** PUBLIC DISCLOSURE COPY **

Form **991**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Α	ror un	e 202 i calendar year, or tax year beginning and ending		
В	Check if applicab	c Name of organization	D Employer identifi	cation number
	Addre	washington office on latin america		
	Name chang	e Doing business as WOLA	52-12493	53
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	r
	Final return	1666 CONNECTICUT AVE. NW #400		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	7,432,917.
	Amen return	ded WACHTMCTON DC 20000	H(a) Is this a group re	
	Application		VA for subordinates	
	pendi	SAME AS C ABOVE	H(b) Are all subordinates in	
$\overline{\mathbf{T}}$	Tax-ex			list. See instructions
		te: WWW.WOLA.ORG	H(c) Group exemptio	
			ear of formation: 1981	
	art I	Summary	our or formation:	Totale of logal doffilolio, = 0
	1	Briefly describe the organization's mission or most significant activities: TO ADVAN	CE HIMAN RIGH	TS AND
Activities & Governance	'	SOCIAL JUSTICE IN THE AMERICAS.	00 11011111 111011	10 11110
na.	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net as	seets
Ve.			3	22
ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)		21
დ თ		Total number of individuals employed in calendar year 2021 (Part V, line 13)		40
iţie	1			29
ξį		Total number of volunteers (estimate if necessary)		0.
A		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
	b	Net unrelated business taxable income from Porm 990-1, Part 1, line 11	Prior Year	Current Year
Revenue		Contributions and grants (Part VIII line 1b)	3,154,136.	7,126,580.
	8	Contributions and grants (Part VIII, line 1h)	136,831.	11,272.
	9	Program service revenue (Part VIII, line 2g)	21,420.	30,128.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,420.	-108,208.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,312,387.	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,059,772.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,534,442.	2,681,292.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 441,370.	65,166.	47,000.
Х	b		0.05.05.0	1 010 151
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	997,059.	1,210,454.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,596,667.	3,938,746.
	19	Revenue less expenses. Subtract line 18 from line 12	-284,280.	3,121,026.
Net Assets or Find Balances			Beginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)	3,847,518.	6,714,995.
TAS P	21	Total liabilities (Part X, line 26)	939,503.	612,612.
<u></u>	22	Net assets or fund balances. Subtract line 21 from line 20	2,908,015.	6,102,383.
	art II	Signature Block		
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	ın	Signature of officer	Date	
He	re	CAROLINA JIMENEZ SANDOVAL, PRESIDENT		
		Type or print name and title	I Doto	I DTIN
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai		MEENA BISHNOI Menalist	self-employ	P01480769
	parer	Firm's name JM&M		52-1853933
Use	Only	Firm's address 10500 LITTLE PATUXENT PARKWAY, SUIT		
		COLUMBIA, MD 21044	Phone no. 41	0-884-0220
Ма	y the I	RS discuss this return with the preparer shown above? See instructions		X Yes No

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ADVANCE HUMAN RIGHTS AND SOCIAL JUSTICE IN THE AMERICAS.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
_	revenue, if any, for each program service reported. (Code:) (Expenses \$ 899,097 • including grants of \$) (Revenue \$ 222 •)
4a	
	HUMAN RIGHTS - WOLA IS A LEADING RESEARCH AND ADVOCACY ORGANIZATION
	ADVANCING HUMAN RIGHTS IN THE AMERICAS. WE SEEK PUBLIC POLICIES THAT
	PROTECT HUMAN RIGHTS AND RECOGNIZE HUMAN DIGNITY, SO JUSTICE MAY
	OVERCOME VIOLENCE. WOLA TACKLES PROBLEMS THAT TRANSCEND BORDERS AND
	REQUIRE DOMESTIC AND INTERNATIONAL SOLUTIONS. WE CREATE STRATEGIC
	PARTNERSHIPS WITH COURAGEOUS PEOPLE MAKING SOCIAL CHANGE-ADVOCACY
	ORGANIZATIONS, ACADEMICS, RELIGIOUS AND BUSINESS LEADERS, ARTISTS, AND
	POLICY MAKERS. TOGETHER, WE ADVOCATE FOR MORE JUST SOCIETIES IN THE
	AMERICAS.
4b	(Code:) (Expenses \$ 510,436 • including grants of \$) (Revenue \$ 1,550 •)
	BORDER SECURITY, MIGRATION, MEXICO - WOLA ADVOCATED THROUGHOUT 2021 FOR
	THE RIGHTS OF MIGRANTS IN MEXICO AND AT THE BORDER, AND FOR POLICIES
	THAT WOULD STRENGTHEN THE RULE OF LAW IN MEXICO. WOLA MET WITH
	POLICYMAKERS, PUBLISHED PRESSED RELEASES, AND PRODUCED WEEKLY BORDER
	UPDATES TO EXPLAIN THE CURRENT SITUATION AT THE U.SMEXICO BORDER
	RELATED TO MIGRATION AND BORDER SECURITY. THIS INCLUDED DENOUNCING
	ABUSES AGAINST MIGRANTS BY U.S. AGENTS AT THE BORDER. WOLA ALONGSIDE
	TEMPLE UNIVERSITY LAW SCHOOL LAUNCHED MULTIPLE COUNTRY CONDITIONS
	RESOURCES FOR U.S. LAWYERS SUPPORTING ASYLUM CASES FROM GUATEMALA, EL
	SALVADOR, HONDURAS AND SELECT ISSUES IN MEXICO. WOLA'S ADVOCACY WORK
	ALSO CONTRIBUTED TO ADDRESSING MEXICO'S DISAPPEARANCE CRISIS AS A
	CENTRAL PART OF U.SMEXICO COOPERATION. FURTHER, WOLA LAUNCHED ITS
4c	(Code:) (Expenses \$ 425,211. including grants of \$) (Revenue \$)
	VENEZUELA - WOLA ENGAGED IN HUMAN RIGHTS ADVOCACY ON VENEZUELA DUE TO
	THE COUNTRY'S ONGOING POLITICAL, ECONOMIC, AND MIGRATION CRISIS. WOLA
	WORKED WITH PARTNERS FROM VENEZUELA AND REGIONAL HUMAN RIGHTS GROUPS TO
	CONTINUE ADVOCATING FOR A NEGOTIATED, PEACEFUL, DEMOCRATIC SOLUTION TO
	THE CRISIS. IN 2021 WOLA FOCUSED ON DEEPENING OUR PARTNERSHIP WITH
	NGOS, HUMAN RIGHTS GROUPS, RELIGIOUS ORGANIZATIONS, HUMANITARIAN
	GROUPS, INDEPENDENT LABOR UNIONS, AND OTHER CIVIL SOCIETY GROUPS
	ORGANIZED UNDER THE UMBRELLA OF THE CIVIC FORUM OF VENEZUELA. ALONGSIDE
	OUR CIVIL SOCIETY PARTNERS, AND WITH ALLIES IN CONGRESS, WE CONTINUED
	TO ADVOCATE THAT THE BIDEN ADMINISTRATION PRIORITIZED VENEZUELA AND
	ADVANCED POLITICAL AND HUMANITARIAN AGREEMENTS. THE PROGRAM PUBLISHED
	NEW MATERIALS FOR THE VENEZUELA BRIEFING PODCAST AND THE VENEZUELAN
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,243,164 • including grants of \$ 9,500 •)
4e	Total program service expenses ► 3,077,908.
	Form 990 (2021)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			~
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		х	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	21	_
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
_	Schedule D, Part III	8		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the exemplation report on amount for other liabilities in Part X, line 353 If "Yes," complete Schedule D, Part X	11d 11e	Х	
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie	21	
'	the organization's separate of 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			
124	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			. v
	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,	4-	v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		$\overline{}$
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		Х

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Part IV | Checklist of Required Schedules (continued)

- `	energia en la constante de la			·
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24	a 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		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24 0		
20	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	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
•	"Yes," complete Schedule L, Part IV	28a		х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
0.4	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		Х
35	Part V, line 1 a 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	334		
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		- v	
D.	Note: All Form 990 filers are required to complete Schedule O	38	X	
F	Check if Schedule O contains a response or note to any line in this Part V			
	Shour il Suriedule O contains a response ul flute to any ille in this Fait V		Yes	No
1	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 30		163	140
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No						
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 40									
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 e-file. See instructions.									
	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 on 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			l						
	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		Х						
5a	J 1 7 1 7 3 7									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
	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	_		l 🕶						
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	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).	7-		Х						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Λ						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		X						
اہ	to file Form 8282?	7c								
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х						
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
9 h	If the organization received a contribution of qualified intellectual property, and the organization file of office of the organization file a Form 1098-C?	7 <u>9</u> 7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
Ū	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
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								
b	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.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b									
	Enter the amount of reserves on hand	44		v						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		-						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		X						
	excess parachute payment(s) during the year?	15								
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16								
17	If "Yes," complete Form 4720, Schedule O. Section F01/cV21) organizations. Did the trust, any disqualified person, or mine operator organs in any									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes." complete Form 6069.	17								
	n root complete remineration									

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MELISSA GOLLADAY - 202-797-2171			
	1666 CONNECTICUT AVE. NW, #400, WASHINGTON, DC 20009			

132006 12-09-21

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See the instructions for the order in which to list the persons above.

(A)	(B)	l	111126	((прсі	isat	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	than o	200	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is botl	n an	compensation	compensation	amount of
	week	_	cer an	a a a	irecto	r/trus	tee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			ısated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	10001120)	and related
	below	idual	Institutional trustee	er	Key employee	est cc loyee	ЭE	,		organizations
	line)	Indiv	Insti	Officer	Key 6	Highest compensated employee	Former			
(1) MAUREEN MEYER	40.00									
VICE PRES. FOR PROGRAMS						Х		114,870.	0.	38,152.
(2) LAUREN KIMBALL	40.00							101 010		06 604
VICE PRES. FOR DEVELOPMENT	40.00					Х		124,942.	0.	26,624.
(3) GEOFF THALE	40.00							101 550		44 848
PRESIDENT UNTIL 8/2021	40.00	Х		X				131,558.	0.	11,717.
(4) JOHN WALSH	40.00							104 010		06 406
DIR. FOR DRUG POLICY & THE ANDES	40.00	_				Х		104,019.	0.	26,426.
(5) ADAM ISACSON	40.00					х		104,303.	0.	22,201.
DIRECTOR FOR DEFENSE OVERSIGHT (6) ANA SANCHEZ-GARZOLI	40.00	\vdash				Λ		104,303.	0.	22,201.
, . ,	40.00	ŀ				х		104,195.	0.	21,089.
(7) MELISSA GOLLADAY	40.00					Δ		104,193.	0.	21,009.
VICE PRES. FOR FINANCE & OPERATIONS	40.00	ł		Х				86,146.	0.	28,439.
(8) CAROLINA JIMENEZ SANDOVAL	40.00	\vdash		21		Н		00,140.	0.	20,437.
PRESIDENT AS OF 9/2021	40.00	x		Х				0.	0.	74,500.
(9) NANCY BELDEN	2.00			22				0.	0.	74,500.
CHAIR	2.00	x		Х				0.	0.	0.
(10) DR. HELENA RIBE	2.00					Н				
VICE-CHAIR		x		х				0.	0.	0.
(11) JOHN DINGES	2.00					Н				
SECRETARY		Х		Х				0.	0.	0.
(12) STEVEN BENNETT	2.00					П				
TREASURER		Х		Х				0.	0.	0.
(13) DR. CYNTHIA MCCLINTOCK	1.00									
DIRECTOR		Х						0.	0.	0.
(14) DR. CLAUDIA PAZ Y PAZ	1.00									
DIRECTOR		Х						0.	0.	0.
(15) MARIANO AGUIRRE	1.00									
DIRECTOR		Х						0.	0.	0.
(16) PEGGY HEALY	1.00									
DIRECTOR		Х				Ш		0.	0.	0.
(17) JUAN CARLOS CAPPELLO	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos check			one	Reportable	Reportable		Es	timate	∍d
	hours per	box	, unle	ess pe	rson	is bot	th an		compensation		ar	nount	of
	week	⊢	Cer ai	luau	liecio	Jiruus	T	from	from related			other	
	(list any hours for	director						the	organizations		ı	pensa	
	related	or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	C/	l	om the	
	organizations	nstee.	trust		9 0	ubeu		1099-NEC)	1099-1120)		_ ~	anizat d relat	
	below	lual tr	tional		yoldı	st cor		1099-1120)			l .	anizati	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				5.9		
(18) MARY ELLSBERG	1.00	一	┢		×	1 0	<u> </u>						
DIRECTOR		х						0.		0.			0.
(19) MAURICIO SILVA	1.00		\vdash	\vdash		\vdash	\vdash						
DIRECTOR		х						0.		0.			0.
(20) RAMON E. DAUBON	1.00		\vdash	\vdash		\vdash	\vdash						
DIRECTOR		х						0.		0.			0.
(21) LUCY CONGER	1.00		\vdash	\vdash		\vdash	\vdash						
DIRECTOR		x						0.		0.			0.
(22) MACARENA SAEZ	1.00		\vdash	\vdash	\vdash	\vdash	\vdash			•			
DIRECTOR		Х						0.		0.			0.
(23) PHIL BRENNER	1.00		\vdash		\vdash	\vdash	\vdash			•			
DIRECTOR	1.00	Х						0.		0.			0.
(24) KEVIN HEALY	1.00		├	\vdash	\vdash	┢	\vdash			0.			<u> </u>
DIRECTOR	1.00	Х						0.		0.			0.
(25) SANDRA GROSSMAN	1.00	^	\vdash	\vdash		\vdash	┢	0.		0.			<u> </u>
DIRECTOR	1.00	x						0.		0.			0.
(26) ALEX GROSS	1.00	^	├	\vdash		├	\vdash	0.		0.			<u> </u>
	1.00	X						0.		0.			0.
DIRECTOR AS OF 3/2021							Ļ	770,033.		0.	2.4	9,1	
1b Subtotal								770,033.		0.	24	Э, 1	0.
c Total from continuation sheets to Part VI								770,033.		0.	2.4	9,1	
d Total (add lines 1b and 1c)							<u> </u>				4	Э, 1	40.
2 Total number of individuals (including but n	ot limited to tr	ose	liste	ed al	bove	e) wi	ho r	eceived more than \$100	,000 of reportable	е			6
compensation from the organization												Yes	6 No
												res	NO
3 Did the organization list any former officer,	,	,	,		,	,	•		,				v
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su											_	Х	
and related organizations greater than \$150											4	Λ	
5 Did any person listed on line 1a receive or a					•	'		ted organization or indivi	idual for services		_		v
rendered to the organization? If "Yes," com	plete Schedul	e J i	or s	uch ,	pers	son					5		X
Section B. Independent Contractors									*				
1 Complete this table for your five highest co										pens	ation '	rom	
the organization. Report compensation for	the calendar y	ear	end	ing v	vith	or w	/ithii		year.				
(A) Name and business	address	NT/	ONI					(B) Description of s	envices)) nsatio	n
Name and business	address	1//)INI	<u> </u>			\dashv	Description of s	ervices		ompe	isatio	
							\dashv						
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							\dashv						
							\dashv						
	1 10 1 1						$\overline{}$						
2 Total number of independent contractors (i	-	ot li	mite	ed to	tho	se li: N	sted	d above) who received m	nore than				
\$100,000 of compensation from the organi		ידח	TT T .	7 m -	יסי	υ \τ '	CTT	- - -			_	000	
SEE PART VII, SECTION	N A CON'.	ГΤΙ	NU.	Η.T.]	ΓOI	N ,	эĦ.	ロロエク			Form	990 (2	2021)

132008 12-09-21

(A) Name and title Average hours per week (list any hours for related organizations below line) (27) MARGUERITE ROSE JIMENEZ DIRECTOR AS OF 6/2021 (28) MARIO BRONFMAN DIRECTOR AS OF 6/2021 (29) CAMILLE RIEBER DIRECTOR AS OF 6/2021 (30) MARLENE JOHNSON DIRECTOR UNTIL 7/2021 (31) MATT BALITSARIS DIRECTOR UNTIL 3/2021 DIRECTOR UNTIL 3/2021 DIRECTOR UNTIL 3/2021 AVERAGE Average hours (Check all that apply) Reportable compensation from related organizations the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) AVE DIRECTOR AS OF 6/2021 X O. O. O. O. O. O. O. O. O. O.	52-1249353	AMERICA	A	.TN	JA'.	<u>И</u> Т	10	<u> </u>	ON OFFIC	Form 990 WASHINGTO
Name and title	yees (continued)	Compensated Employ	st (lighe	nd F	s, a	oyee	mplo	ıstees, Key Er	Part VII Section A. Officers, Directors, Tru
Name and title	T		\neg	_			-	Г		
hours per week (list any hours for related organizations below line) Marguerite Rose Jimenez 1.00 Marguerite Rose Jimenez	I I									
Per Week (list any hours for related organizations below line) Page 1 Page 2 Page 2 Page 3 Page 3	I I		_{/)}					(cl		
Week (list any hours for related organizations below line) 20	1				T			(
(list any hours for related organizations below line) (27) MARGUERITE ROSE JIMENEZ DIRECTOR AS OF 6/2021 (28) MARIO BRONFMAN DIRECTOR AS OF 6/2021 (29) CAMILLE RIEBER DIRECTOR AS OF 6/2021 (30) MARLENE JOHNSON DIRECTOR UNTIL 7/2021 (31) MATT BALITSARIS DIRECTOR UNTIL 3/2021 (33) CHERYL MORDEN (W-2/1099-MISC)	I I			99/						
C27) MARGUERITE ROSE JIMENEZ		organization		oldu				ctor	(list any	
C27) MARGUERITE ROSE JIMENEZ	organization	(W-2/1099-MISC)		le del				r dire	hours for	
C27) MARGUERITE ROSE JIMENEZ	and related			ensat			ustee	stee o	1	
C27) MARGUERITE ROSE JIMENEZ	organizations			omo	loyee		nal tr	i ii	_ ~	
C27) MARGUERITE ROSE JIMENEZ			ner	hesto	emp	cer	itutio	vidua		
DIRECTOR AS OF 6/2021 X			윤	Hig	Key)HO	Inst	Indi	,	
Cab Mario Bronfman Cab Cap									1.00	(27) MARGUERITE ROSE JIMENEZ
DIRECTOR AS OF 6/2021 X	0. 0.	0.						X		DIRECTOR AS OF 6/2021
(29) CAMILLE RIEBER 1.00 DIRECTOR AS OF 6/2021 X (30) MARLENE JOHNSON 1.00 DIRECTOR UNTIL 7/2021 X (31) MATT BALITSARIS 1.00 DIRECTOR UNTIL 3/2021 X (32) PATRICIA WEISS FAGEN 1.00 DIRECTOR UNTIL 7/2021 X (33) CHERYL MORDEN 1.00									1.00	(28) MARIO BRONFMAN
DIRECTOR AS OF 6/2021 X	0. 0.	0.						X		
(30) MARLENE JOHNSON DIRECTOR UNTIL 7/2021 X 0. (31) MATT BALITSARIS DIRECTOR UNTIL 3/2021 X 0. (32) PATRICIA WEISS FAGEN DIRECTOR UNTIL 7/2021 X 0. 0. 0. 0. 0. 0. 0. 0. 0.									1.00	(29) CAMILLE RIEBER
DIRECTOR UNTIL 7/2021 X	0. 0.	0.						X		DIRECTOR AS OF 6/2021
(31) MATT BALITSARIS DIRECTOR UNTIL 3/2021 (32) PATRICIA WEISS FAGEN DIRECTOR UNTIL 7/2021 X 0. 0. 0. 0. 0. 0. 0.									1.00	(30) MARLENE JOHNSON
DIRECTOR UNTIL 3/2021 X 0. 0.	0. 0.	0.						X		DIRECTOR UNTIL 7/2021
(32) PATRICIA WEISS FAGEN 1.00 DIRECTOR UNTIL 7/2021 X (33) CHERYL MORDEN 1.00]	1.00	
DIRECTOR UNTIL 7/2021 X 0. 0. (33) CHERYL MORDEN 1.00	0. 0.	0.	_					X		DIRECTOR UNTIL 3/2021
(33) CHERYL MORDEN 1.00		_							1.00	(32) PATRICIA WEISS FAGEN
	0. 0.	0.						X		DIRECTOR UNTIL 7/2021
DIRECTOR UNTIL 7/2021 X 0. 0.									1.00	(33) CHERYL MORDEN
	0. 0.	0.						X		DIRECTOR UNTIL 7/2021
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Total to Part VII, Section A, line 1c										

Form 990 (2021) WASHING
Part VIII Statement of Revenue

		Check if Schedule O contains a response	onse or note to any li	ne in this Part VIII			
			,	(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
σω							000110110 0 12 0 1 1
ant		a Federated campaigns 1a					
윤일		b Membership dues1b	000 610	_			
Ţs,	C	c Fundraising events1c	233,618.				
를 를	(d Related organizations 1d					
ıs,	6	e Government grants (contributions) 1e	830,156.				
후일	f	f All other contributions, gifts, grants, and					
la par		similar amounts not included above 1f	6,062,806.				
늘	ç	g Noncash contributions included in lines 1a-1f	239,849.				
Contributions, Gifts, Grants and Other Similar Amounts	ł	h Total. Add lines 1a-1f		7,126,580.			
\neg			Business Code				
o l	2 8	a CONTRACT SERVICES	900099	9,500.	9,500.		
iş (b OTHER PROGRAM REVENUE		1,772.	1,772.		
Ser	-	c					
E §		. —	_				
gra		d	_				
Program Service Revenue	•	e	_				
_	f	f All other program service revenue		11,272.			
-		g Total. Add lines 2a-2f		11,2/2.			
	3	Investment income (including dividends,		20 660			20 ((0
		other similar amounts)		20,669.			20,669.
	4	Income from investment of tax-exempt be	•				
	5	Royalties					
		(i) Rea	l (ii) Personal				
	6 a	a Gross rents 6a					
	k	b Less: rental expenses 6b					
	(c Rental income or (loss) 6c					
	(d Net rental income or (loss)					_
	7 a	a Gross amount from sales of (i) Securi	ies (ii) Other				
		assets other than inventory 7a 274,30	56.				
	ŀ	b Less: cost or other basis		1			
e		and sales expenses 76 264, 90	7.				
eu eu	,	c Gain or (loss) 7c 9, 4!	59.				
Revenue		d Net gain or (loss)		9,459.			9,459.
ther		a Gross income from fundraising events (not		5,100			5 / 200 1
윰	0.	including \$ 233,618. of					
Ŭ		contributions reported on line 1c). See					
		·	8a 0.				
		Part IV, line 18	8a 0. 8b 108,238.	-			
		b Less: direct expenses		-108,238.			-108,238.
		c Net income or (loss) from fundraising eve		-100,230.			-100,230.
	9 a	a Gross income from gaming activities. See	1 1				
		Part IV, line 19	9a				
		b Less: direct expenses	9b				
	C	 Net income or (loss) from gaming activities 	s				
	10 a	a Gross sales of inventory, less returns					
		and allowances	10a				
	k	b Less: cost of goods sold	10b				
	c	c Net income or (loss) from sales of inventor	ry				
S			Business Code				
og e	11 a	a MISCELLANEOUS INCOME	900099	30.			30.
ane	k	b					
e Sel	(с					
Miscellaneous Revenue	(d All other revenue					
_		e Total. Add lines 11a-11d		30.			
	12	Total revenue. See instructions		7,059,772.	11,272.	0.	-78,080.

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Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon			7.51	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	222 261	272 407	22 110	26 745
	trustees, and key employees	332,361.	273,497.	22,119.	36,745
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 045 020	1 500 101	102 660	000 400
7	Other salaries and wages	1,847,232.	1,520,131.	123,668.	203,433
8	Pension plan accruals and contributions (include	62 405	FO 01F	4 055	7 000
	section 401(k) and 403(b) employer contributions)	63,495.	52,215.	4,057.	7,223 29,680
9	Other employee benefits	261,156.	214,867.	16,609.	29,680
10	Payroll taxes	177,048.	146,444.	11,023.	19,581
11	Fees for services (nonemployees):				
а	Management	252		252	
b	Legal	353.		353.	
С	Accounting	53,054.		53,054.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	47,000.			47,000
f	Investment management fees				
g	,				
	column (A), amount, list line 11g expenses on Sch 0.)	482,369.	372,763.	86,712.	22,894
12	Advertising and promotion				
13	Office expenses	228,820.	145,603.	52,410.	30,807
14	Information technology				
15	Royalties				
16	Occupancy	262,698.	216,062.	16,587.	30,049
17	Travel	35,905.	33,959.	1,946.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,425.	14,435.	4,039.	1,951
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	46,568.	38,310.	2,977.	5,281
23	Insurance	13,897.	11,424.	884.	1,589
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	20 500	24 682	4 550	2 282
а	SUBSCRIPTIONS & REFEREN	39,703.	31,670.	4,760.	3,273
b	DUES, FEES AND LICENSES	9,974.	5,072.	3,102.	1,800
С	STAFF DEVELOPMENT	9,552.	1,406.	8,082.	64
d	RECRUITMENT	6,725.	50.	6,675.	
е	All other expenses	411.	2 000	411.	444 050
25	Total functional expenses. Add lines 1 through 24e	3,938,746.	3,077,908.	419,468.	441,370
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Par	τχ	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,972,562.	1	3,211,310
	2	Savings and temporary cash investments			260,248.	2	260,352
	3	Pledges and grants receivable, net		244,404.	3	1,857,155	
	4	Accounts receivable, net		4	1,025		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of t	nese pers	sons		5	
	6	Loans and other receivables from other disqu	ersons (as defined				
		under section 4958(f)(1)), and persons descri	ction 4958(c)(3)(B)		6		
ts	7	Notes and loans receivable, net		8,872.	7	10,003	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			60,977.	9	61,061
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	222,852.	157,874.	10c	115,460
	11	Investments - publicly traded securities	1,118,391.	11	1,174,439		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	24,190.	15	24,190		
	16	Total assets. Add lines 1 through 15 (must e	qual line (33)	3,847,518.	16	6,714,995
	17	Accounts payable and accrued expenses		130,803.	17	152,510	
	18	Grants payable	455 000	18	205 550		
	19	Deferred revenue	157,300.	19	305,752		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t	-		440 621	22	
_	23	Secured mortgages and notes payable to un			448,631.	23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X	202 760		15/ 250
		of Schedule D		·····	202,769.		154,350
\dashv	26	Total liabilities. Add lines 17 through 25			939,503.	26	612,612
န		Organizations that follow FASB ASC 958, o	heck her	re 🏲 🔼			
ů		and complete lines 27, 28, 32, and 33.			1,894,613.		1 404 104
ala	27	Net assets without donor restrictions			1,013,402.	27	1,494,104 4,608,279
9	28	Net assets with donor restrictions		1,013,402.	28	4,000,279	
Fun		Organizations that do not follow FASB ASC	eck here L				
ō	00	and complete lines 29 through 33.			000		
ets	29	Capital stock or trust principal, or current fun			29		
\SS	30	Paid-in or capital surplus, or land, building, or			30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			2,908,015.	31	6,102,383
Ž	32	Total net assets or fund balances			3,847,518.	32	6,714,995
	33	Total liabilities and net assets/fund balances			J,041,310.	33	0,114,333

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	2 3	,05 ,93 ,12	8,7 1,0	46. 26.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		,90		
5	Net unrealized gains (losses) on investments	5	4	5,2	93.
6	Donated services and use of facilities	6			
7	Investment expenses	7		0 0	4.0
8	Prior period adjustments	8	2	8,0	<u>49.</u>
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10 6	,10	2,3	83.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	e O.	2a	Yes	No X
24	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		Zu		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	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 on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133?	ngle Audit	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	, , , , , , , , , , , , , , , , , , ,		Form	990 (2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization WASHINGTON OFFICE ON LATIN AMERICA Employer identification number 52-1249353

Pa	ırt I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	See instructions.	
The	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)			
3		A hospital or a cooperative)(b)(1)(A)(i	ii).	
4		A medical research organiz					-	the hospital's name.
		city, and state:						, ,
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a d	overnmental unit describ	ned in
·		section 170(b)(1)(A)(iv). (C		mage or arm erenty ermies	. с. сро.а	, 9		
6		A federal, state, or local go	• •	nental unit described in s	section 17	70(h)(1)(A)	(v)	
7	X	An organization that norma						nublic described in
'		section 170(b)(1)(A)(vi). (C		intial part of its support i	ioiii a gov	emmenta	unit of from the general	public described in
0				(1)(A)(vi) (Complete Bord	+ II \			
8	H	A community trust describe				ad in agair	unation with a land arout	collogo
9	ш	An agricultural research org				-	-	•
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state of the collec	ge or
		university:						
10		An organization that norma						
		activities related to its exen						
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	ilred by the organization	after June 30, 1975.
		See section 509(a)(2). (Con		5 b . k . k k	f-4- 0		20(-)(4)	
11	H	An organization organized	•	*	•			
12	ш	An organization organized	•	•	•			
		more publicly supported or	•					Sheck the box on
_		lines 12a through 12d that				•	, ,	, aivina
а		☐ Type I. A supporting orga	•	•				
		the supported organization			а ппајопцу (or the aire	ctors or trustees of the s	supporting
		organization. You must o			et a la contenta de		l	
b)		•					-
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported
_		organization(s). You mus			in connoc	tion with	and functionally integrat	ad with
C	· L		-					ea with,
		its supported organizatio		•				:+:(-)
C							• • • • • •	* *
		that is not functionally int	-	* .	•		-	iveriess
_		requirement (see instruct	·					
е		☐ Check this box if the orga					а турет, туреті, туретіі	
	Ent	functionally integrated, or				Zation.		
f		er the number of supported of vide the following information		od organization(s)				
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10	in your governi Yes	No No	support (see instructions)	support (see instructions)
				above (see instructions))				
Tota	al							

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

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

Sec	ction A. Public Support	71	•	•				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Gifts, grants, contributions, and	, ,	` '	, ,	, ,	, ,	.,	
	membership fees received. (Do not							
	include any "unusual grants.")	2495534.	4334388.	3065441.	3154136.	7126580.	20176079.	
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	0.405504	400400	2065444	2454426	5406500	00456050	
4	Total. Add lines 1 through 3	2495534.	4334388.	3065441.	3154136.	7126580.	20176079.	
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,						000000	
	column (f)						9997676.	
	Public support. Subtract line 5 from line 4.						10178403.	
	etion B. Total Support						<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2017 2495534.	(b) 2018 4334388.	(c) 2019 3065441.	(d) 2020 3154136.	(e) 2021	(f) Total 20176079.	
	Amounts from line 4	4433334.	4334300.	3003441.	3134130.	7120300.	201/00/9.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	18,805.	21,746.	26,498.	20,701.	20,669.	108,419.	
•	and income from similar sources	10,003.	21,740.	20,490.	20,701.	20,009.	100,419.	
9	Net income from unrelated business							
	activities, whether or not the							
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital					30.	30.	
44	assets (Explain in Part VI.)					50.	20284528.	
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities,	oto (oco inetructi				12	148,103.	
	First 5 years. If the Form 990 is for th			fourth or fifth tax				
10	organization, check this box and stop				-			
Sec	ction C. Computation of Publ							
	Public support percentage for 2021 (I			column (f))		14	50.18 %	
	Public support percentage from 2020					15	59.47 %	
	33 1/3% support test - 2021. If the o					nore, check this bo	ox and	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X	
b	33 1/3% support test - 2020. If the o							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			>	
17a	10% -facts-and-circumstances test							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□	
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and st	op here. Explain in	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	▶∐	
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990) 2021

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.)

Sec	ction A. Public Support	siow, piease com	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and			1	` ` `	1	.,
	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						
2	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or bus-						
4							
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						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	o organization's t	irot cocond third	fourth or fifth toy	Voor oo o coction	F01(a)(2) arganizat	ion
14	ala a di Alafa da arranal akam da ama	· ·			•		.ion,
500	check this box and stop here ction C. Computation of Publi		arcentage				
	Public support percentage for 2021 (li			oolumn (f))		15	9
	Public support percentage from 2020 ction D. Computation of Investigation					16	Ç
	·					17	
	Investment income percentage for 202						
	Investment income percentage from 2					18	17:
198	33 1/3% support tests - 2021. If the	-					I / IS NOT
	more than 33 1/3%, check this box ar						▶∟
b	33 1/3% support tests - 2020. If the	· ·			•	•	
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a. or 19b. check t	his box and see i	nstructions	

132023 01-04-22

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

		Yes	No
	1		
	_ '		
	2		
	3a		
	3b		
	SD		
	3с		
	30		
	4a		
	41		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	-		
	7		
	8		
	9a		
	9b		
	0-		
	9с		
	10a		
	ioa		
	10b		
ماريا	Δ (Form	n 000	2021

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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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		
	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,			
	supervised, or controlled the supporting organization.	2		
	ion C. Type II Supporting Organizations			
	7		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		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? 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 on line 2, above, 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		
Sect	ion 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 instruction	s).		
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</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	-		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

3chedule A (Form 990) 2021

Sche	edule A (Form 990) 2021 WASHINGTON OFFICE ON L.	ATIN .	AMERICA	52-1249353 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust o	n Nov. 20, 1970 (explain	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st comple	te Sections A through E	Ξ
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

1 2

3 4

5

Adjusted net income for prior year (from Section A, line 8, column A)

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2021

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ued)	
Sect	ion D - Distributions		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
_	Fuence from 0001				

Schedule A (Form 990) 2021

e Excess from 2021

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization Employer identification number

WASHINGTON OFFICE ON LATIN AMERICA 52-1249353

Organization type (check one):

o. gaa	(Constant of the Constant of t				
Filers of:	Section:				
Form 990 or 990-E	Z X 501(c)(X) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	nization is covered by the General Rule or a Special Rule. on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections s	ganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; in 990-EZ, line 1. Complete Parts I and II.				
contributo literary, o	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2}					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Name of organization Employer identification number

WASHINGTON OFFICE ON LATIN AMERICA

52-1249353

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 448,631.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$8	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Name, address, and Zir + +	\$ 200,000.	Person X Payroll
(a)	(b)	(c)	(d)
No4	Name, address, and ZIP + 4	Total contributions \$ 2,200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$360,907.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$800,000.	Person X Payroll

Schedule B (Form 990) (2021)

Name of organization Employer identification number

WASHINGTON OFFICE ON LATIN AMERICA

52-1249353

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

Name of organization Employer identification number

WASHINGTON OFFICE ON LATIN AMERICA

52-1249353

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK DONATIONS	_	
2		_	
		\$\$	12/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\ \\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
123453 11-1		\$	Schedule B (Form 990) (2021)

Name of organization **Employer identification number** 52-1249353 WASHINGTON OFFICE ON LATIN AMERICA Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

		01(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Name	e of orga				Empl	oyer identification number
			TON OFFICE ON LAT			52-1249353
Par	rt I-A	Complete if the org	janization is exempt unde	er section 501(c) o	or is a section 527 o	rganization.
2	Political	campaign activity expendit	cation's direct and indirect politica ures gn activities		▶ \$	
Par	rt I-B	Complete if the org	janization is exempt unde	er section 501(c)(3	3).	
1	Enter the	amount of any excise tax	incurred by the organization und	er section 4955	▶\$	
2	Enter the	amount of any excise tax	incurred by organization manage	ers under section 4955	▶\$	
			n 4955 tax, did it file Form 4720 f			
4a	Was a co	orrection made?				Yes No
b	If "Yes,"	describe in Part IV.				
Par	rt I-C	Complete if the org	janization is exempt unde	er section 501(c),	except section 501(c)(3).
1	Enter the	e amount directly expended	d by the filing organization for sec	tion 527 exempt functi	on activities > \$	
2	Enter the	e amount of the filing organ	ization's funds contributed to oth	ner organizations for se	ction 527	
					▶\$	
			s. Add lines 1 and 2. Enter here ar	·		
	line 17b				▶\$	
4	Did the f	iling organization file Form	1120-POL for this year?			Yes No
	made pa contribu	yments. For each organiza	nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provi	I from the filing organizations the separate political orga	ation's funds. Also enter th nization, such as a separa	ne amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

	,	NGTON OFFICE ON LATIN AMERIC		249353 Page 2
Par		on is exempt under section 501(c)(3) and fil	ed Form 5768 (el	ection under
	section 501(h)).			
A Ch	neck 🕨 📖 if the filing organization belo	ngs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and share of exce	ess lobbying expenditures).		
B Ch	neck 🕨 📖 if the filing organization chec	ked box A and "limited control" provisions apply.		
		obying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pu	blic opinion (grassroots lobbying)	1,765.	
b	Total lobbying expenditures to influence a le	egislative body (direct lobbying)	2,779.	
С	Total lobbying expenditures (add lines 1a a	nd 1b)	4,544.	
d			3,492,832.	
е	Total exempt purpose expenditures (add lin	es 1c and 1d)	3,497,376.	
f		ount from the following table in both columns.	324,869.	
[If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
[Not over \$500,000	20% of the amount on line 1e.		
[Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
[Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25%	of line 1f)	81,217.	
h	Subtract line 1g from line 1a. If zero or less,	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less,	enter -0-	0.	
j	If there is an amount other than zero on eith	er line 1h or line 1i, did the organization file Form 4720	_	_
	reporting section 4911 tax for this year? .			Yes No
		4-Year Averaging Period Under Section 501(h)		
	(Some organizations that made	a section 501(h) election do not have to complete all	of the five columns be	elow.

See the separate instructions for lines 2a through 2f.)

Labelian Forma Rivers During A Very Assessing Deviced							
	Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total		
2a Lobbying nontaxable amount	327,828.	340,352.	329,833.	324,869.	1,322,882.		
b Lobbying ceiling amount (150% of line 2a, column(e))					1,984,323.		
c Total lobbying expenditures	1,135.	6,582.	7,735.	4,544.	19,996.		
d Grassroots nontaxable amount	81,957.	85,088.	82,458.	81,217.	330,720.		
e Grassroots ceiling amount (150% of line 2d, column (e))					496,080.		
f Grassroots lobbying expenditures	79.		2,882.	1,765.	4,726.		

Schedule C (Form 990) 2021

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			1)	(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1	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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	F04(-)	(F)	- 1'	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year	2 ? 3 (5), or se		e 3, i
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	e prior year on 501(c) "No" OR	2 3 (5), or sea (b) Part		e 3, i
2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	ne prior year on 501(c) "No" OR	2 3 (5), or sea (b) Part		e 3, i
2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	ne prior year on 501(c) "No" OR	2 3 (5), or sea (b) Part		e 3, i
2 3 Par 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	e prior year on 501(c) "No" OR	2 (5), or sea (b) Part		e 3, i
2 3 Par 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	e prior year on 501(c) "No" OR	2 (5), or se (b) Part		ne 3, i
2 3 Par 1 2 a b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	e prior yeal on 501(c) "No" OR	2 3 (5), or se 1 (b) Part		ie 3, i
2 3 Par 1 2 a b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	e prior yeal on 501(c) "No" OR	2 3 (5), or se 1 (b) Part 1 2a 2b 2c		e 3, i
2 3 Par 1 2 a b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	e prior year on 501(c) "No" OR	2 3 (5), or se 1 (b) Part 1 2a 2b 2c		ne 3, i
2 3 Par 1 2 a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year on 501(c) "No" OR	2 3 (5), or se 1 (b) Part 1 2a 2b 2c		e 3, i
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

WASHINGTON OFFICE ON LATIN AMERICA

Employer identification number 52-1249353

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		or Accounts. Complete if the
	organization answered fes on Form 990, Part IV, iii	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bottor advised failed	(b) I dilab and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		and funds
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
0	for charitable purposes and not for the benefit of the donor		-
Par		ganization answered "Yes" on Form 990. Pa	
1	Purpose(s) of conservation easements held by the organizat		a
•	Preservation of land for public use (for example, recreations)		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space	Troscivation of a	derined motorie structure
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		l I
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conse	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 98	, ,	
	of art, historical treasures, or other similar assets held for pu	, ,	•
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 98		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		' <u>-</u>
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

		TON OFFICE				24935		ge 2
Paı	rt III Organizations Maintaining C	collections of A	rt, Historical T	reasures, or Oth	ner Similar Ass	e ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of the	e following that make	significant use of it	S		
	collection items (check all that apply):							
а	Public exhibition	C	Loan or exc	change program				
b	Scholarly research	e	e U Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	in how they further	the organization's ex	empt purpose in Pa	ırt XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	asures, or other simil	ar assets	_	_	
	to be sold to raise funds rather than to be ma	<u></u>				Yes		No
Paı	rt IV Escrow and Custodial Arran		ete if the organization	on answered "Yes" o	on Form 990, Part IV	, line 9, or	1	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi					٦		l
	on Form 990, Part X?				L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:			Δ		
						Amoun	ι	
	Beginning balance							
	Additions during the year							
	e Distributions during the year 1e							
Ť								
	Ending balance				1f	٦,,		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21, for escrow or c	custodial account liab	oility?	Yes		No
2a b	Did the organization include an amount on Foundation of the state of the organization include an amount on Foundation of the organization include an amount on Foundation of the organization include an amount on Foundation	orm 990, Part X, line Check here if the e	e 21, for escrow or c xplanation has beer	custodial account liab n provided on Part XI	ill	Yes		No
2a b	Did the organization include an amount on Fe	orm 990, Part X, line Check here if the e f the organization ar	21, for escrow or oxplanation has been swered "Yes" on F	custodial account liab n provided on Part XI orm 990, Part IV, line	illi			
2a b Paı	Did the organization include an amount on Form of the If "Yes," explain the arrangement in Part XIII. In V Endowment Funds. Complete in Its C	orm 990, Part X, line Check here if the e	e 21, for escrow or c xplanation has beer	custodial account liab n provided on Part XI	ill		years b	
2a b Pa i 1a	Did the organization include an amount on Form of the second of the seco	orm 990, Part X, line Check here if the e f the organization ar	21, for escrow or oxplanation has been swered "Yes" on F	custodial account liab n provided on Part XI orm 990, Part IV, line	illi		years b	
2a b Pai 1a b	Did the organization include an amount on Fulf "Yes," explain the arrangement in Part XIII. Int V Endowment Funds. Complete in Beginning of year balance Contributions	orm 990, Part X, line Check here if the e f the organization ar	21, for escrow or oxplanation has been swered "Yes" on F	custodial account liab n provided on Part XI orm 990, Part IV, line	illi		years b	
2a b Pai 1a b c	Did the organization include an amount on Fulf "Yes," explain the arrangement in Part XIII. Int V Endowment Funds. Complete in Beginning of year balance Contributions Net investment earnings, gains, and losses	orm 990, Part X, line Check here if the e f the organization ar	21, for escrow or oxplanation has been swered "Yes" on F	custodial account liab n provided on Part XI orm 990, Part IV, line	illi		r years b	
2a b Pai 1a b c d	Did the organization include an amount on Fulf "Yes," explain the arrangement in Part XIII. Int V Endowment Funds. Complete in Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships	orm 990, Part X, line Check here if the e f the organization ar	21, for escrow or oxplanation has been swered "Yes" on F	custodial account liab n provided on Part XI orm 990, Part IV, line	illi		r years b	
2a b Pai 1a b c d	Did the organization include an amount on Four If "Yes," explain the arrangement in Part XIII. Int V Endowment Funds. Complete in Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities	orm 990, Part X, line Check here if the e f the organization ar (a) Current year	21, for escrow or oxplanation has been swered "Yes" on F	custodial account liab n provided on Part XI orm 990, Part IV, line	illi		r years b	
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Par 1a b c d e f g a b	Did the organization include an amount on Folif "Yes," explain the arrangement in Part XIII. Int V Endowment Funds. Complete in Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the currence beginning to the permanent endowment	orm 990, Part X, line Check here if the e. f the organization ar (a) Current year	221, for escrow or oxplanation has been swered "Yes" on F (b) Prior year ce (line 1g, column (custodial account liak n provided on Part XI form 990, Part IV, line (c) Two years back	illi		r years b	
Par 1a b c d e f g a b	Did the organization include an amount on Folif "Yes," explain the arrangement in Part XIII. IT V Endowment Funds. Complete it Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curl Board designated or quasi-endowment Permanent endowment	orm 990, Part X, line Check here if the e. f the organization ar (a) Current year rent year end balance	221, for escrow or oxplanation has been swered "Yes" on F (b) Prior year ce (line 1g, column (custodial account liak n provided on Part XI form 990, Part IV, line (c) Two years back	illi		r years b	
Pai b labcde f g 2 a b c	Did the organization include an amount on Folif "Yes," explain the arrangement in Part XIII. IT V Endowment Funds. Complete in Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the currence board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho	orm 990, Part X, line Check here if the er f the organization ar (a) Current year rent year end balance % % wuld equal 100%.	e 21, for escrow or of explanation has been aswered "Yes" on F (b) Prior year ce (line 1g, column (custodial account liak n provided on Part XI form 990, Part IV, line (c) Two years back (a) held as:	If		r years b	
Pai b labcde f g 2 a b c	Did the organization include an amount on Folif "Yes," explain the arrangement in Part XIII. IT V Endowment Funds. Complete in Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curl Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posses	orm 990, Part X, line Check here if the er f the organization ar (a) Current year rent year end balance % % wuld equal 100%.	e 21, for escrow or of explanation has been aswered "Yes" on F (b) Prior year ce (line 1g, column (custodial account liak n provided on Part XI form 990, Part IV, line (c) Two years back (a) held as:	If			
Pai b labcde f g 2 a b c	Did the organization include an amount on Folif "Yes," explain the arrangement in Part XIII. Int V Endowment Funds. Complete in Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c shoon Are there endowment funds not in the posses by:	orm 990, Part X, line Check here if the er If the organization ar (a) Current year rent year end balance % while the companization ar white the companization are white the	21, for escrow or of explanation has been aswered "Yes" on F (b) Prior year ce (line 1g, column (custodial account liak n provided on Part XI form 990, Part IV, line (c) Two years back (a) held as:	the organization	(e) Four		pack
Pai b labcde f g 2 a b c	Did the organization include an amount on Folif "Yes," explain the arrangement in Part XIII. Int V Endowment Funds. Complete in Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current Board designated or quasi-endowment Permanent endowment Permanent endowment Trem endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posses by: (i) Unrelated organizations	orm 990, Part X, line Check here if the e. f the organization ar (a) Current year rent year end balance	21, for escrow or of explanation has been aswered "Yes" on F (b) Prior year ce (line 1g, column (custodial account liak n provided on Part XI form 990, Part IV, line (c) Two years back (a) held as:	the organization	(e) Four		pack
Par 1a b c d e f g 2 a b c 3a	Did the organization include an amount on Folif "Yes," explain the arrangement in Part XIII. Int V Endowment Funds. Complete in Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c shoon Are there endowment funds not in the posses by:	orm 990, Part X, line Check here if the e. f the organization ar (a) Current year rent year end balance _% % auld equal 100%.	21, for escrow or of explanation has been aswered "Yes" on F (b) Prior year ce (line 1g, column (custodial account liak n provided on Part XI form 990, Part IV, line (c) Two years back (a) held as:	the organization	(e) Four		pack

Part VI Land, Buildings, and Equipment.

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

	,		· · · · · · · · · · · · · · · · · · ·	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		199,952.	128,541.	71,411.
d Equipment		47,747.	35,936.	11,811.
e Other		90,613.	58,375.	32,238.
Total. Add lines 1a through 1e. (Column (d) must equa		mn (B), line 10c.)	>	115,460.

Schedule D (Form 990) 2021

Schedule D	(Form 990) 2021	MASUI
D 1 1/11		<u> </u>

Scriedule D (Form 990) 2021 WIIDITITIO TOTA	11100 011 011	52	1245555 Fage 0
Part VIII Investments - Other Securities.	- F 000 D-+ IV II	addle Occ Form OOO Book V Frond O	
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
	(b) Book value	(c) Method of Valuation. Cost of end	u-or-year market value
(1) Financial derivatives			
(2) Other			
(3) Other			
(A) (B)			
(C)			
(C) (D)			
(E)			
(F)			
(i) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)	.,		,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			454 050
(2) DEFERRED RENT			154,350.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			154 250
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	>	154,350.

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

Schedule D (Form 990) 2021

10010110 -	(1 51111 555) <u>151</u> 1
art XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	la.	rievende per i		
1	Takal and a single and a the angular state of the different side of the same of the state of the			1	7,248,853.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	45,293.		
b			7,500.		
С	Recoveries of prior year grants				
	Other (Describe in Part XIII.)		136,288.		
	Add lines 2a through 2d			2e	189,081.
3	Subtract line 2e from line 1			3	7,059,772.
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	4a			
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,059,772.
Pa	rt XII Reconciliation of Expenses per Audited Financial State			Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	4,054,484.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				-
а	Donated services and use of facilities	2a	7,500.		
b	Prior year adjustments				
	Other (Describe in Part XIII.)		108,238.		
				2e	115,738.
3	Subtract line 2e from line 1			3	3,938,746.
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			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,938,746.
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	ırt 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 ac	dditional infor	mation.		
PA	RT X, LINE 2:				
TH	E ORGANIZATION BELIEVES IT HAS APPROPRIAT	E SUPPO	RT FOR ANY	TA	X POSITIONS
TA	KEN, AND AS SUCH, DOES NOT HAVE ANY UNCER	TAIN TA	X POSITION	ST	HAT ARE
MA	TERIAL TO THE FINANCIAL STATEMENTS OR THA	T WOULD	HAVE AN E	FFE	CT ON ITS
TA	K-EXEMPT STATUS. THERE ARE NO UNRECOGNIZE	D TAX E	BENEFITS OR	LI	ABILITIES
TH	AT NEED TO BE RECORDED.				

PART XI, LINE 2D - OTHER ADJUSTMENTS:

108,238. SPECIAL FUNDRAISING EVENT EXPENSES PRIOR PERIOD ADJUSTMENT 28,050. TOTAL TO SCHEDULE D, PART XI, LINE 2D 136,288.

Schedule D (Form 990) 2021

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

52-1249353

WASHIN	NGTON OFFICE ON L	ATIN AMERICA	52-1249353
Part I	General Information on	Activities Outside the United States. Complete	f the organization answered "Yes" on

Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (a) Region (c) Number of (d) Activities conducted in the region (f) Total émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA, ARUBA, BAHAMAS PROGRAM SERVICES ADVOCACY AND RESEARCH 18,309. EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA PROGRAM SERVICES COMMUNICATIONS 300. 1 EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM 2 COMMUNICATIONS 919. PROGRAM SERVICES NORTH AMERICA CANADA AND MEXICO, BUT NOT THE UNITED ADVOCACY, RESEARCH AND COMMUNICATIONS STATES 5 PROGRAM SERVICES 95,205. SOUTH AMERICA -ARGENTINA, BOLIVIA, BRAZIL, CHILE, ADVOCACY AND PROGRAM SERVICES 103,356. COLUMBIA, ECUADOR, 12 COMMUNICATIONS 3 a Subtotal 0 23 218,089. **b** Total from continuation

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

Schedule F (Form 990) 2021

0.

218,089.

sheets to Part I

c Totals (add lines 3a

and 3b)

Schedule F (Form 990) 2021 WASHINGTON OFFICE ON LATIN AMERICA 52–1249353

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

(i) Method of valuation (book, FMV appraisal, other)						
(h) Description of noncash assistance						
(g) Amount of noncash assistance					A	•
(f) Manner of cash disbursement					recognized as a tax juivalency letter	
(e) Amount of cash grant					foreign country, tion 501(c)(3) eq	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region					ns listed above that are roor for which the grantee o	r entities
(b) IRS code section and EIN (if applicable)					recipient organizatior nization by the IRS, c	other organizations o
1 (a) Name of organization						3 Enter total number of other organizations or entities

Page 3

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. Schedule F (Form 990) 2021

Part III can be duplicated if additional space is needed.

a and a subset of the subset o	rm 99
(h) Method of valuation (book, FMV, appraisal, other)	Schedule F (Form 990) 2021
(g) Description of noncash assistance	S
(f) Amount of noncash assistance	
Insert of Insert	
(e) Manner of cash disbursement	
cash grant	
(c) Number of recipients	
(b) Region	
or assistance	
(a) Type of grant or assistance	

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

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WASHINGTON OFFICE ON LATIN AMERICA

Employer identification number

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 required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants f X Solicitation of government grants Internet and email solicitations g X Special fundraising events ☐ Phone solicitations X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) EMILY GOODSTEIN, LLC - 3225 N Yes No STREET NW #145, WASHINGTON Х 0 47,000 FUNDRAISING -47,000. 47,000 -47 000. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. DC

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021

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

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines I and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			ANNUAL GALA			(add col. (a) through
a)			(event type)	(event type)	(total number)	- col. (c))
Revenue						
eve	1	Gross receipts	233,618.			233,618.
ш			222 610			222 610
	2	Less: Contributions	233,618.			233,618.
	2	Overe income (line 1 minus line 0)				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	-					
	5	Noncash prizes				
ses						
pen	6	Rent/facility costs				
Direct Expenses						
irec	7	Food and beverages				
D		Entertainment				
	8	Entertainment Other direct expenses	10000			108,238.
	_	Direct expense summary. Add lines 4 through		ı	•	108,238.
		Net income summary. Subtract line 10 from I				-108,238.
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.				
<u>e</u>			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue				billigo/progressive billigo		col. (a) through col. (c))
Re	_	0				
		Gross revenue				
"	2	Cash prizes				
JSe						
xpe	3	Noncash prizes				
Direct Expenses						
)ire	4	Rent/facility costs				
	5	Other direct expenses	l v			
	6	Volunteer labor	Yes % No	Yes % No	Yes %	
	0	Volunteer labor	I NO	I NO		
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		•	
			. ,			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		er the state(s) in which the organization condu				
		he organization licensed to conduct gaming a				Yes No
b	IT "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
		Yes," explain:				·

Schedule G (Form 990) 2021

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	edule G (Form 990) 2021	WASHINGTON					2493	353	Page 3
11	Does the organization conduct of	gaming activities with nor	nmembers?					/es	No No
12	Is the organization a grantor, be to administer charitable gaming	neficiary or trustee of a to	rust, or a member	of a partnership o	or other entity formed			⁄es	□ No
13	Indicate the percentage of gami						ш,	163	140
	The organization's facility	-					13a		%
	An outside facility					T T			//
	Enter the name and address of						100		
•	Entor the name and address of	and person who propered	o the organization c	gariirig/opoolar	evente books and rec	ordo.			
	Name								
	Address								
15a	Does the organization have a co	intract with a third party	from whom the org	anization receive	es gaming revenue?			es/	☐ No
b	If "Yes," enter the amount of ga	ming revenue received b	y the organization	▶\$	and the an	nount			
	of gaming revenue retained by t								
c	If "Yes," enter name and addres								
	Name								
	Address >								
16	Gaming manager information:								
	Name ▶								
	Gaming manager compensation	> \$							
	Description of services provided	▶							
	Director/officer	Employee	Indepe	ndent contractor					
17	Mandatory distributions:								
	Is the organization required und	er state law to make cha	ritable distribution:	s from the gamin	g proceeds to				
	retain the state gaming license?						□ 1	es/	└── No
b	Enter the amount of distribution	s required under state la	w to be distributed	to other exempt	organizations or sper	nt in the			
_	organization's own exempt activ								
Pa		prmation. Provide the eas applicable. Also provide		•		v); and Par	t III, lin	es 9,	9b, 10b,
	150, 150, 10, and 170, a	is applicable. Also provid	de arry additional il	ilomation. See ii	istructions.				
SC	HEDULE G, PART I	, LINE 2B, LI	IST OF TEN	HIGHEST	PAID FUNDR	AISER	S:		
<u>(I</u>) NAME OF FUNDRA	ISER: EMILY O	GOODSTEIN,	LLC					
(I) ADDRESS OF FUNI	DRAISER: 3225	N STREET	NW #145	, WASHINGTO	N, DC	20	000	7

Schedule G	i (Form 990)	WASHINGTON	OFFICE	on	LATIN	AMERICA	52-1249353 Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued)					

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

WASHINGTON OFFICE ON LATIN AMERICA

Employer identification number 52-1249353

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year did any paragn listed on Form 000 Part VII. Section A. line 1s, with respect to the filing			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
9		4a		х
h	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
0	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		77	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

52-1249353

Page 2

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.

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	3 and/or 1099-NEC	0	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	-	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MAUREEN MEYER	<u>(</u>	114,870.	0	0	5,750.	32,402.	153,022.	
VICE PRES. FOR PROGRAMS	E	0	0	0		0		
(2) LAUREN KIMBALL	Ξ	124,942.	0	0	6,23	20,385.	151,566.	0
VICE PRES. FOR DEVELOPMENT	(E)	0	0	0	0	0	0	0
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Schedule J (Form 990) 2021

| Part III | Supplemental Information

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	T, GEOFF THALE, RECEIVED A BONUS OF \$10,000 IN 2021,	HIS GROSS EARNINGS. THE BONUS WAS AWARDED BY THE BOARD	PERFORMANCE WHILE SERVING AS THE PRESIDENT.								Schedule J (Form 990) 2021
PART I, LINE 7:	THE OUTGOING PRESIDENT, GEOFF THALE,		AND WAS BASED ON HIS PERFORMANCE WHI								

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization WASHINGTON OFFICE ON LATIN AMERICA Employer identification number 52-1249353

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu		_	s
			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	8	239,849.				
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	n the tax vear for o	contributions				
	for which the organization completed Form 828		•					
	To which the organization completed from each	30,1 411 1, 2	orroo / totallo wio ag	Joinent			Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rei	oorted in Part I lines 1 throug	nh 28 that it		100	110
-	must hold for at least three years from the date							
	exempt purposes for the entire holding period?		•	•		30a		X
h	If "Yes," describe the arrangement in Part II.					000		
31	Does the organization have a gift acceptance p	nolicy that re	equires the review	of any nonstandard contribu	tions?	31		Х
	Does the organization have a girt acceptance p					51	\dashv	
J∠d	contributions?		-			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							
ΙΗΔ	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 90	0	Schedule M	l (Eorn	990)	2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

WASHINGTON OFFICE ON LATIN AMERICA

Employer identification number 52-1249353

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

CAMPAIGN FOR DISAPPEARANCES TO END, JUSTICE MUST BEGIN, WHICH PRESENTS

OUR RESEARCH AND ANALYSIS OF OFFICIAL DATA ON DISAPPEARANCE

INVESTIGATIONS IN MEXICO.

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

POLITICS AND HUMAN RIGHTS BLOG.

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

CENTRAL AMERICA (PREVIOUSLY CITIZEN SECURITY) - WOLA PLAYED A KEY ROLE IN EDUCATING POLICYMAKERS ON CENTRAL AMERICA AND ADVOCATING FOR PRIORITY TO BE GIVEN TO THE RULE OF LAW AND COMBATING CORRUPTION AND IMPUNITY. IN 2021 WOLA ISSUED MULTIPLE STATEMENTS, MEMOS, AND COMMENTARIES ON THE BACKSLIDING OF ANTI-CORRUPTION EFFORTS, DEMOCRACY, AND THE RULE OF LAW, WHICH INFORMED POLICYMAKERS IN THE FAIR ELECTIONS, U.S. AND THE INTERNATIONAL COMMUNITY ON THESE ISSUES. WOLA ALSO PUBLISHED CRITICAL ANALYSIS THROUGH ITS CENTRAL AMERICA MONITOR, AN INNOVATIVE TOOL TO MONITOR FOREIGN ASSISTANCE AND PROGRESS TOWARD RULE OF LAW IN THE REGION. WOLA LAUNCHED A NEW SECTION OF OUR WEBSITE THAT SHOWCASES THE QUANTITATIVE DATA COLLECTED THROUGH THE CENTRAL AMERICA MONITOR IN A USER-FRIENDLY AND COMPREHENSIVE MANNER. THE DATA ANALYZED CAN BE USED BY CITIZENS, ACTIVISTS, GOVERNMENTS, AND INTERNATIONAL DONORS TO CRAFT BETTER PUBLIC POLICIES AND ADVOCATE SUCCESSFULLY FOR HUMAN RIGHTS.

EXPENSES \$ 389,280. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

Schedule O (Form 990) 2021

Name of the organization
WASHINGTON OFFICE ON LATIN AMERICA

Employer identification number
52-1249353

COLUMBIA - WOLA CONTINUED SUPPORTING THE PEACE ACCORD IMPLEMENTATION

PROCESS AND RAISING THE VOICES OF COLOMBIAN CIVIL SOCIETY

ORGANIZATIONS, ESPECIALLY COALITIONS OF AFRO-COLOMBIAN AND INDIGENOUS

COMMUNITIES IN 2021. WOLA SUCCESSFULLY LAUNCHED THE #CONLIDERESHAYPAZ

CAMPAIGN, FEATURING VARIOUS PRODUCTS INCLUDING PODCASTS IN ENGLISH AND

SPANISH WHEREIN COLOMBIAN SOCIAL LEADERS DISCUSSED THE THREATS FACING

PEACE, AND THE URGENT NEED TO SUPPORT THE WORK AND PROTECT THE LIVES OF

SOCIAL LEADERS. WOLA MONITORED SEVERAL CASES OF AT-RISK SOCIAL LEADERS

CLOSELY AND BRIEFED U.S. GOVERNMENT OFFICIALS ABOUT THEIR SECURITY

SITUATION THROUGH OUR PERIODIC URGENT ACTIONS TO INCREASE PROTECTION

MECHANISMS AND CALL ATTENTION TO THE FALTERING IMPLEMENTATION OF THE

ACCORD. WOLA ALSO ORGANIZED U.S. AND INTERNATIONAL PRESSURE TO DEFEND

HUMAN RIGHTS AND END POLICE VIOLENCE AFTER COLOMBIA ERUPTED IN

NATIONWIDE PROTESTS, IN RESPONSE TO A SINCE-WITHDRAWN TAX REFORM

PROPOSAL WAS MET WITH VIOLENT POLICE REPRESSION.

EXPENSES \$ 386,353. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

DRUG POLICY, WOMEN AND INCARCERATION - WOLA SUPPORTS DRUG POLICY

REFORMS THROUGHOUT THE AMERICAS, AND AROUND THE WORLD THAT EMPHASIZE

THE CENTRALITY OF HUMAN RIGHTS, PUBLIC HEALTH, CITIZEN SECURITY, HARM

REDUCTION, AND EVIDENCE-DRIVEN POLICY. IN 2021 WOLA ADVOCATED FOR

POLICIES REDUCING THE HARMS CAUSED BY THE ILLEGAL DRUG TRADE AND DRUG

POLICIES THEMSELVES, AND PARTNERED WITH LOCAL ALLIES TO INFLUENCE THE

DEBATE WHERE REGULATION WAS GAINING GROUND. WOLA'S DRUG POLICY TEAM

COORDINATED A WEBINAR SERIES MARKING THE 50TH ANNIVERSARY OF PRESIDENT

NIXON'S 1971 LAUNCH OF A GLOBAL "WAR ON DRUGS." BEYOND THIS, WOLA AND

ITS PARTNERS SUCCESSFULLY INSERTED THE ISSUE OF WOMEN'S MASS

INCARCERATION FOR LOW-LEVEL, NON-VIOLENT DRUG OFFENSES INTO POLICY

Name of the organization

WASHINGTON OFFICE ON LATIN AMERICA

DISCUSSIONS AROUND THE REGION. WE PRODUCED A SERIES OF VIDEOS THAT

CENTERED THE STORIES OF FOUR FORMERLY INCARCERATED WOMEN, SUPPORTED

NETWORKS OF FORMERLY INCARCERATED WOMEN, AND CONDUCTED INTERNATIONAL

ADVOCACY.

EXPENSES \$ 334,151. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CUBA - IN 2021 WOLA CONTINUED PUSHING BACK AGAINST POLICIES AND RHETORIC THAT HARM THE BILATERAL RELATIONSHIP BETWEEN THE UNITED STATES AND CUBA. DIALOGUE BETWEEN U.S. AND CUBAN ACTORS THROUGH PEOPLE-TO-PEOPLE EXCHANGES REMAINED CHALLENGING DUE TO COVID-19 RESTRICTIONS, SO WE CONTINUED CONDUCTING OUR WORK IN VIRTUAL SETTINGS AND INFORMING U.S. POLICY. IN RESPONSE TO DEMONSTRATIONS OF AN UNPRECEDENTED SCALE IN CUBA LAST JULY, WHICH WERE MET WITH GOVERNMENT REPRESSION, WOLA ISSUED A STATEMENT PROVIDING BACKGROUND TO THE HUMANITARIAN SITUATION IN THE ISLAND AND ADVOCATING FOR HUMAN RIGHTS. AHEAD OF A SECOND WAVE OF PROTESTS PLANNED FOR NOVEMBER, WOLA ALSO REITERATED THE RIGHTS OF THE CUBAN PEOPLE TO PEACEFULLY DISSENT AND EXERCISE THEIR RIGHT OF EXPRESSION. FURTHER, WOLA CONVENED A BROAD GROUP OF GRASSROOTS ORGANIZATIONS, NGOS, ACADEMICS, AND OTHERS THAT HAVE LONG OPPOSED THE EMBARGO AND SUPPORTED ENGAGEMENT WITH CUBA IN AN EFFORT TO COORDINATE A STRATEGY AND DISCUSS PRIORITIES AROUND WHAT THE U.S. SHOULD DO TO CONSTRUCTIVELY SUPPORT THE PEOPLE OF CUBA AND ALLEVIATE THE HUMANITARIAN SITUATION. EXPENSES \$ 133,380. INCLUDING GRANTS OF \$ 0. REVENUE \$ 9,500.

DEFENSE OVERSIGHT - WOLA CHALLENGED THE EXPANDING ROLE OF THE MILITARY

IN FOREIGN AND DOMESTIC POLICYMAKING ACROSS THE REGION. WE SUPPORTED

ACCOUNTABLE CIVILIAN CONTROL OF DEFENSE FORCES, A CLEAR SEPARATION

Name of the organization

WASHINGTON OFFICE ON LATIN AMERICA

BETWEEN POLICE AND MILITARY FUNCTIONS, AND PEACEFUL COLLABORATION TO

REDUCE THREATS AND RESOLVE CONFLICTS. IN 2021, WOLA PUBLISHED NEW

RESEARCH ABOUT U.S. MILITARY POLICY TOWARD LATIN AMERICA AND OUR

EXPERTS LECTURED AUDIENCES ABOUT BORDER SECURITY AND CIVIL-MILITARY

FORM 990, PART VI, SECTION A, LINE 1A:

RELATIONS.

THE OFFICERS OF THE BOARD, AND ANY OTHER DIRECTORS DESIGNATED BY THE BOARD, SHALL CONSTITUTE AN EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, WHICH SHALL MEET AT THE DISCRETION OF THE CHAIR, OR ON THE REQUEST OF AT LEAST TWO OF ITS MEMBERS. THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE THE FULL AUTHORITY OF THE BOARD OF DIRECTORS BETWEEN MEETINGS OF THE BOARD WHEN PROMPT ACTION IS NECESSARY TO AVOID LOSS OR HARM TO THE ORGANIZATION AND ACTION BY THE FULL BOARD IS IMPRACTICABLE, EXCEPT THAT THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE POWER TO APPROVE A DISSOLUTION OR MERGER, OR THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS; TO APPOINT OR REMOVE DIRECTORS; TO APPOINT AND REMOVE MEMBERS OF COMMITTEES; TO AUTHORIZE DISTRIBUTIONS; TO AMEND THE ARTICLES OF INCORPORATION OR THESE BYLAWS; TO APPROVE AND AMEND THE MISSION STATEMENT; TO APPROVE THE BUDGET; OR TO HIRE AND FIRE THE PRESIDENT. THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR EVALUATING THE PERFORMANCE OF THE PRESIDENT. ALL ACTIONS OF THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE BOARD AT ITS NEXT MEETING.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION UPDATED ITS BYLAWS IN 2021. SIGNIFICANT CHANGES INCLUDE:

ADDING THAT THE NUMBER OF DIRECTORS MAY BE INCREASED OR DECREASED BY BOARD

RESOLUTION; ADDING A CLAUSE THAT A DIRECTOR'S OR OFFICERS'S TERM MAY BE

EXTENDED IN ORDER TO FULFILL THE DUTIES AS AN OFFICER; UPDATING THE DUTIES

Name of the organization

WASHINGTON OFFICE ON LATIN AMERICA

Employer identification number 52-1249353

OF THE CHAIR; THE ELECTION OF REPLACEMENT OFFICERS; ADDING THE COMPOSITION

OF COMMITTEES WHICH EXERCISE THE AUTHORITY OF THE BOARD; AND ADDING DUTIES

TO THE EXECUTIVE COMMITTEE.

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

THE FORM 990 IS REVIEWED BY MANAGEMENT AND BY ALL BOARD MEMBERS BEFORE IT IS SIGNED AND FILED WITH THE IRS.

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

MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO ANNUALLY PROVIDE A SIGNED 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 15A:

EACH YEAR, THE BOARD OF DIRECTORS AT WOLA UNDERTAKES A REVIEW OF THE PRESIDENT'S COMPENSATION AS PART OF THE ANNUAL EXECUTIVE PERFORMANCE EVALUATION. THE PROCESS IS SPEARHEADED BY THE CHAIR OF THE BOARD AND AT TIMES INCLUDES AN OUTSIDE COMPARISON OF EXECUTIVE COMPENSATION FROM AT LEAST FIVE NGO'S WITH BUDGETS COMPARABLE TO WOLA AS BASED ON THE 990'S OF THOSE ORGANIZATIONS. THE LAST TIME OUTSIDE COMPARISON DATA WAS USED WAS NOVEMBER 2020. SALARIES FOR OTHER STAFF ARE DETERMINED BY THE PRESIDENT.

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.

Name of the organization WASHINGTON OFFICE ON LATIN AMERICA	Employer identification number 52-1249353
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	372,763.
MANAGEMENT AND GENERAL EXPENSES	86,712.
FUNDRAISING EXPENSES	22,894.
TOTAL EXPENSES	482,369.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	482,369.
FORM 990, PART XII, LINE 2C:	
THESE PROCESSES HAVE NOT CHANGED DURING THE TAX YEAR.	