AND DECORACY ORGANIZATIONS, ACADEMICS AND ASOCIACY ORGANIZATIONS, ACAD	Description Statement of Program Service Accomplishments Cneek Schedule Costinan response on one to any line in this Part III	Settiment of Program Service Accomplishments Cinck: Evolutio Continuations response or note to any line in this Part II Biothy describe the organization's mission. WOLA: S MISSION IS TO ADVANCE HUMAN RIGHTS AND SOCIAL JUSTICE IN THE AMERICAS. Image: Status and	-	PUBLIC INSPECTION COPY 1990 (2016) WASHINGTON OFFICE ON LATIN AMERICA 52-1249353	
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Part IV Checklist of Required Schedules

PUBLIC INSPECTION COPY WASHINGTON OFFICE ON LATIN AMERICA

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
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>	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	37	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	4.45	x	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	X	
13	complete Schedule G. Part III	19		x

Form **990** (2016)

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	PUBLI	C INS	PECTION C	OPY
WASHINGTON	OFFICE	ON	LATIN	AMERICA

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

Form **990** (2016)

632004 11-11-16

Form 990 (2016)

_	990 (2016) WASHINGTON OFFICE ON LATIN AMERICA 52-1249	353	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 29			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L.	Note. See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans 13b 13c			
		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		
<u> </u>	in ros, has three a round zo to report these payments (in roo, provide an explanation in Schedule O		<u> </u>	(0010

Form **990** (2016)

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	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 the to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	•	,	a no r	espor	150
	Check if Schedule O contains a response or note to any line in this Part VI					[
ec	tion A. Governing Body and Management					
					Yes	Т
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2!	5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other			
	officer, director, trustee, or key employee?			2		Τ
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	t supervision			T
	of officers, directors, or trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		T
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		T
6	Did the organization have members or stockholders?			6		t
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					t
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					t
5				7b		
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r hv th	e following	10		\dagger
	The governing body?			8a	x	I
a b	Each committee with authority to act on behalf of the governing body?			8b	X	\dagger
ы 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			00	<u> </u>	+
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		I
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re			9		
	tion D. Tonoico (mis dection D requests information about policies not required by the internal re	svenue	(0000.)		Yes	Т
0-	Did the examination have local chapters, branches, or effiliates?			10a	165	╉
	Did the organization have local chapters, branches, or affiliates?			10a		╉
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch					I
	and branches to ensure their operations are consistent with the organization's exempt purposes?			110h		
				10b	37	╉
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	X	1
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod Describe in Schedule O the process, if any, used by the organization to review this Form 990.			11a		
b 2a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	y befo	re filing the form?	11a 12a	x	
b 2a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	y befor to conf	re filing the form?	11a		
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b 2a b c 3 4 5 a b 6a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Y in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entity during the year?	y befor to conf es, " de al by in nent w	re filing the form? flicts? escribe dependent	11a 12a 12b 12c 13 14 15a	X X X X X X	
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b 2a b c 3 4 5 a b 6a b ec 7 8 9	Has the organization provided a complete copy of this Form 990 to all members of its governing bod Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Y in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi- exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T for public inspection. Indicate how you made these available. Check all that apply. I Other (<i>explain</i> Describe in Schedule O whether (and if so, how) the organization made its governing documents, con- statements available to the public during the tax year.	y before to configure of the configure o	re filing the form? flicts? escribe dependent dependent rith a finterest policy, ar	11a 12a 12b 12c 13 14 15a 15b 16a 16a 16b	X X X X X X X	
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b 2a b c 3 4 5 a b 6a b ec 7 8 9	Has the organization provided a complete copy of this Form 990 to all members of its governing bod Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Y in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi- exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T for public inspection. Indicate how you made these available. Check all that apply. I Other (<i>explain</i> Describe in Schedule O whether (and if so, how) the organization made its governing documents, con- statements available to the public during the tax year.	y before to configure of the configure o	re filing the form? flicts? escribe dependent dependent rith a finterest policy, ar	11a 12a 12b 12c 13 14 15a 15b 16a 16b availab	X X X X X X X	

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WASHINGTON OFFICE ON LATIN AMERICA 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 (Ď), (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	(C)(D)(E)Position (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensationReportable compensationfromfromfromfrom						(E) Reportable compensation	(F) Estimated amount of other	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) STEVEN BENNETT	1.00	v						0.	0.	0.
	2.00	X						0.	0.	0.
(2) CYNTHIA MCCLINTOCK	2.00	x		х				0.	0.	0.
CHAIR (3) ETHAN MILLER	1.00	<u>^</u>		~				0.	0.	0.
(3) ETHAN MILLER TREASURER	1.00	x		х				0.	0.	0.
(4) LAZARO CARDENAS BATEL	1.00			Λ			<u> </u>	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(5) NANCY BELDEN	1.00								0.	••
DIRECTOR	1.00	x						0.	0.	0.
(6) JOEL CAMPOS-ALVIS	1.00									
DIRECTOR		x						0.	0.	0.
(7) DARRYL CHAPPELL	1.00									
DIRECTOR		x						0.	0.	0.
(8) MARTIN CORIA	1.00									
DIRECTOR		x						0.	0.	0.
(9) BILL GARCIA	1.00									
DIRECTOR		X						0.	0.	0.
(10) LOUIS GOODMAN	1.00									
DIRECTOR		X						0.	0.	0.
(11) PATRICIA WEISS FAGEN	1.00									
DIRECTOR		Х						0.	0.	0.
(12) NEIL JEFFERY	1.00									
DIRECTOR		Х						0.	0.	0.
(13) DIEGO LUNA	1.00									
DIRECTOR		Х						0.	0.	0.
(14) JANICE O'CONNELL	1.00							0	0	0
DIRECTOR	40.00	X						0.	0.	0.
(15) JOY OLSON	40.00			37				142 047	0	22 020
EXECUTIVE DIRECTOR	1 00	X		Х				143,847.	0.	23,938.
(16) PAUL REICHLER	1.00	v							0.	<u>م</u>
DIRECTOR	1.00	X				<u> </u>	<u> </u>	0.	0.	0.
(17) ROBERT VARENIK DIRECTOR	1.00	x						0.	0.	0.
								0.	0.	Form 990 (2016)
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Part VII Section A. Officers, Directors, Trus											555		age 🛡
(A) Name and title	(B) Average hours per week	(do	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				one th an	(D) Reportable compensation	(E) Reportable compensatio from related	n	an	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	com fr orga and	pensa om th anizat d relat inizati	e tion ted
(18) KATTI WACHS DIRECTOR	1.00	x						0.		ο.			0.
(19) ALEX WILDE	1.00				┢								
DIRECTOR		Х						0.		0.			0.
(20) GEORGE WITHERS VICE-CHAIR	1.00	x		x				0.		ο.			0.
(21) SALLY O'NEILL	1.00				\vdash								
DIRECTOR		X						0.		0.			0.
(22) LEONOR BLUM	1.00												0
DIRECTOR (23) MARLENE JOHNSON	1.00	X			-	-		0.		0.			0.
DIRECTOR	1.00	x						0.		ο.			Ο.
(24) CHERYL MORDEN	1.00												
DIRECTOR	1 0 0	X						0.		0.			0.
(25) JAY SCHWARTZCOFFEY	1.00	x						0.		ο.			0.
DIRECTOR (26) GEOFF THALE	40.00					-		0.		0.			0.
PROGRAM DIRECTOR						x		114,948.		0.		6,5	00.
1b Sub-total								258,795.		0.	3	0,4	38.
c Total from continuation sheets to Part VI								114,436.		0.			64.
d Total (add lines 1b and 1c)								373,231.		0.	4	4,1	02.
 Total number of individuals (including but n compensation from the organization 	ot limited to tr	iose	e liste	ed a	DOV	e) wi	no r	received more than \$100	,000 of reportab	le			3
												Yes	No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for sa</i>											3		x
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	-		-					-			4	Х	
5 Did any person listed on line 1a receive or a	•					•		•					
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J i	for s	uch	per	son					5		X
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	cont	racto	ors	that received more than	\$100.000 of corr	npens	ation f	rom	
the organization. Report compensation for	-	-											
(A)								(B)		0	(C		
Name and business		RA	CE	E	QU	AL	IT	Description of s		U	omper	isatio	n
1625 MASSACHUSETTS AVE, M											14	1,3	32.
2 Total number of independent contractors (ii	ncluding but r	not li	mite	ed to	tho	se li	steo	l d above) who received n	nore than				
\$100,000 of compensation from the organized SEE PART VII, SECTION		ידק	NTTT	<u>v m</u> .	TOT	1 N 4	CU				F - A	000	0010
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	TON OFFIC	CE		1 1	LA'	FII	N Z	AMERICA	52-124	9353
	Trustees, Key Ei	mplo	byee			ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(cl	heck	Pos	C) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) KRISTINA DEMAIN DIRECTOR OF DEVELOPMENT	40.00					x		114,436.	0.	12,264.
		-								
		$\left \right $								
		 								
		-								
Total to Part VII, Section A, line 1c		<u> </u>	L		L	L	L	114,436.		12,264

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					FICE ON	LATIN AMER	ICA	52-1249	353 Page 9
Pa	rt V	/111							_
			Check if Schedule O contain	ns a response	or note to any lin	e in this Part VIII	(B) 1		
						(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	1a					
Gra		b	Membership dues	1b					
Am (С	Fundraising events	1c	305,105.				
lar lar		d	Related organizations	1d					
ijs,			Government grants (contribution		186,526.				
r S		f	All other contributions, gifts, grants,	and					
the			similar amounts not included above	1f 4,	020,412.				
d d d		g	Noncash contributions included in lines 1a		20,864.				
аĞ		h	Total. Add lines 1a-1f		▶	4,512,043.			
					Business Code				
ø	2	а	CONTRACT SERVICE	REVEN	900099	128,179.	128,179.		
۳ Z		b	OTHER PROGRAM RE	VENUE	900099	21,000.			
Se		с	PUBLICATIONS		900099	500.	500.		
eve eve		d	-						
Program Service Revenue		e							
President and a second		f	All other program service revenu	Je					
			Total. Add lines 2a-2f			149,679.			
	3	3	Investment income (including di						
			other similar amounts)			17,082.			17,082.
	4		Income from investment of tax-						
	5		Royalties		•				
			Γ	(i) Real	(ii) Personal				
	6	а	Gross rents	()					
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
				(i) Securities	(ii) Other				
	-		assets other than inventory	508.	(,				
		b	Less: cost or other basis						
			and sales expenses	0.					
		с	Gain or (loss)	508.	,				
			Net gain or (loss)			508.			508.
Other Revenue	8		Gross income from fundraising including \$ 305,10	events (not					
evel			contributions reported on line 1						
ě			Part IV, line 18	-	60,988.				
the		b	Less: direct expenses						
Ò			Net income or (loss) from fundra		····· ►	0.			
			Gross income from gaming activ	•					
	Ŭ	-	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gamin						
			Gross sales of inventory, less re						
		-	and allowances						
		b	Less: cost of goods sold						
			Net income or (loss) from sales						
İ		-	Miscellaneous Revenue		Business Code				
ľ	11	а							
		b							
		с							
		d	All other revenue						
		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions.			4,679,312.	149,679.	0.	17,590.
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PUBLIC INSPECTION COPY WASHINGTON OFFICE ON LATIN AMERICA

ectioi	n 501(c)(3) and 501(c)(4) organizations must comp		-		
	Check if Schedule O contains a respons				L
	ot include amounts reported on lines 6b, o, 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				
а	and domestic governments. See Part IV, line 21				
2 (Grants and other assistance to domestic				
i	ndividuals. See Part IV, line 22				
3 (Grants and other assistance to foreign				
C	organizations, foreign governments, and foreign				
i	ndividuals. See Part IV, lines 15 and 16				
1 E	Benefits paid to or for members				
5 (Compensation of current officers, directors,				
t	rustees, and key employees	167,785.	135,858.	13,615.	18,31
; (Compensation not included above, to disqualified				
р	persons (as defined under section 4958(f)(1)) and				
p	persons described in section 4958(c)(3)(B)				
' (Other salaries and wages	1,520,389.	1,231,204.	123,398.	165,78
F	Pension plan accruals and contributions (include				
S	section 401(k) and 403(b) employer contributions)	48,970.	39,626.	3,970.	5,37
	Other employee benefits	181,969.	147,251.	14,751.	19,96
F	Payroll taxes	127,693.	103,330.	10,351.	14,01
	Fees for services (non-employees):				
a١	Management				
	_egal	8,934.		8,934.	
	Accounting	17,403.	3,846.	13,177.	38
	_obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch O.)	336,049.	334,049.		2,00
	Advertising and promotion		-		
	Office expenses	29,810.	21,070.	3,739.	5,00
	nformation technology				
	Royalties				
	Decupancy	272,944.	220,760.	22,269.	29,91
	Fravel	465,932.	426,107.	16,837.	22,98
	Payments of travel or entertainment expenses	-			
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings	34,927.	26,962.	7,436.	52
	nterest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	32,389.	26,228.	2,629.	3,53
	nsurance	10,536.	8,514.	870.	1,15
	Other expenses. Itemize expenses not covered	,	- /		_,
a 2	bove. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
1	Imount, list line 24e expenses on Schedule 0.) PRINTING AND PUBLICATIO	53,457.	35,048.	1,980.	16,42
	TELEPHONE	46,328.	36,252.	5,210.	4,86
	COMMUNICATIONS	38,966.	34,910.	0.	4,00
-	OTHER EXPENSE	27,659.	3,922.	22,981.	75
		5,816.	4,674.	692.	45
	All other expenses	3,427,956.	2,839,611.	272,839.	315,50
	Joint costs. Complete this line only if the organization	5, 247, 550.	2,000,0110	272,000	515,50
	eported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form **990** (2016)

15461108 758571 WA72

Form 990 (2016)

	PUBLIC INSPECTION COPY								
WASHINGTON	OFFICE	ON	LATIN	AMERICA					

_____52-1249353 Page 11

		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			533,791.	1	415,339.
	2	Savings and temporary cash investments			247,949.	2	459,279.
	3	Pledges and grants receivable, net			806,884.	3	1,900,172.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section	4958((c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
sts		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			3,005.	7	6,684.
A	8	Inventories for sale or use				8	
	9				66,146.	9	69,063.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	356,452.			
	b	Less: accumulated depreciation	10b	281,808.	83,608.	10c	74,644.
	11	Investments - publicly traded securities			768,120.	11	814,581.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			27,056.	15	27,056.
	16	Total assets. Add lines 1 through 15 (must equa	al line (34)	2,536,559.	16	3,766,818.
	17	Accounts payable and accrued expenses			61,327.	17	70,764.
	18	Grants payable	44 600	18	00 580		
	19	Deferred revenue			41,620.	19	28,573.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to current and former					
oilit		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines			134,189.		87,442.
	~~	Schedule D			237,136.	25	186,779.
	26	Total liabilities. Add lines 17 through 25			237,130.	26	100,779.
		Organizations that follow SFAS 117 (ASC 958		ck nere 🕨 🖾 and			
ces	07	complete lines 27 through 29, and lines 33 an			931,786.	07	1,083,218.
lan	27	Unrestricted net assets			1,367,637.	27 28	2,496,821.
Ba	28	Temporarily restricted net assets			1,507,057.		2,490,021.
pun	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (A	8) ahaak hara N		29		
гF		-	50 95	8), check here 🕨 🛄			
ts o	20	and complete lines 30 through 34.				20	
sei	30 21	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated in				31 32	
Ne	32 33	Total net assets or fund balances			2,299,423.	32 33	3,580,039.
	33 34	Total liabilities and net assets/fund balances			2,536,559.	34	3,766,818.

Form 990 (2016)
Part X Balance Sheet

	PUBLIC INSPECTION COPY				
	1 990 (2016) WASHINGTON OFFICE ON LATIN AMERICA	52-124	<u>9353</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,67	<u>9,3</u>	<u>12</u> .
2	Total expenses (must equal Part IX, column (A), line 25)		3,42		
3	Revenue less expenses. Subtract line 2 from line 1		1,25		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		2,29	<u>9,4</u>	$\frac{23}{60}$
5	Net unrealized gains (losses) on investments	5		9,2	60.
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,		2 50	~ ^	20
De		10	3,58	0,0	39.
Pa	rt XII Financial Statements and Reporting				X
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	Yes	
	Accounting method used to prepare the Form 990: Cash X Accrual Other			162	NO
1					
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		Za		
	separate basis, consolidated basis, or both:	Jona			
	Separate basis, consolidated basis, or both.				
h	Were the organization's financial statements audited by an independent accountant?		2b	х	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		20		
	consolidated basis, or both:	.0 04313,			
	X Separate basis Consolidated basis 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	e audit			
•	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
54	Act and OMB Circular A-133?	0	3a		х
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				990 ((2016)

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SCHEDULE A	Б
(Form 990 or 990-EZ)	F

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

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

2016
Open to Public Inspection

OMB No. 1545-0047

Name	f t n = = = = = = = = = = = = = = = = = = =	
Name o	of the organizat	ion

Department of the Treasury

Internal Revenue Service

Employer	ide	n	tification	number
E	2	1	24021	- 2

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				ICE ON LATIN			<u> </u>	52-1249353	
	art I	Reason for Public (
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	l in sectio	n 170(b)(⁻	I)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	1 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ction 170)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). E	inter the hospital's name,	
		city, and state:	·						
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted bv a d	overnmental unit de	scribed in	
-		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov		nental unit described in s	ection 17	70(6)(1)(4)	(v)		
	X	An organization that norma	-					aaral public decoribed in	
'	- 23	-	•	iniai part of its support i	ion a gov	ennenta	unit or norm the ger	ierai public described in	
~		section 170(b)(1)(A)(vi). (C							
8	\square	A community trust describe							
9		An agricultural research org							
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state of the c	ollege or	
		university:							
10		An organization that norma	Ily receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fe	es, and gross receipts from	n
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of its su	pport from gross investmer	nt
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the organiza	ation after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry ou	It the purposes of one or	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) or	section	509(a)(2).	See section 509(a)	(3). Check the box in	
		lines 12a through 12d that						. ,	
а		Type I. A supporting orga	• •			-	-	lly by giving	
		the supported organization		-	•	-			
		organization. You must c			inajoney			and supporting	
b		7 7	-		ion with it	a aunnart	od organization(o) k	ay baying	
N		J Type II. A supporting org	-						
		control or management o			ame perso	ons that co	ontroi or manage the	e supported	
		organization(s). You mus							
C		☐ Type III functionally inte						egrated with,	
		its supported organizatio							
C		Type III non-functionally							
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a dist	ribution re	quirement and an a	ttentiveness	
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Typ	be III	
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organi:	zation.			
f	Ente	er the number of supported o	organizations						
<u> </u>		vide the following informatior	about the supporte	ed organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monet		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instruction	ons) support (see instructions	is)
Tota	ai								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 14

2016.05000 WASHINGTON OFFICE ON LATIN WA72___1

		1	OBLIC INSPE	-0110	NCOPY			
Schedule A	A (Form 990 or 990-EZ) 2016	WASHINGTON	OFFICE	ON	LATIN	AMERICA	52-1249353	Page 2
Part II	Support Schedule f	or Organizations	Described	in S	ections 1	70(b)(1)(A)(iv) a	and 170(b)(1)(A)(vi)	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,544,788.	2,308,247.	3,505,859.	2,505,056.	4,512,043.	14,375,993.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	1,544,788.	2,308,247.	3,505,859.	2,505,056.	4,512,043.	14,375,993.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6,109,690.
6	Public support. Subtract line 5 from line 4.						8,266,303.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1,544,788.	2,308,247.	3,505,859.	2,505,056.	4,512,043.	14,375,993.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	12,323.	161,310.	15,496.	14,608.	17,082.	220,819.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,511.					1,511.
11	Total support. Add lines 7 through 10						14,598,323.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	340,001.
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (•	.,,		14	56.63 %
	Public support percentage from 2015					15	54.49 %
16 a	33 1/3% support test - 2016. If the c	organization did no	t check the box on	line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not cl	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	l organization		▶□
b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not cl	neck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and s	stop here. Explair	in Part VI how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization q	ualifies as a public	ly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b			
18					, check this box a		s ►

Schedule A (Form 990 or 990-EZ) 2016

632022 09-21-16

Schedule A (Form 990 or 990 EZ) 2016 WASHINGTON OFFICE ON LATIN AMERICA Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

alendar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 20	16 (f) Tot	al
1 Gifts, grants, contributions, and							
membership fees received. (Do not							
include any "unusual grants.")							
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in							
any activity that is related to the organization's tax-exempt purpose							
3 Gross receipts from activities that							
are not an unrelated trade or bus- iness under section 513							
4 Tax revenues levied for the organ- ization's benefit and either paid to							
or expended on its behalf							
5 The value of services or facilities							
furnished by a governmental unit to							
the organization without charge							
6 Total. Add lines 1 through 5							
7a Amounts included on lines 1, 2, and							
3 received from disqualified persons							
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the emount on line 12 for the user							
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							
alendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 20	16 (f) Tot	
9 Amounts from line 6	(4) 2012	(6) 2010	(0) 2014	(0) 2010			
loa 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							
12 Other income. Do not include gain or loss from the sale of capital							
assets (Explain in Part VI.)							
First five years. If the Form 990 is for	the organization'	l s first second thi	I rd fourth or fifth to	I ax vear as a section	1 = 501(c)(2)	organization	
check this box and stop here	ic Support Pa	rcentage					
5 Public support percentage for 2016 (•			15		
							9
6 Public support percentage from 2015					16		0
Section D. Computation of Inves		•			1 1		
17 Investment income percentage for 20					17		0
18 Investment income percentage from 2					18	<u> </u>	0
I9a 33 1/3% support tests - 2016. If the							
more than 33 1/3%, check this box a							▶
b 33 1/3% support tests - 2015. If the	organization did r	not check a box o	n line 14 or line 19a	a, and line 16 is m	ore than 33	1/3%, and	
line 18 is not more than 33 1/3% , che	eck this box and s	top here. The org	anization qualifies	as a publicly supp	orted orgar	ization	▶└─
Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl				▶∟
32023 09-21-16				Sch	edule A (Fo	orm 990 or 990-EZ	2) 201
			16				
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line 18 is not more than 33 1/3%, che Private foundation. If the organization	eck this box and s	top here. The org	anization qualifies	as a publicly supp his box and see in	oorted orgar structions	nization	EZ

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

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9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in Part VI when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).
- **b 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?
- c 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? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **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)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 WASHINGTON OFFICE ON LATIN AMERICA 52-1249353 Page 5

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
-	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
800	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations		V	NI
4	Ware a majority of the argenization's divotors of the store during the tay year slape surgiculty of the stimulation		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		L
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	20		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
U	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	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? If "Yes," describe in Part VI the role played by the organization in this regard.	Зb		
632025	5 09-21-16 Schedule A (Form 9		0-EZ) 2016
	18			

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Schedule A (Form 990 or 990 EZ) 2016 WASHINGTON OFFICE ON LATIN AMERICA 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 (explain in Part VI.) 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 c	apital gain	1		
2 Recoveries of pr	rior-year distributions	2		
3 Other gross inco	ome (see instructions)	3		
4 Add lines 1 thro	ugh 3	4		
5 Depreciation and	d depletion	5		
6 Portion of opera	ting expenses paid or incurred for production or			
collection of gro	ss 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 Ir	come (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 m	narket value of all non-exempt-use assets (see			
instructions for s	short tax year or assets held for part of year):			
a Average monthl	y value of securities	1a		
b Average monthl	y cash balances	1b		
c Fair market valu	e of other non-exempt-use assets	1c		
d Total (add lines	1a, 1b, and 1c)	1d		
e Discount claime	ed for blockage or other			
factors (explain	in detail in Part VI):			
2 Acquisition inde	btedness applicable to non-exempt-use assets	2		
3 Subtract line 2 f	rom line 1d	3		
4 Cash deemed h	eld for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions		4		
5 Net value of nor	exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by	y .035	6		
7 Recoveries of p	rior-year distributions	7		
8 Minimum Asse	t Amount (add line 7 to line 6)	8		
Section C - Distribut	able Amount			Current Year
1 Adjusted net inc	come for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of lin	e 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 impo	osed in prior year	5		
6 Distributable A	mount. Subtract line 5 from line 4, unless subject to			
emergency tem	porary reduction (see instructions)	6		
	e if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting or	panization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2016

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	5			
Secti	on D - Distributions		1	Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt 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 purpose	es of supported organizatior	IS				
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	he organization is responsive	e				
	(provide details in Part VI). See instructions						
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount		I				
		(i)	(ii)	(iii) Distributedule			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2016 (reason-						
	able cause required- explain in Part VI). See instructions						
3	Excess distributions carryover, if any, to 2016:						
<u>a</u>							
b	F 0010						
	From 2013						
	From 2014						
	From 2015						
-	Total of lines 3a through e						
	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount						
	Carryover from 2011 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2016 from Section D,						
	line 7: \$						
-	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount Remainder. Subtract lines 4a and 4b from 4						
<u> </u>	Remaining underdistributions for years prior to 2016, if						
5	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions						
6	Remaining underdistributions for 2016. Subtract lines 3h						
Ŭ	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions						
7	Excess distributions carryover to 2017. Add lines 3j						
-	and 4c						
8	Breakdown of line 7:						
а							
b	Excess from 2013						
	Excess from 2014						
	Excess from 2015						
е	Excess from 2016						

Schedule A (Form 990 or 990-EZ) 2016

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Cohodula A "	Form 990 or 990-E2	7) 2016 WZ QU	ℸℕΩͲΩℕ			PY ידידות זי			52-12	19353 _{Pa}
Part VI	Section D, lines 5, (See instructions, lines)	Information. lines 1, 2, 3b, 3c tion D, lines 2 an	Provide the , 4b, 4c, 5a, d 3; Part IV, 5	explanations (6, 9a, 9b, 9c, ⁻ Section E, lines	required by 11a, 11b, an s 1c, 2a, 2b,	Part II, lir Id 11c; P , 3a, and	ne 10; Part II, art IV, Sectio 3b; Part V, lii	line 17a or n B, lines 1 ne 1; Part V	17b; Part III and 2; Part , Section B,	, line 12; IV, Section C, line 1e; Part V
632028 09-21-16	3							Schedule	A (Form 99	0 or 990-EZ)
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			SPECTION COPY		_	OMB No. 1545-0047
SCHEDULE C (Form 990 or 990-EZ)		olitical Campaign	and Lobby	ing Activities	5	
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section 527					2016
Department of the Treasury		e if the organization is describ				Open to Public
Internal Revenue Service	Information a	bout Schedule C (Form 990 or 990	-EZ) and its instructions	is at www.irs.gov/form	990.	Inspection
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 3, or F	orm 990-EZ, Part V,	line 46 (Political Cam	paign Ac	tivities), then
		nplete Parts I-A and B. Do not co	•			
		01(c)(3)) organizations: Complete	e Parts I-A and C belo	w. Do not complete Pa	ırt I-B.	
 Section 527 organization 		,				
		n Form 990, Part IV, line 4, or F				
	-	have filed Form 5768 (election u			-	
	-	have NOT filed Form 5768 (elec 1 Form 990, Part IV, line 5 (Pro :				
Tax) (see separate inst		1 FOITH 330, Fait 14, IIIe 3 (FIO	xy Tax) (See Separate		11 990-LZ	, Fait V, IIIe SSC (FIOXY
		tions: Complete Part III.				
Name of organization), or (o) organiza				Employe	er identification number
	WASHING	TON OFFICE ON LA	ATIN AMERICA	A	ļ	52-1249353
Part I-A Comple	ete if the org	ganization is exempt und	der section 501(c	c) or is a section 5	527 orga	anization.
1 Provide a description	on of the organiz	zation's direct and indirect polition	cal campaign activities	s in Part IV.		
2 Political campaign	activity expendit	ures			►\$	
3 Volunteer hours for	political campai	ign activities				
		<u> </u>		1(0)		
		panization is exempt und			•	
		incurred by the organization un				
2 Enter the amount o	of any excise tax	incurred by organization manag on 4955 tax, did it file Form 4720	gers under section 495		• • •	Yes No
		on 4955 tax, did it file Form 4720				
b If "Yes," describe in						
Part I-C Comple	ete if the org	ganization is exempt und	der section 501(c), except section	501(c)(3).
		d by the filing organization for se			▶\$	
		ization's funds contributed to of			· · · <u> </u>	
			-		▶\$	
		s. Add lines 1 and 2. Enter here a				
line 17b					►\$	
4 Did the filing organi	ization file Form	1120-POL for this year?				Yes No
		nployer identification number (E				
		tion listed, enter the amount pa				
		omptly and directly delivered to		•	separate s	segregated fund or a
· ·	. ,	additional space is needed, prov				
(a) Name	Э	(b) Address	(c) EIN	(d) Amount paid t		(e) Amount of political
				filing organizatio funds. If none, ent		ontributions received and promptly and directly
						delivered to a concrete
						delivered to a separate
						political organization.
				_		
						political organization.
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Schedule C (Form 990 or 990-EZ) 2016		JBLIC INSPECTION C		A 52-1	249353 Page 2
Part II-A Complete if the org	anization is exer	npt under section	n 501(c)(3) and fil	ed Form 5768 (el	ection under
section 501(h)).		,			
•••	U U	• • •	Part IV each affiliated	group member's nam	e, address, EIN,
	e of excess lobbying e tion checked box A an	• /	visions apply		
			visions apply.	(a) Filing	(b) Affiliated group
	ts on Lobbying Exper litures" means amou			organization's totals	totals
1a Total lobbying expenditures to influ	uence public opinion (g	grass roots lobbying)		1,517.	
b Total lobbying expenditures to influ	lence a legislative bod	y (direct lobbying)		14,882.	
c Total lobbying expenditures (add li	nes 1a and 1b)			16,399.	
d Other exempt purpose expenditure	es			3,484,763.	
e Total exempt purpose expenditure	s (add lines 1c and 1d)		3,501,162.	
f Lobbying nontaxable amount. Ente		following table in both	n columns.	325,058.	
If the amount on line 1e, column (a) o	r (b) is: The lob!	oying nontaxable amo	ount is:		
Not over \$500,000	20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5		0 plus 10% of the exc			
Over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
				01 065	
g Grassroots nontaxable amount (en	/			81,265.	
h Subtract line 1g from line 1a. If zer				0.	
i Subtract line 1f from line 1c. If zero	, , , , , , , , , , , , , , , , , , , ,			0.	
j If there is an amount other than ze reporting section 4911 tax for this	-		ation file Form 4720		Yes No
(Some organizations the second s	nat made a section 50	raging Period Under D1(h) election do not Ite instructions for lir	have to complete all	of the five columns b	elow.
	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	245,320.	298,042.	281,126.	325,058.	1,149,546.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,724,319.
c Total lobbying expenditures	19,152.	1,177.	12,200.	16,399.	48,928.
d Grassroots nontaxable amount	61,330.	74,511.	70,282.	81,265.	287,388.
e Grassroots ceiling amount		,	,		
(150% of line 2d, column (e))					431,082.
f Grassroots lobbying expenditures	533.	111.		1,517.	2,161.

1,517. 2,161. Schedule C (Form 990 or 990-EZ) 2016

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Schedule C (Form 990 or 990-EZ) 2016 WASHINGTON OFFICE ON LATIN AMERICA 52-1249353 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k)
of the lobbying activity.	Yes	No	Amo	ount
 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? 				
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 				
d Mailings to members, legislators, or the public?e Publications, or published or broadcast statements?				
 f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? 				
i Other activities? j Total. Add lines 1c through 1i				
 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 				
f c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	j) or se	ction	
501(c)(6).	11 00 1(0)(0	,, 01 00	otion	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from th Part III-B Complete if the organization is exempt under section 501(c)(4), section			otion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).				
a Current year		. 2 a		
b Carryover from last year				
c Total				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
expenditure next year?				
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information		5		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	A, lines 1 a	and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2016

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SCHEDULE I	D
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Department of the Treasury

(Form 990)

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PUBLIC INSPECTION COPY 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.

OMB No 1545-0047 h Open to Public Inspection

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

Internal Revenue Service Name of the organization Employer identification number WASHINGTON OFFICE ON LATIN AMERICA 52-1249353 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure d listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of __ Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No ___ Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements 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. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII. the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X 📃 🕨 🕈 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990. 632051 08-29-16

Schedule D (Form 990) 2016

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a Revenue included on Form 990, Part VIII, line 1

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Part	III Organizations Maintaining C	Collections of A	rt, His	torical T	reasures, o	or Other	Similar A	ssets(con	tinue	d)
3 (Jsing the organization's acquisition, access	on, and other record	ds, chec	ck any of the	e following tha	t are a sign	ificant use o	f its collect	on ite	ems
(check all that apply):									
а	Public exhibition	c	1 🖂		change progra					
b	Scholarly research	e		Other						
с	Preservation for future generations									
	Provide a description of the organization's c							Part XIII.		
5 I	During the year, did the organization solicit o	or receive donations	of art, h	istorical trea	asures, or oth	er similar as	ssets	_	-	
-	o be sold to raise funds rather than to be m							Yes		No
Part			ete if th	e organizatio	on answered '	'Yes" on Fo	orm 990, Par	t IV, line 9,	or	
	reported an amount on Form 990, Pa									
	s the organization an agent, trustee, custod								г	
	on Form 990, Part X?								L	No
bΙ	f "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
								Amou	nt	
C	Beginning balance						1c			
d /	Additions during the year						1d			
e l	Distributions during the year						1e			
	Ending balance						lf l			
2a 1	Did the organization include an amount on F	orm 990, Part X, line	e 21, for	escrow or c	ustodial acco	unt liability	?	Yes	Ļ	No
_	f "Yes," explain the arrangement in Part XIII								<u> L</u>	
Part	V Endowment Funds. Complete	f the organization ar	nswered	I "Yes" on F	orm 990, Part	IV, line 10.				
		(a) Current year	(b) F	Prior year	(c) Two year	rs back (d)	Three years b	oack (e) Fo	ur yea	ars back
1a	Beginning of year balance									
b	Contributions									
c I	Net investment earnings, gains, and losses									
d (Grants or scholarships									
e (Other expenditures for facilities									
á	and programs									
f/	Administrative expenses									
g l	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line ⁻	1g, column (a)) held as:					
al	Board designated or quasi-endowment 🕨		_%							
bl	Permanent endowment	%								
c -	Temporarily restricted endowment	%								
-	The percentages on lines 2a, 2b, and $2c$ sho	ould equal 100%.								
3a /	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	and administe	red for the	organization			
ł	by:								Ye	s No
(i) unrelated organizations							3a(i)	
(ii) related organizations							3a(ii)	
bl	f "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on \$	Schedule R	?			3b		
4 [Describe in Part XIII the intended uses of the	e organization's endo	owment	funds.						
Part	VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11a.	See Form 990), Part X, lin	e 10.			
	Description of property	(a) Cost or c	other	(b) Cos	t or other	(c) Accu	imulated	(d) Bo	ok va	alue
		basis (investr	ment)	basis	(other)	depre	ciation			
1a	_and									
	Buildings									
	_easehold improvements				35,262.	19	7,309.			953.
	Equipment			5	52,590.		1,890.			700.
	Dther			6	58,600.	3	2,609.		35,	991.
	Add lines 1a through 1e. (Column (d) must e		X, colu	mn (B), line	10c.)		►		74,	644.

Schedule D (Form 990) 2016

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WASHINGTON OFFICE ON LATIN AMERICA 52-1249353 Page 3

Part VI Investments - Other Securities. (a) Description of southy of relation answerd Ves' on Form 380. Part IV, line 11b. See Form 380, Part X, lon 12. (a) Method of valuation: Cost or end of year market value (b) Book value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c)		N OFFICE ON LA	TIN AMERICA	52-1249353 _{Pag}
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(2) Closeryheld equity interests			(c) Method of va	luation: Cost or end-of-year market value
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-	dule D (Form 990) 2016 WASHINGTON OFFICE ON LATIN	•			1249353 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem		Revenue per R	etur	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1				1	4,809,957.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		29,260.		
b	Donated services and use of facilities		73,209.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			100 100
е	Add lines 2a through 2d			2e	102,469.
3	Subtract line 2e from line 1			3	4,707,488.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4 b	-28,176.		
С	Add lines 4a and 4b			4c	-28,176.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,679,312.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		Expenses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	3,529,341.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	73,209.		
b	Prior year adjustments	2 b			
С	Other losses	2c			
	Other (Describe in Part XIII.)		28,176.		
е	Add lines 2a through 2d			2e	101,385.
3	Subtract line 2e from line 1			3	3,427,956.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)			5	3,427,956.
Pa	t XIII Supplemental Information.				

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

PART X, LINE 2:

WOLA HAS ADOPTED THE RECOGNITION REQUIREMENTS FOR UNCERTAIN INCOME TAX
POSITIONS AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, WITH NO
CUMULATIVE EFFECT ADJUSTMENT REQUIRED. INCOME TAX BENEFITS ARE RECOGNIZED
FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN,
ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL
MORE-LIKELY-THAN-NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES.
WOLA HAS ANALYZED TAX POSITIONS TAKEN FOR FILING WITH THE INTERNAL REVENUE
SERVICE AND ALL STATE JURISDICTIONS WHERE IT OPERATES. WOLA BELIEVES THAT
INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES
NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE
EFFECT ON WOLA'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS.
632054 08-29-16 Schedule D (Form 990) 2016
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Schedule D (Form 990) 20		IGTON OFFICE	ON LATIN Z	AMERICA	52-1249353 Page 5			
Part XIII Suppleme	Part XIII Supplemental Information (continued)							
ACCORDINGLY,	WOLA HAS NOT	RECORDED ANY	RESERVES	, OR RELATED	ACCRUALS FOR			
INTEREST AND	PENALTIES FOR	UNCERTAIN I	NCOME TAX	POSITIONS AT	DECEMBER 31,			
2016.								

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GALA EXPENSES IN ADDITION TO DIRECT COST TO GALA DONORS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GALA EXPENSES IN ADDITION TO DIRECT COST TO GALA DONORS

Schedule D (Form 990) 2016

632055 08-29-16

WASHINGTON OFFICE ON LATIN AMERICA 52-1249353 Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 980, Part IV, Ine 14b. 52-1249353 Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 980, Part IV, Ine 14b. Yes No 1 For grantmakers. Does the organization's procedures for monitoring the use of its grants and other assistance outside the United States. If or grantmakers. Does the organization's procedures for monitoring the use of its grants and other assistance outside the United States. If or grantmakers. Does the organization's procedures for monitoring the use of its grants and other assistance outside the United States. If or grantmakers. Does the organization's procedures for monitoring the use of its grants and other assistance outside the United States. If or grantmakers. Does the organization's procedures for monitoring the use of its grants and other assistance outside the United States. If or grantmakers. Does the organization's procedures for monitoring the use of its grants and other assistance outside the United States. If or grantmakers. Does the organization's procedures for monitoring the use of its grants and other assistance outside the United States. If or grantmakers. Does the organization's procedures for monitoring the use of its grants and other assistance outside the United States. If or analysis and other assistance outside the use of its grants and other assistance outside the use of its procedures for monitores and other assistance. Autin	Internal Revenue Service	Information abo	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/fo	orm990.	Inspection
Part II General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 900, Part IV, line 14b. 1 For grantmakers. Does the organization maintain necords to substantiate the amount of its grants and other assistance? Ves No 2 For grantmakers. Does the organization's procedures for monitoring the use of its grants and other assistance outside the United States. No 3 Activities per Region. (The following Part I, line Stable can be duplicated if additional space is needed.) (e) Region (b) Number of (b) Charbor of (charbor of charbor of charbor of the charbor of the region in the region of complete the charbor of the charbo	Name of the organization					Employer id	entification number
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1 For grantmakers. Describe in grants or assistance, and the selection criteria used to award the grants or assistance? Ves 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. Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (g) Region (g) Number of (g) Activities conducted in the region (by type) (such as, fundraising, pro- employees, in the region of the re			ctivities Ou	tside the United States. Comple	ete if the organ	ization answer	ed "Yes" on
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?		•					
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 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed) (9) Facility (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	-	•		•		-	
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3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (i) Region (i) Number 01 (i) Control (i) Number 01 (ii) Number 01 (iii) Number 01 (ii) Number 01	•	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and of	ther assistance	e outside the
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Department of the Treasury

PUBLIC INSPECTION COPY Statement of Activities Outside the United States

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

Attach to Form 990. 000

OMB No. 1545-0047 6 **Open to Public**

Schedule F (Form 990)	WASHINGT	ON OFFIC	UBLIC INSPECTION COPY E ON LATIN AMERICA n .(Schedule F (Form 990), Part I, line 3	3)	49353 Page 1
(a) Region	(b) Number of offices in the region		(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	2	PROGRAM SERVICES	RESEARCH	23,905
,					,
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ADVOCACY	1,073
NORTH AMERICA	0	1	PROGRAM SERVICES	TRANSLATION	383.
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	2	PROGRAM SERVICES	TRANSLATION	772
Totals	•	5			26,133

Part II

1

Schedule F (Form 990) 2016

(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)

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

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

(b) IRS code section

3 Enter total number of other organizations or entities

PUBLIC INSPECTION COPY WASHINGTON OFFICE ON LATIN AMERICA

(e) Amount

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

(d) Purpose of

52-1249353

(f) Manner of

(g) Amount of

(h) Description

(i) Method of

WASHINGTON OFFICE ON LATIN AMERICA Schedule F (Form 990) 2016

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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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PUBLIC INSPECTION COPY

Schedule F (Form 990) 2016

52-1249353

Page 3

PUBLIC INSPECTION COPY WASHINGTON OFFICE ON LATIN AMERICA

Schedu	Ile F (Form 990) 2016 WASHINGTON OFFICE ON LATIN AMERICA	52-1249353	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	_	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 8865, <i>Return of U.S. Persons With Respect to Certain Foreign Partnerships</i> (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2016

	PUBLIC INSPECTION COPY					
Schedule F (Form 990) 2016	WASHINGTON	OFFICE	ON	LATIN	AMERICA	

Part V Supplemental Information	
	I by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of er region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
), as applicable. Also complete this part to provide any additional information. See instructions.
32075 09-21-16	Schedule F (Form 990) 2 4 0
61108 758571 WA72	2016.05000 WASHINGTON OFFICE ON LATIN WA72

		PUBLIC INSPEC	TION (COPY					
SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.									
						, or if the			
Department of the Treasury Internal Revenue Service		► Attach to Form 990 about Schedule G (Form 990 or 990-EZ)	or Fo	rm 99	0-EZ.		orm990		en to Public pection
Name of the organization						<u>, e , , , , , , , , , , , , , , , , , ,</u>	Employer i		ification number
WASHINGTON OFFICE ON LATIN AMERICA 52-1249353 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not									
	complete this par		erea r	es o	n Form 990, Part IV,	ine i	7. Form 990	-EZ TII	ers are not
 a Mail solicitati b Internet and c Phone solicit d In-person sol 2 a Did the organizatio 	ons email solicitations ations icitations n have a written c		tion of tion of fundra (inclue	non-g gover aising ding o	overnment grants nment grants events fficers, directors, trus	stees		/es	□ No
b If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) pursu					undraiser is t	o be	
compensated at lea	ast \$5,000 by the	organization.							
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained b fundraiser ted in col. (i)	y) to	vi) Amount paid o (or retained by) organization
			Yes	No					
								+	
Total									
		on is registered or licensed to solicit		oution	s or has been notified	d it is	exempt fror	n regi	stration
LHA For Paperwork Re	duction Act Noti	ice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Forr	n 990) or 990-EZ) 2016

632081 09-12-16

Schedule G (Form 990 or 990 EZ) 2016 WASHINGTON OFFICE ON LATIN AMERICA 52-1249353 Page 2 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 NONE (add col. (a) through ANNUAL GALA col. (c)) (event type) (total number) (event type) Revenue 1 Gross receipts 366,093. 366,093. 305,105. 305,105. 2 Less: Contributions 60,988. 60,988. Gross income (line 1 minus line 2) 3 4 Cash prizes 5 Noncash prizes Direct Expense 3,628. 3,628. 6 Rent/facility costs 42,049. 42,049. 7 Food and beverages 600. 600. 8 Entertainment 14,711. 14,711. Other direct expenses 9 60,988. 10 Direct expense summary. Add lines 4 through 9 in column (d) ► 0. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 1 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? No **b** If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2016 632082 09-12-16

PUBLIC INSPECTION COPY

	PUBLIC INSPECTION COPY		_
		1249353	3 Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No 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	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ the shift of the third party:		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	No No
Ł	retain the state gaming license? Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	💷 163	
~	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	lines 9, 9b, 1	0b, 15b,
	TSC, TO, and TTD, as applicable. Also provide any additional information. See instructions		
6320	83 09-12-16 Schedule G (For	m 990 or 99	0-EZ) 2016
	43		,_0.0

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PUBLIC INSPECTION COPY

WASHINGTON OFFICE ON LATIN AMERICA

 Schedule G (Form 990 or 990-EZ)
 WASHINGTON

 Part IV
 Supplemental Information (continued)

52-1249353 Page 4

SC	HEDULE J	PUBLIC INSPECTION COPY Compensation Information	1	OMB No.	1545-00	47	
	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			20	2016		
•	,	Compensated Employees)	
Dana	tmant of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 	Open to Public				
	tment of the Treasury al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/fo	rm990.	Inspection			
Nan	e of the organization			loyer identification numbe			
_		WASHINGTON OFFICE ON LATIN AMERICA	52-3	124935	3		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Forn	1 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c						
	Travel for com						
		ation and gross-up payments					
		spending account Personal services (such as, maid, chauffe	ur, chef)				
	16 and a 6 41 1						
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41.			
•		provision of all of the expenses described above? If "No," complete Part III to explain		1 b			
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2			
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		Z			
3	Indicato which if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's				
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization					
		ation of the CEO/Executive Director, but explain in Part III.	.1011 10				
	·						
	Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study						
	X Form 990 of o		committee				
			Johnmittee				
4	During the year, did	l any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
-	organization or a re						
а	•	e payment or change-of-control payment?		4a		х	
b		ceive payment from, a supplemental nonqualified retirement plan?				Х	
с		ceive payment from, an equity-based compensation arrangement?				X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c	;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
	contingent on the r						
а	The organization?	The organization?		5a		Х	
		ation?				Х	
		or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
	contingent on the r	et earnings of:					
а	The organization?	The organization?				X	
b		ation?				X	
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment					
		nes 5 and 6? If "Yes," describe in Part III			X		
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	t to the				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
		n 53.4958-6(c)?	<u></u>	9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forr	n 990)) 2016	

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PUBLIC INSPECTION COPY WASHINGTON OFFICE ON LATIN AMERICA

52-1249353

Schedule J (Form 990) 2016

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

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

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

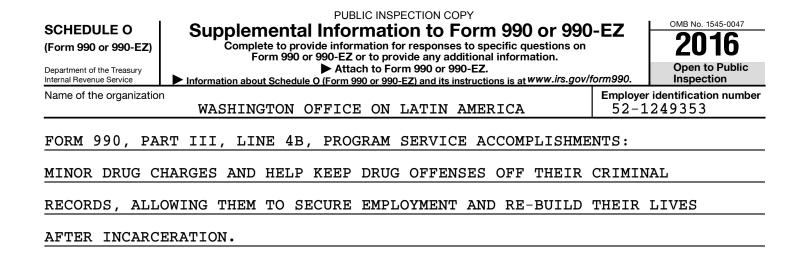
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) JOY OLSON	(i)	143,847.	0.	0.	7,167.	16,771.	167,785.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							

Page 2

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2016



FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: RIGHTS CASES IN MEXICO, SUCH AS THE DISAPPEARANCE OF 43 STUDENTS FROM AYOTZINAPA. IN THIS CASE WOLA SUCCESSFULLY PROVIDED HIGH-LEVEL SUPPORT TO THE INTERDISCIPLINARY GROUP OF INDEPENDENT EXPERTS INVOLVED IN THE INVESTIGATION. WOLA ENSURED THAT THEIR FINDINGS, WHICH REVEALED THAT MEXICAN AUTHORITIES OBSTRUCTED JUSTICE AND MANIPULATED EVIDENCE, WERE BROUGHT TO LIGHT THROUGH THE MEDIA.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COLOMBIA:

WOLA ADVOCATES FOR HUMAN RIGHTS IN COLOMBIA AND IS ONE OF THE LEADING

INTERNATIONAL ORGANIZATIONS PUSHING FOR A SUSTAINABLE END TO THE

CONFLICT IN THE COUNTRY. TO THAT END, WOLA PROMOTES A SHIFT AWAY FROM

U.S. MILITARY ASSISTANCE AND IN FAVOR OF HUMAN RIGHTS AND SOCIAL

JUSTICE POLICIES, ALL OF WHICH ARE ESSENTIAL FOR A SUCCESSFUL

TRANSITION AWAY FROM DECADES OF VIOLENCE. WE PARTNER WITH

AFRO-COLOMBIAN, INDIGENOUS, AND WOMEN'S GROUPS TO MAKE SURE THEIR

VOICES ARE HEARD ON THE INTERNATIONAL STAGE-INCLUDING AT THE

NEGOTIATING TABLE-AND THAT THEY ARE AFFORDED ADEQUATE SECURITY

PROTECTIONS TO COMBAT CONSTANT THREATS AND INTIMIDATION. WOLA SECURED A

HISTORIC ACHIEVEMENT FOR THESE GROUPS IN 2016 BY SUCCESSFULLY

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2016)63221108-25-16

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization WASHINGTON OFFICE ON LATIN AMERICA	Employer identification number 52-1249353
ADVOCATING FOR THE INCLUSION OF AN ETHNIC CHAPTER IN THE	COLOMBIAN
PEACE ACCORDS. THIS CHAPTER, WHICH IS THE FIRST OF ITS KI	ND IN ANY
PEACE ACCORD ACROSS THE WORLD, RECOGNIZES THE DISTINCT NE	EDS OF
MARGINALIZED ETHNIC GROUPS THAT HAVE EXPERIENCED THE WORS	T OF THE
COLOMBIAN CONFLICT.	
CUBA:	
WOLA ADVOCATES FOR POLICIES OF ENGAGEMENT TO CONTINUE TO	OPEN UP TRADE,
TRAVEL, AND DIPLOMATIC COOPERATION BETWEEN THE UNITED STA	TES AND CUBA,
AND FOR IMPROVED HUMAN RIGHTS ON THE ISLAND. THROUGH THE	PROVISION OF
POLICY RECOMMENDATIONS TO HIGH-LEVEL OFFICIALS IN SUPPORT	OF SEVERAL
KEY EXECUTIVE ACTIONS AND ASSISTANCE WITH THE RE-LAUNCH O	F THE
BI-PARTISAN CUBA WORKING GROUP IN THE U.S. CONGRESS, WOLA	HAS CATALYZED
PROGRESS ON THE U.SCUBA RELATIONSHIP. TODAY, WOLA IS WO	RKING TO
PROTECT THIS PROGRESS.	

CITIZEN SECURITY:

WOLA WORKS FOR POLICY REFORMS THAT ADDRESS THE ROOT CAUSES OF VIOLENCE
AND ENSURE EFFECTIVE, ACCOUNTABLE POLICE AND JUDICIAL SYSTEMS IN
CENTRAL AMERICA AND THROUGHOUT LATIN AMERICA. RECENT WORK HAS FOCUSED
ON THE FIGHT AGAINST GOVERNMENTAL CORRUPTION AND IMPUNITY. WITHIN THIS
WORK, WOLA FIGHTS FOR EFFECTIVE AND TRANSPARENT U.S. AID TO CENTRAL
AMERICA. IN 2016 WOLA SUCCESSFULLY ADVOCATED FOR SIGNIFICANT LEVELS OF
U.S. FOREIGN ASSISTANCE TO THE REGION WITH ESSENTIAL HUMAN RIGHTS
CONDITIONS IN PLACE.

DEFENSE OVERSIGHT:

WOLA CHALLENGES THE EXPANDING ROLE OF THE MILITARY IN FOREIGN AND 632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016) 49 15461108 758571 WA72 2016.05000 WASHINGTON OFFICE ON LATIN WA72___1 WASHINGTON OFFICE ON LATIN AMERICA

Page 2

DOMESTIC POLICYMAKING. WE SUPPORT ACCOUNTABLE CIVILIAN CONTROL OF

DEFENSE FORCES, A CLEAR SEPARATION BETWEEN POLICE AND MILITARY

FUNCTIONS, AND PEACEFUL COLLABORATION TO REDUCE THREATS AND RESOLVE

CONFLICTS.

EXPENSES \$ 1,225,509. INCLUDING GRANTS OF \$ 0. REVENUE \$ 95,180.

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

FORM 990 IS REVIEWED BY MANAGEMENT AND BY ALL BOARD MEMBERS BEFORE IT IS FILED.

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

MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO ANNUALLY PROVIDE A STATEMENT DISCLOSING ANY CONFLICTS OF INTEREST. WERE THERE TO BE ANY SUCH CONFLICTS THE DIRECTOR INVOLVED IS EXPECTED TO RECUSE HIM-OR-HERSELF FROM MATTERS RELATING TO THE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

```
EACH YEAR, THE BOARD OF DIRECTORS AT WOLA UNDERTAKES A REVIEW OF THE
  EXECUTIVE DIRECTOR'S COMPENSATION AS PART OF THE ANNUAL EXECUTIVE
  PERFORMANCE EVALUATION. THE PROCESS IS SPEARHEADED BY THE CHAIR OF THE
  BOARD AND INCLUDES A COMPARISON OF EXECUTIVE COMPENSATION FROM AT LEAST
  FIVE NGO'S WITH BUDGETS COMPARABLE TO WOLA AS BASED ON THE 990'S OF THOSE
  ORGANIZATIONS.
                   SALARIES FOR OTHER STAFF ARE DETERMINED BY THE EXECUTIVE
  DIRECTOR.
             PERFORMANCE EVALUATIONS OF ALL STAFF ARE CONDUCTED BY THEIR
  SUPERVISORS AND THESE REVIEWS ARE PROVIDED TO THE EXECUTIVE DIRECTOR FOR
                   BOTH PERFORMANCE AND COST OF LIVING INCREASES ARE
  CONSIDERATION.
               OCCASIONAL SCANS OF SIMILAR NON-PROFIT ORGANIZATIONS ARE
  CONSIDERED.
  UNDERTAKEN TO ENSURE THAT SALARY RANGES ARE COMPARABLE WITH OTHERS IN THE
  632212 08-25-16
                                                          Schedule O (Form 990 or 990-EZ) (2016)
                                           50
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                               2016.05000 WASHINGTON OFFICE ON LATIN WA72 1
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Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

WASHINGTON OFFICE ON LATIN AMERICA

FIELD.

FORM 990, PART VI, SECTION C, LINE 19:

WOLA'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON

REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Schedule O (Form 990 or 990-EZ) (2016)

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