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Form	<b>330</b>

Department of the Treasury Internal Revenue Service

# EXTENDED TO NOVEMBER 15, 2022 Return of Organization Exempt From Income Tax

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

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

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



AF	or the	e 2021 calendar year, or tax year beginning and	ending		
B C	heck if oplicabl	C Name of organization		D Employer identifie	cation number
	Addre chang	Se OUTREACH AID TO THE AMERICAS			
	Name chang			65-05104	32
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number		
	Final return	P.O. BOX 546135	Room/suite	786-546-	0429
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,702,357.
	Amen	MIAMI, FL 55154		H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: I EO A. BABON, OK.		for subordinates	? Yes X No
	pendir	SAME AS C ABUVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: $X = 501(c)(3) = 501(c) ( )  (insert no.) = 4947(a)(1)$	or 📃 527	If "No," attach a	list. See instructions
_		te: WWW.OAAUSA.ORG		H(c) Group exemptio	
		organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1994 N	I State of legal domicile: ${f FL}$
Pa	rt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO P	ROMOTE	THE RIGHT (	)F
anc		RELIGIOUS FREEDOM IN CUBA THROUGH ACTIVIT			
Governance		Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more		
0,				3	10
8 8					10
es		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			9
Activities &	6	Total number of volunteers (estimate if necessary)		6	650
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	-			Prior Year 4,937,697.	<u>Current Year</u> 7,695,420.
ne		Contributions and grants (Part VIII, line 1h)		4,937,097.	7,095,420.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		24,535.	6,937.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,962,232.	7,702,357.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,902,252.	1,102,337.
		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) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		720,131.	849,079.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	······	0.	0,0,0,0
en:		Total fundraising expenses (Part IX, column (A), line 25) 2,6	79.	• •	
EXE		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,232,834.	6,571,352.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,952,965.	7,420,431.
				9,267.	281,926.
or		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
ets c		Total assets (Part X, line 16)		547,525.	1,187,873.
Assets d Balanc				271,201.	629,623.
Net / und		Net assets or fund balances. Subtract line 21 from line 20		276,324.	558,250.
		Signatura Block		2,0,0240	550,250.

Part II Signature Block

Т

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

	Circulture of officer		Data
Sign	Signature of officer		Date
Here	TEO A. BABUN, JR., PRE	SIDENT	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	CARLOS M. FARAH		
Preparer	Firm's name 🕒 CITRIN COOPERMAN	ADVISORS LLC	Firm's EIN ▶ 87-2525370
Use Only	Firm's address 🕒 355 ALHAMBRA CIR	CLE, SUITE 900	
	CORAL GABLES, FI	33134	Phone no. $305 - 444 - 0999$
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes No
132001 12-09	B-21 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form <b>990</b> (2021
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEME	NT CONTINUATION

Form	990 (2021) OUTREACH AID TO THE AMERICAS	65-0510432	Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🛛
1	Briefly describe the organization's mission:		
	THE MISSION OF THE ORGANIZATION IS TO EFFECTIVELY MOBILI		
	AND PARTNERS FOR RELIEF & PREPAREDNESS, ADVOCACY AND SUS		
	DEVELOPMENT. OUR PURPOSE IS TO PROVIDE AID, ALLEVIATE TH		
2	IMPROVETHEDIGNITYANDQUALITYOFLIFEOFINDIVIDUALSDid the organization undertake any significant program services during the year which were not listed on the	FAMILIES, ANI	
2		Ves	XNo
	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	XNo
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$6 , 914 , 497including grants of \$) (Reve		)
	EMPOWERING OF CIVIL SOCIETIES FOR TRANSITION TO DEMOCRAC		
	STRENGTHENING ECONOMIC INDEPENDENCE IN CUBA AND LATIN AM	ERICA.	
4b	(Code:) (Expenses \$ including grants of \$ ) (Reve	nue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ►6,914,497.		00
		Form 9	<b>90</b> (2021)
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 Form 990 (2021)
 OUTREACH AID TO THE AMERICAS

 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
~	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
11	as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	<u> </u>
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			
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
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		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	
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 Part IV
 Checklist of Required Schedules (continued)
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	· (contract)		v	
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
21	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
52		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	11	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 16			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1 1		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 9	_	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur		2b	Λ	
•-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ - <i>file</i> . See instruction		0-		x
		~	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		30		
4d	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
h	If "Yes," enter the name of the foreign country		40		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (EBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
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 wa	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the			
	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		
0	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	_		
1	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
3	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		
	<b>Note:</b> 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	l l			
	organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c			37
			14a		X
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
6	If "Yes," complete Form 4720, Schedule O.				
					I I
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in				
			17		

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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	
Section A. Governing Body and Management	

000					
		~	_	Yes	No
<b>1</b> a		.0			
	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 0.				
b		.0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		-		v
-	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		_	v	
	of officers, directors, trustees, or key employees to a management company or other person?		3	X	v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				x
	more members of the governing body?		7a		<u> </u>
a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		-		x
~	persons other than the governing body?	+	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			x	
a L	The governing body?		Ba	X	
b	Each committee with authority to act on behalf of the governing body?	. <b>_</b> ª	Bb	^	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<u>.   3</u>	9		Δ
000	tion B. Ponoicos (This Section B requests information about policies not required by the internal Revenue Code.)			Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?	-10	0a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	·  -"	Ua		<u> </u>
	and branches to ensure their operations are consistent with the organization's exempt purposes?	1	0b		
11a			1a	x	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	- F			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	1	2a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		2b	x	
		· –			
-	on Schedule O how this was done	1:	2c	x	
13	Did the organization have a written whistleblower policy?		13	x	
14	Did the organization have a written document retention and destruction policy?		14	x	
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	1/	5a		Х
b	Other officers or key employees of the organization	1	5b		X
	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?	10	6a		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?	1(	6b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $igstar{}FL$				
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 or	nly) a	vailat	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website 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, a	and fin	nanci	al	

)	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

6

20	State the name, address, and telephone number of the person who possesses the organization's books and records	►	
	TEO A. BABUN, JR 305-884-8400		
	7495 NW 7TH STREET, MIAMI, FL 33126		

132006	12-09-21
132000	12-09-21

2021.04000 OUTREACH AID TO THE AMERI A12730\_1

Form 990 (2021)

Form 990 (2021)	OUTREACH AID TO THE AMERICAS	65-0510432	Page 7					
Part VII Compens	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
Employee	es, and Independent Contractors							
Check if Sch	Check if Schedule O contains a response or note to any line in this Part VII							
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compensated E	Employees						
1a Complete this table f	or all persons required to be listed. Report compensation for the ca	lendar year ending with or within the organization's	tax year.					
5	nization's current officers, directors, trustees (whether individuals o	r organizations), regardless of amount of compensa	ation.					
Enter -0- in columns (D), (	(E), and (F) if no compensation was paid.							
<ul> <li>List all of the organ</li> </ul>	nization's current key employees, if any. See the instructions for de	finition of "key employee."						

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-able 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.

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

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

(A) Name and title	(B) Average hours per	box	(C) Position (do not check more than one pox, unless person is both an officer and a director/trustee)				n an	(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	In stitutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DR. TEO A. BABUN, JR. PRESIDENT	40.00	x		x				189,027.	0.	0.
(2) FRANK W. ALLCORN IV CHAIRMAN	23.00	x		x				0.	0.	0.
(3) DANIEL THOMAS SECRETARY	12.00	x		X				0.	0.	0.
(4) DR. PAUL R. WILLIAMS DIRECTOR	12.00	x		x				0.	0.	0.
(5) JOSE M. GARCIA DIRECTOR	12.00	x		x				0.	0.	0.
(6) CHRIS HUDSON DIRECTOR	24.00	x		x				0.	0.	0.
(7) ROLLIN BANCROFT TREASURER	48.00	x		x				0.	0.	0.
(8) SANDRA RIPLEY GOODMAN DIRECTOR	12.00	x		x				0.	0.	0.
(9) OMAR ALEMAN DIRECTOR	12.00	x		x				0.	0.	0.
(10) ARIEL DIAZ DIRECTOR	12.00	x		x				0.	0.	0.
		_								
		_								
										Form <b>990</b> (2021)

132007 12-09-21

Form 990 (2021)

#### 12260713 790347 A12730

	990 (2021)	OUTREACH	AID TO	TH	ΙE	AM	ER	IC	AS	5	65-05	104	132	Pa	age <b>8</b>
Par	t VII Sect	tion A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
		(A)	(B)				C)			(D)	(E)			(F)	
						Average Position Beportable					Reportable		Fs	timate	h
			hours per		not check more than one unless person is both an					compensation	compensation			ount	
	wee							or/trus		from	from related			other	
			(list any	tor						the	organizations			bensa	tion
			hours for	direc				_		organization	(W-2/1099-MISC	2/		om the	
			related	e or	stee			Isate		(W-2/1099-MISC/	1099-NEC)	<i>"</i>		anizati	
			organizations	ruste	al tru:		/ee	mper		1099-NEC)			•	relate	
			below	dual t	ltion	_	lploy	st co iyee	5					nizatio	
			line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				- 3-		
				_			×	<u> </u>				-			
								1							
1h	Subtotal		1							189,027.		0.			0.
					•••••				5	0.		0.			0.
		continuation sheets to Part VI								189,027.		0.			0.
		lines 1b and 1c)										••			0.
2		per of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable				-
	compensa	tion from the organization		4		_									1
														Yes	No
3	Did the org	anization list any <b>former</b> officer,	, director, trust	ee, ł	ey e	empl	oye	e, or	hig	hest compensated emp	loyee on				
	line 1a? <i>If</i>	"Yes," complete Schedule J for s	uch individual									L	3		Х
4		lividual listed on line 1a, is the su													
		d organizations greater than \$150											4	X	
5		rson listed on line 1a receive or										F	-		
Ū		o the organization? If "Yes." com										- 1	5		х
Sec		ependent Contractors	i <u>piele Schedui</u>	<u> </u>	or su	ICH Ļ	Jers	011 .					5		
										· · · · · · · · · · · · · · · · · · ·	100.000 - (				
1	-	this table for your five highest co									· · · · ·	ensat	ion tro	m	
	the organiz	zation. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.				
		(A)				_				(B)		~	(C		
		Name and business	address	N	ONE	5				Description of s	ervices	C	omper	Isation	า
									$\rightarrow$						
												_			
2	Total numb	per of independent contractors (i	ncluding but n	ot lir	nitec	d to f	thos	se lis	ted	above) who received mo	ore than				
	\$1 <u>00,0</u> 00 d	of compensation from the organi	zation 🕨				0	)							
												I	Form 9	<b>990</b> (2	2021)

Forn	n 990 (i		REACH AID	TO THE A	MERICAS		65-0510	432 Page 9
Pa	rt VII	Statement of Re	venue					
		Check if Schedule O	contains a response o	or note to any lir	e in this Part VIII			
					(A)	(B) Related or exempt	(C) Unrelated	<b>(D)</b> Revenue excluded
					Total revenue	function revenue	business revenue	from tax under
								sections 512 - 514
ts t	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
<u> </u>	с	Fundraising events			]			
ifts ar A	d	Related organizations			1			
a,° Bis	е	Government grants (contr		740,306.	1			
Sig	f	All other contributions, gifts,						
her		similar amounts not included	labove 1f 4,	955,114.				
ĞĘ	g	Noncash contributions included in	lines 1a-1f 1a \$4,	643,695.				
noc	h	Total. Add lines 1a-1f			7,695,420.			
				Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
•	2 a							
Program Service Revenue	b							
Ser	c							
Ē	d							
gra Re	u							
2ro	e f	All other program service						
-	•							
	9 3	Total. Add lines 2a-2f						
	3							
		other similar amounts) Income from investment of						
	4							
	5	Royalties	(i) Real	(ii) Personal				
	•	0		(II) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b		-			
	c	Rental income or (loss)	6c					
		Net rental income or (loss						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a					
	b	Less: cost or other basis						
venue		and sales expenses						
		Gain or (loss)						
Other Re		Net gain or (loss)		<b>&gt;</b>				
the	8 a	Gross income from fundraisi						
ō			of					
		contributions reported on						
		Part IV, line 18			-			
	b	Less: direct expenses						
	С	Net income or (loss) from	-	<u>,</u>				
	9 a	Gross income from gamin	-					
		Part IV, line 19						
		Less: direct expenses						
	С	Net income or (loss) from	gaming activities	<u>,</u>				
	10 a	Gross sales of inventory, I						
		and allowances			4			
	b	Less: cost of goods sold	10b					
	с	Net income or (loss) from	sales of inventory					
s				Business Code				
e sou	11 a	OTHER INCOME		900099	6,937.	6,937.		
ane	b							
evel:	с							
Miscellaneous Revenue	d	All other revenue						
2	е	Total. Add lines 11a-11d		►	6,937.			
	12	Total revenue. See instruction			7,702,357.	6,937.	0.	0.
13200	9 12-09-				2			Form <b>990</b> (2021)

OUTREACH AID TO THE AMERICAS 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).

0000	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon	se or note to any line in t (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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				
5	C C				
	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,				
	trustees, and key employees	176,027.	168,986.	7,041.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	363,682.	327,121.	36,561.	
	Pension plan accruals and contributions (include	505,002.	52,71210		
8		10 562	16,686.	1 077	
_	section 401(k) and 403(b) employer contributions)	18,563.		1,877.	
9	Other employee benefits	235,120.	211,351.	23,769.	
10	Payroll taxes	55,687.	50,057.	5,630.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting				
d					
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	400 004		25 220	
	column (A), amount, list line 11g expenses on Sch 0.)	422,904.	387,565.	35,339.	
12	Advertising and promotion	29,062.	11,175.	15,208.	2,679.
13	Office expenses	119,521.	20,691.	98,830.	
14	Information technology				
15	Royalties				
16	Occupancy	60,821.	728.	60,093.	
17	Travel	101,220.	99,485.	1,735.	
	Payments of travel or entertainment expenses			_,,	
18					
	for any federal, state, or local public officials	2 260	943.	1 / 1 / 1	
19	Conferences, conventions, and meetings	2,360.	943.	1,417.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,644.		5,644.	
23	Insurance	1,933.		1,933.	
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.)				
9	PROGRAM ACTIVITIES	5,136,527.	5,033,286.	103,241.	
d L	CONSULTANTS	557,154.	557,154.		
a	CHARITABLE CONTRIBUTION	53,339.	1,850.	51,489.	
С					
d	BUSINESS DEVELOPMENT	35,222.	27,419.	7,803.	
е	All other expenses	45,645.		45,645.	
25	Total functional expenses. Add lines 1 through 24e	7,420,431.	6,914,497.	503,255.	2,679.
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				
				1	<b>– 000</b> (0004)

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Form 990 (2021)

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33

Total liabilities and net assets/fund balances

547,525. 33

Form 990 (	2021)	OUTREACH	AID	то	THE	AMERICAS
Part X	Balance Sheet					

		Check if Schedule O contains a response or note	e to any	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			455,387.	1	1,057,632.
1 :	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			81,167.	3	106,997.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
1	8	Inventories for sale or use				8	·
	9				2,021.	9	2,140.
1	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		<u>99,773.</u> 85,778.			
	b	Less: accumulated depreciation	10b	85,778.	1,113.	10c	13,995.
1	1	Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, line 1	1	····· /		12	
1:	3	Investments - program-related. See Part IV, line 1	1			13	
14	4	Intangible assets				14	
1	5	Other assets. See Part IV, line 11			7,837.	15	7,109.
10	6	Total assets. Add lines 1 through 15 (must equa			547,525.	16	1,187,873.
1	7	Accounts payable and accrued expenses			98,891.	17	129,623.
18		Grants payable				18	
19	9	Deferred revenue				19	
20	0	Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complete P				21	
2	2	Loans and other payables to any current or forme					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these				22	
23		Secured mortgages and notes payable to unrelat		· · · · · · · · · · · · · · · · · · ·		23	500,000.
24		Unsecured notes and loans payable to unrelated				24	
2	5	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines			170 210		0
	_	of Schedule D		······	172,310.	25	<u> </u>
20	6	Total liabilities. Add lines 17 through 25	<u></u>	▶ ▼	271,201.	26	029,023.
		Organizations that follow FASB ASC 958, check	ск nere				
	-	and complete lines 27, 28, 32, and 33.			272,740.	07	558,250.
2				·····	3,584.	27	0.
28	5	Net assets with donor restrictions			5,504.	28	0.
		Organizations that do not follow FASB ASC 95	58, cne				
	_	and complete lines 29 through 33.				00	
29		Capital stock or trust principal, or current funds				29 20	
30		Paid-in or capital surplus, or land, building, or equination Retained earnings, endowment, accumulated inc		a sta a sta a sta a sta		<u>30</u> 31	
3				······	276,324.	31 32	558,250.
3		Total net assets or fund balances			5/7 525	32	1 187 873

558,250. 1,187,873. Form **990** (2021)

Assets

Liabilities

Net Assets or Fund Balances

Form	1990 (2021) OUTREACH AID TO THE AMERICAS	65-	0510432	Pa	<sub>.ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,702		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,420	),4	31.
3	Revenue less expenses. Subtract line 2 from line 1	3			26.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	270	5,3	24.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	558	3,2	50.
Pa	rt XII Financial Statements and Reporting		*		
	Check if Schedule O contains a response or note to any line in this Part XII	/ 			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	-			
	Act and OMB Circular A-133?				<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			
			Form	990	(2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

# 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
2021
Open to Public Inspection

Т

# Name of the organization

Nam	Name of the organization Employer identification number								
		OUTR	EACH AID TO	O THE AMERICA	AS				5-0510432
Par	tI	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only (	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)				
3 [		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4 [		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental un	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Parl	: II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	eor
		university:							
10	Х	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, an	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11 [		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section \$	509(a)(2).	See section &	509(a)(3). (	Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	olete lines	12e, 12f, and	12g.	
а		] Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	/ing
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)	). You must complete F	Part IV, Se	ctions A,	D, and E.		
d		] Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	bution rec	quirement and	an attentiv	veness
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .		
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type I	II, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supportir	ng organiz	ation.			
f	Ente	r the number of supported o	organizations						
g		ride the following information			// \ I= II=====				
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)
Total									

Schedule A	(Form	990	202
		000	1202

Part II

# OUTREACH AID TO THE AMERICAS

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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
•	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third, <sup>.</sup>	fourth, or fifth tax y	year as a section 5	01(c)(3)	
_	organization, check this box and stop	<u>here</u>					<b>&gt;</b>
	ction C. Computation of Publi					I I	
	Public support percentage for 2021 (li					14	%
	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the c				14 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the c						
47-	and <b>stop here.</b> The organization qual		• •		40.40		
1/a	10% -facts-and-circumstances test						
	and if the organization meets the facts			-	-	vi now the organiz	ation
Ŀ	meets the facts-and-circumstances te	-		• • • •		7a and line 15 is i	<b>P</b>
a	10% -facts-and-circumstances test	-					1070 01
	more, and if the organization meets the						
18	organization meets the facts-and-circu Private foundation. If the organizatio						
.0		did not oneon a		a, 100, 17a, 01 17b			(Form 990) 2021

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			r Organization	is Des	cribe	d in S	ection 509(a)(	2)
Schedule A	(Form 990)	2021	OUTREACH	AID	то	THE	AMERICAS	

# OUTREACH AID TO THE AMERICAS

(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.) Section A. Public Support

	••						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	( <b>d</b> ) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	4672396.	3573743.	6157451.	4937697.	7621610.	26962897.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
5	or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge						
e		4672396.	3573743.	6157451.	4937697.	7621610	26962897.
	Total. Add lines 1 through 5Amounts included on lines 1, 2, and3 received from disqualified persons	135,000.	90,000.		4937097.	7021010.	303,000.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		4				0.
с	Add lines 7a and 7b	135,000.	90,000.	78,000.			303,000.
	Public support. (Subtract line 7c from line 6.)						26659897.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	4672396.	3573743.	6157451.	4937697.		26962897.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20.	2.	2.	13.	2,463.	2,500.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
~	Add lines 10a and 10b	20.	2.	2.	13.	2,463.	2,500.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,343.	5,201.	56,853.	24,522.	78,284.	171,203.
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	4678759.	3578946.	6214306.	4962232.	•	27136600.
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, t	tourth, or fifth tax y	ear as a section 5	U1(c)(3) organizatio	on,
0							
	ction C. Computation of Publi						
15	Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	98.24 %
-	Public support percentage from 2020		-			16	97.16 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.01 %
18	Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the						►X
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b> e	<b>op here.</b> The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see ins <sup>.</sup>	tructions	
13202	3 01-04-22					Schedule A	(Form 990) 2021

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#### OUTREACH AID TO THE AMERICAS

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

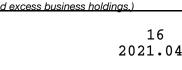
### Part IV | Supporting Organizations

(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")? "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.)

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#### OUTREACH AID TO THE AMERICAS Schedule A (Form 990) 2021

No

Yes No

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A pe	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	below, the governing body of a supported organization?	11a		
b	A fan	nily 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			
		<i>il in</i> Part VI.	11c		
Sec	tion	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? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2	
Sec	tion C. Type II Supporting Organizations		

			Yes	
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	1	

Section D. All T	ype 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		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the	organizati	on used to satisf	/ the Integral Part Test du	ring the year (see instructions).
-					

The organization satisfied the Activities Test. Complete line 2 below. а

b	The organization	is the parent	of each of	f its supported	organizations.	Complete line 3	below

С		The organization	supported a	governmental entity.	Describe in Part VI ho	v you supported a	governmental entity	, (see instruction <u>s).</u>
---	--	------------------	-------------	----------------------	------------------------	-------------------	---------------------	-------------------------------

17

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

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1	Check here if the organization satisfied the Integral Part Test as a qualifying t All other Type III non-functionally integrated supporting organizations must co		•	Part VI). See instructions.
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		
	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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	ld		
	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
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
				/

 Schedule A (Form 990) 2021
 OUTREACH AID TO THE AMERICAS

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

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

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# Schedule A (Form 990) 2021 OUTREACH AID TO THE Part V Type III Non-Functionally Integrated 509(a)(3) Support

E AMERICAS		6	5-0510432	Page 7
pporting Organizations	(continu	ed)		
			Current Ye	ar
1965		1		

Sect	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		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 ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(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	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(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				
a	From 2016				
b	From 2017				
C	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:				
<u>a</u>	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A (	Form 990) 2021	OUTREACH					65-0510432	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and (See instructions.)	1, 2, 3b, 3c, 4b, 4c, 5 , lines 2 and 3; Part I	a, 6, 9a, 9b, 9 V, Section E, li	c, 11a, nes 1c,	11b, and 11c; Part IV, S 2a, 2b, 3a, and 3b; Par	Section B, lines 1 t V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section Section B, line 1e; Pa	C,
							▼	
				-				
132028 01-04-22	2						Schedule A (Form 9	90) 2021
				20				

# Schedule A

# Payments from Disqualified Persons Included on Part III, Line 7a

2021

\*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
	135,000.	90,000.	78,000.	0.	(
			4		
al to Schedule A, III, Line 7a	135,000.	90,000.	78,000.		

Schedule E	3 (Form 990) (2021)			Page <sup>2</sup>					
Name of or	rganization			Employer identification number					
	ACH AID TO THE AMERICAS			65-0510432					
Part III	Exclusively religious, charitable, etc., contribut 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, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. or	nce.) <b>&gt; \$</b>					
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
			—   ———						
		(e) Transfer of gift							
	_								
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee					
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
F	(e) Transfer of gift								
	Transferoz's name address and ZID + 4								
ŀ	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
(a) No.									
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
			_						
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee					
ľ	,								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Doo	cription of how gift is held					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of now gift is held					
			—   ———						
Ļ									
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee					
123454 11-11-	-21	•		Schedule B (Form 990) (2021)					

(Г

Department of the Treasury

Internal Revenue Service

(Form 990)	)
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Part I

# **Supplemental Financial Statements**

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

OMB No. 1545-0047 l **Open to Public** Inspection

Employer identification number

65-0510432

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

Name of the organization

#### OUTREACH AID TO THE AMERICAS Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, line	e 6.				
		(a) Donor ad	lvised funds	<b>(b)</b> Fur	nds and other acco	ounts
1	Total number at end of year					
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 w	vriting that the asset	s held in donor advise	d funds		
	are the organization's property, subject to the organization's e	exclusive legal contr	ol?		Yes	🗌 No
6	Did the organization inform all grantees, donors, and donor ad				~	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or fo	or any other purpose c	onferring		
	impermissible private benefit?				Yes	No No
Par	t II Conservation Easements. Complete if the org	anization answered	"Yes" on Form 990, P	art IV, line 7		
1	Purpose(s) of conservation easements held by the organization	on (check all that app	oly).			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a	a historically	/ important land are	ea
	Protection of natural habitat		Preservation of a	a certified hi	istoric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation cor	ntribution in the form o	f a conserva	ation easement on t	the last
	day of the tax year.				Held at the End of t	the Tax Year
а	Total number of conservation easements			2a		
с	Number of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and no	t on a historic structur	e		
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				during the tax	
	year ▶					
4	Number of states where property subject to conservation eas	ement is located				
5	Does the organization have a written policy regarding the peri	odic monitoring, ins	pection, handling of			
	violations, and enforcement of the conservation easements it				Yes	No No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, an	d enforcing conservation	on easemen	nts during the year	
	▶\$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirer	nents of section 170(h)	)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	🗌 No
9	In Part XIII, describe how the organization reports conservation				nd	
	balance sheet, and include, if applicable, the text of the footne	ote to the organizati	on's financial statemer	nts that des	cribes the	
	organization's accounting for conservation easements.			_		
Par	t III Organizations Maintaining Collections of	Art, Historical	Treasures, or Oth	er Simila	ar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its	revenue statement an	d balance s	heet works	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educa	tion, or research in fur	therance of	public	
	service, provide in Part XIII the text of the footnote to its finan	cial statements that	describes these items			
b	If the organization elected, as permitted under FASB ASC 958	B, to report in its rev	enue statement and ba	alance shee	t works of	
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in furthe	erance of pu	Iblic service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1				\$	
	(ii) Assets included in Form 990, Part X			►	\$	
2	If the organization received or held works of art, historical trea	asures, or other simi	ar assets for financial	gain, provid	e	
	the following amounts required to be reported under FASB AS	SC 958 relating to th	iese items:			
а	Revenue included on Form 990, Part VIII, line 1			►	\$	
	Assets included in Form 990, Part X			🕨	\$	
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.			Schedule D (Forr	n 990) 2021
132051	10-28-21					
		33				

Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         3       Using the expandation accountistion, accession, and other records, check any of the following that make significant use of its continues of its continues of the application accession, and other records, check any of the following that make significant use of its continues of the significant use of its continues of the significant of the organization scale control into the organization scale control into the organization scale control into the organization is control into a control intermediaty for contributions or other assets not included on form 900, Part X, line 21.       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Intermediation intol i	Sche		H AID TO TH			6	<u>55-05</u>	10432	Page <b>2</b>
colection times (check all that apply):       a       b <th>Par</th> <th>t III Organizations Maintaining C</th> <th>collections of Ar</th> <th>t, Historical Tr</th> <th>easures, or</th> <th>Other Similar</th> <th>Assets</th> <th>(continu</th> <th>ued)</th>	Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or	Other Similar	Assets	(continu	ued)
	3	Using the organization's acquisition, access	ion, and other record	s, check any of the	e following that i	make significant u	se of its		
b       Scholarly research       e       Other         c       Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization is collections and explain how they further the organization asserts       tee       No         Part VI       Escrew and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990. Part IV, line 9, or responded an anound to Form 990. Part X, line 21.       Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990. Part X, line 21.       Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990. Part X, line 21.       Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990. Part X, line 21.       Is its organization anagement in Part XIII.         0       If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provides on Part XIII.       Intermediary for the organization answered 'Yes' on Form 900. Part X, line 21.         2a       Did the organization include an amount on Form 990. Part X, line 21.       Intermediary for the organization answered 'Yes' on Form 900. Part X, line 21.         2a       Did the organization answered 'Yes' on Form 900. Part X, line 21.       Intermediary for the organization answered 'Yes' on Form 900. Part X, line 21.         2b       Orthore exponditures for facilities and programs<									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solid or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7 b If 'Yes,' explain the arrangement in Part XIII and complete the following lable:  C Beginning balance C Beginning diverse balance C Beginning balance dinte	а	Public exhibition	d	I 🔄 Loan or ex	change program	n			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization is collection?     Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.     If 'yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.     Part V Endowment Funds. Complete if the organization incomered "Yes" on Form 990, Part X, line 21.     If 'yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.     Or throw the estimated percentage of the current year if 0 Pinry year (c) Two years back. (d) Three years back.     If a Beginning of year balance     If additions.     If a Contributions.     If additions of tacilities and programs     If additions of tacilities and programs.     If additions of tacilities and programs.     If additions of tacilities and programs.     If additions of the organization inserved "Yes" on Form 990, Part X, line 10.     If we estimated explorentage of the current year end balance (line 19, dolumn (a)) heid as:     Board disginated or quasi-adoxyment	b	Scholarly research	е	• Other					
Even of the expanditume solicit or receive donations of art, historical treasures, or other similar assets     to be solit to raise funds rather than to be maintained as part of the organization is collection?     Part W Escrow and Clustodial Arrangements. Complete if the organization answered "Yes" on Form 190, Part V, line 9, or     reported an amount on Form 190, Part X, line 21.     Is the organization angement in Part XIII and complete the following table:	С	Preservation for future generations							
to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 9. or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete the escillant include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete the escillant include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete the escillant escillantescillant escillantescint escillant escillant escillant escillant	4	· •		•	-		e in Part	XIII.	
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (Decempent)       Ves       No         b If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>Beginning balance</li> <li>Complete intermediary for curve or custolial account liability?</li> <li>Yes</li> <li>No</li> <li>b If "Yes," explain the arrangement in Part XII.</li> <li>Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custolial account liability?</li> <li>Yes</li> <li>No</li> <li>b If "Yes," explain the arrangement in Part XII.</li> <li>Contributions</li> <li>Contri</li></ul>	5					similar assets		_	
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b       If 'Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         d       Additions during the year       1d         d       Distributions during the year       1d         d       Distributions during the year       1d         e       Distributions during the year       1d         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part XIII       Yes         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part XIII       Part XIIII         a Beginning of year balance       (a) Current year       (b) Prior year       (c) Tweers back       (e) Four years back         a Chi throwstment earnings, gains, and losses       and programs       and programs       and programs       and programs       and programs         f Administrative expenses       gend of year balance       %       %       Form endowment   b       % <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>_</th><th>No</th></t<>								_	No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Ic       Amount         c       Beginning balance       It       It       Amount       Ic	Par			ete if the organizat	ion answered "	res" on Form 990,	, Part IV, I	ine 9, or	
on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         a       Distributions during the year       1d         d       Additions during the year       1d         a       Dist the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account flability?       Yes         Dist the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account flability?       Yes         Part V       Endowment Funds. Complete if the organization naswerd "Yes" on Form 990, Part X, line 10.         a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (c) Four years back         a       Destinement earlings, gains, and losses       dorants or scholarships       dorants or scholarships       dorants or scholarships         e       Other expenditures for facilities and programs       dorants or scholarships       dorants or scholarships         g End of year balance       %       %       for the organization is berd as required or quasi-endowment b       %         b       Provid									
b       If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>d</li> <lid< li=""> <li>d<th><b>1</b>a</th><th></th><th></th><th></th><th></th><th></th><th></th><th>٦.,</th><th><u> </u></th></li></lid<></ul>	<b>1</b> a							٦.,	<u> </u>
c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         f       Ending balance       1f         2       Did the organization include an amount on Form '90, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form '90, Part XI, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back.       (a) Three years back.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back.       (d) Three years back.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back.       (e) Four years back.         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back.       (e) Four years back.         1a       Beginning of year balance       (b) Prior year       (c) Two years back.       (e) Four years back.         2       Provide the estimated percentage of the current year end balance (line 10, column (a)) held as:       a bacr designated	-							Yes	└── No
c       Beginning balance       1c       1d         d       Additions during the year       1d       1d         e       Distributions during the year       1e       1d         f       Ending balance       1f       1d       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'ves' ves/lain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the corganization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Three years back       (e) Four years back         a       Grants or scholarships       (b) Prior year       (c) Three years back       (e) Four years back         c       Other expenditures for facilities       (b) Prior year       (c) Three years back       (e) Four years back         g       End of year balance       (b) Prior year       (b) Prior year       (c) Three years back       (e) Four years back         g       End of year balance       (b) Cort or thre       (c) Three yea	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				Amount	
d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.         a Beginning of year balance       (a) Current year       (b) Prior year       (c) Ture years back       (d) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Ture years back       (d) Four years back         c Grants or scholarships       (d) Current year end balance       (e) Four years back       (e) Four years back         g End of year balance       (f) Administrative expenses       (f) Ture expenditures for facilities       (f) Ture expenditures for facilities         and programs       (f) Administrative expenses       (f) Current year end balance fine 1g, column (a) held as:       Board designated or quasi-endowment (f)		<b>2</b> · · · · ·						Amount	
e       Distributions during the year       fe         f       Ending balance       ft         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Contributions during the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Contributions during the arrangement in Part XIII. Check here if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Two years back       (f) Two years back <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>									
f       Ending balance	a								
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial acount liability?       Yes       No         b       if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (b) Cher wears back       (c) Two years back       (d) Three years back       (e) Four years back         6       Cher weyenditures for facilities       (a) Current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment >       %         5       Pervide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	e f								
b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form '900, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c Other expenditures for facilities       (a) Current year end balance       (in C)						······		Vec	No
Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         5       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Cher expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         6       Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back		-					····· ∟		
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Two years back       (c) Two years back       (c) Two years back       (e) Four years back         b       Contributions       (c) Two years back       (c) Two years back       (c) Two years back       (e) Four years back         c       Net Investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (c) Two years back       (									
1a       Beginning of year balance							ears back	(e) Four	years back
b       Contributions	1a	Beginning of year balance							<u> </u>
c       Net investment earnings, gains, and losses       Grants or scholarships	b								
d Grants or scholarships	с								
e       Other expenditures for facilities and programs	d								
and programs	е								
f       Administrative expenses									
g End of year balance       2         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a Board designated or quasi-endowment ▶       %         b Permanent endowment ▶       %         c Term endowment ▶       %         ft percentages on lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i) Unrelated organizations         (ii)       Related organizations       3a(i)         (iii)       Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organization's endowment funds.       3b         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 (other)       (c) Accumulated depreciation         1a       Land       37, 110.       23, 233.       13, 877.         b Buildings       37, 110.       23, 233.       13, 877.         c Leasehold improvements       37, 110.       23, 233.       13, 877.         c Leasehold improvements       15, 730.       15, 730.       0.	f								
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         main endowment ▶%       The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment Indus not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations         (ii)       Related organizations         (iii)       Related organizations         b       If "Yes" on line 3a(ii), are the related organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated         depreciation       depreciation       depreciation         1a       Land									
b       Permanent endowment ▶      %         c       Term endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2			e (line 1g, column (	a)) held as:				
c       Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а	Board designated or quasi-endowment		_%					
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Schedule R?</li> <li>(iii) Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Acost or other basis (other)</li> <li>(c) Aco</li></ul>	b	Permanent endowment	%						
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI         Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         0       Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       1a Land       1a Land       1a Land       1a Land       1a Land         b Buildings       37 , 110 .       23 , 233 .       13 , 877 .         c Leasehold improvements       37 , 110 .       23 , 233 .       13 , 877 .         d Equipment       46 , 933 .       46 , 815 .       118 .         e Other       15 , 730 .       15 , 730 .       0 .	с	Term endowment	_%						
by:       Yes       No         (i)       Unrelated organizations       3a(i)       3a(i)       3a(ii)       3a(ii)       3a(ii)       3a(ii)       3a(ii)       3a(ii)       3a(ii)       3b       3c(ii)       3c(iii)       3c(ii)       3c(ii)<		1 5							
(i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         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 (other)       (c) Accumulated depreciation         b Buildings       5         c Leasehold improvements       37,110.       23,233.         d Equipment       46,933.       46,815.         e Other       15,730.       15,730.	3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	and administere	d for the organiza	tion	-	
(ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         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         1a Land								·'	Yes No
(ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         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         1a Land		(i) Unrelated organizations						3a(i)	
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land		(ii) Related organizations						3a(ii)	
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         1a       Land	b	-			?			3b	
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         1a Land	4			wment funds.					
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Par			Dout IV line 11e		Dort V line 10			
basis (investment)         basis (other)         depreciation           1a Land		· · ·					.	(	
1a Land		Description of property				• •	a	(d) Book	value
b Buildings         37,110.         23,233.         13,877.           c Leasehold improvements         46,933.         46,815.         118.           e Other         15,730.         15,730.         0.		Land		neng Dasi		depreciation			
c Leasehold improvements       37,110.       23,233.       13,877.         d Equipment       46,933.       46,815.       118.         e Other       15,730.       15,730.       0.									
d Equipment         46,933.         46,815.         118.           e Other         15,730.         15,730.         0.					37 110	22.23	12	1 2	877
e Other								10	
								13	-

Schedule D (Form 990) 2021

			D TO THE AMER	ICAS	65-0510432 Page <b>3</b>
Part VII					
				11b. See Form 990, Part X, line 12	
(a) Descrip	tion of security or category (	including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financia	al derivatives				
(2) Closely	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Par	t X. col. (B) line 12.) 🕨			
Part VIII	Investments - Pro	gram Related.			
		-	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of inve		(b) Book value	(c) Method of valuation: Cost	
(1)					· · · ·
(2)					
(3)					
(4)					
(5)					
(6)					
(7) (8)					
<u>(8)</u> (9)					
	h) must squal Form 000. Dar	t V col (D) line 10 )			
Part IX	b) must equal Form 990, Par Other Assets.	t X, col. (B) IIIle 13.)			
T art IX		ation answered "Ves"	on Form 990 Part IV line	11d. See Form 990, Part X, line 15	
			Description		. (b) Book value
		(a)	Description		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	<u>mn (b) must equal Form 9</u>	<u>90, Part X, col. (B) line</u>	<u>    15.)</u>		🕨
Part X	Other Liabilities.				
			on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, I	
1.	(a) Descri	ption of liability			(b) Book value
(1) Fec	leral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	imn (b) must equal Form (	90. Part X col (R) line	25.)		▶
				the organization's financial statem	ients that reports the
-	-			ere if the text of the footnote has be	
Siguilz					

132053 10-28-21

Sche	dule D (Form 990) 2021 OUTREACH AID TO THE AMERICAS			65-0	0510432	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements	With Rev	venue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	7,738	,357.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	36,000.			
с		2c				
d		2d				
е	Add lines <b>2a</b> through <b>2d</b>			2e	36	,000.
3	Subtract line 2e from line 1			3	7,702	<u>,357.</u>
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				
b	Other (Describe in Part XIII.)	4b				
с	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	7,702	,357.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements	s With Ex	penses per F	Returr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	7,456	,431.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	36,000.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	<u> </u>			
е	Add lines 2a through 2d			2e	36	,000.
3	Subtract line 2e from line 1			3	7,420	<u>,431.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,420	,431.
Pa	t XIII Supplemental Information.					

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

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE PROVISIONS OF ASC 740, WHICH CLARIFIES THE							
ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S							
FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD AND							
MEASUREMENT PROCESS FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF							
A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT ALSO							
PROVIDES GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, INTEREST AND							
PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION.							
BASED ON ITS EVALUATION, THE ORGANIZATION HAS CONCLUDED THAT THERE ARE NO							
SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN ITS FINANCIAL							
STATEMENTS. THE EVALUATION WAS PERFORMED FOR THE TAX YEARS ENDED DECEMBER							
132054 10-28-21 Schedule D (Form 990) 2021							

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Part XIII Supplemental Information (continued)

31, 2018, 2019 AND 2020, THE TAX YEARS WHICH REMAIN SUBJECT TO EXAMINATION

BY MAJOR TAX JURISDICTIONS AS OF DECEMBER 31, 2021.

Schedule D (Form 990) 202

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ites ⊢	OMB No. 1545-0047
(Form 990)			n answered "Yes" on Form 990, Part			2021
Department of the Treasury Internal Revenue Service	► Go to	www.irs.gov/Fc	Attach to Form 990. orm990 for instructions and the lates	t information.		Open to Public Inspection
Name of the organization					Employer id	lentification number
						0.4.2.0
OUTREACH AID	TO THE AME	RICAS	side the United States. Compl		65-051	0432
	art IV, line 14b.	cuvilles Out	side the Officed States. Compl	ete if the organ	ization answer	red "Yes" on
· · · · · · · · · · · · · · · · · · ·	,	n maintain record	ds to substantiate the amount of its gra	ants and other a	assistance.	
	-		the selection criteria used to award the			Yes No
2 For grantmakers. D United States.	Describe in Part V the	e organization's	procedures for monitoring the use of it	s grants and ot	her assistance	outside the
3 Activities per Regior	n. (The following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	expenditures for and investments
CENTRAL AMERICA AND					STRIBUTION PERSONS ANI	D
THE CARIBBEAN	0	0	PROGRAM SERVICES	TRAINING PR	OGRAMS.	4,679,695.
		6				
3 a Subtotal	0	0				4,679,695.
<b>b</b> Total from continuat	ion					
sheets to Part I		0				0.
c Totals (add lines 3a and 3b)	0	0				4,679,695.

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

132071 12-20-21

Schedule F (Form 990) 2021

#### Schedule F (Form 990) 2021

#### OUTREACH AID TO THE AMERICAS

65-0510432

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		0								
			ecognized as charities by the f							
			or counsel has provided a sect		uivalency letter	🕨				
3 Enter total number of	3 Enter total number of other organizations or entities									

Schedule F (Form 990) 2021

OUTREACH AID TO THE AMERICAS 65-0510432 Schedule F (Form 990) 2021 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. **(h)** Method of valuation (book, FMV, appraisal, other) (d) Amount of (c) Number of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance

Schedule F (Form 990) 2021

Schedule F			OUTREACH	AID	то	THE	AMERICAS
Part IV	Foreia	n Forms					

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

132074 12-20-21

		OUTREACH	AID	ΤO	THE	AMERICAS
Party	Supplemental	Information				

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

32075 12-20-21	Schedule F (Form 990) 202

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury Internal Revenue Service			► Go to www.ir	Attach to For s.gov/Form990 for	m 990. or the latest inforn	nation.		Open to Public Inspection		
Name of the organization	OUTREACH	AID TO THE	E AMERICAS					Employer identification number $65 - 0510432$		
Part I General Inform										
	the grants or assis	stance?				for the grants or assis				
			ations and Domestic be duplicated if addition			anization answered "Y	es" on Form 990, Par	t IV, line 21, for any		
<b>1 (a)</b> Name and address or governn		<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
						5				
<ul><li>2 Enter total number of</li><li>3 Enter total number of</li></ul>	other organizations	s listed in the line 1								

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Schedule I (Form 990) 2021

OUTREACH AID TO THE AMERICAS

65-0510432

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance					
				OY I						
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.										
PART I, LINE 2:										

THERE IS SUBSTANTIAL FINANCIAL OVERSIGHT ON THE USE OF RESOURCES AND

COMPLIANCE WITH LAWS. THE ORGANIZATION FOLLOWS A MISSION STATEMENT THAT

REQUIRES TRANSPARENCY AND STRICT STEWARDSHIP OF CHARITABLE GIFTS AND OTHER

GRANTS. AS SUCH THE BOARD OF DIRECTORS REVIEW A COMPREHENSIVE "INTERNAL

CONTROL MANUAL" WHICH WAS DESIGNED WITH THE CHALLENGE OF ACTING IN THE BEST

INTEREST OF GIVERS. RECORDS ARE KEPT IN A COMPREHENSIVE FINANCIAL SYSTEM

AND REPORTS ARE REVIEWED BY THE PRESIDENT AND TREASURER ON A WEEKLY AND

#### MONTHLY BASIS, AND BY THE BOARD OF DIRECTORS ON A QUARTERLY BASIS.

SC	HEDULE J	Compensation Information	I	OMB No.	1545-004	47	
(Fo	For certain Officers, Directors, Trustees, Key Employees, and Highest			0004			
•		Compensated Employees		20	<b>Z</b> I		
-		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic	
	ment of the Treasury       ► Attach to Form 990.         I Revenue Service       ► Go to www.irs.gov/Form990 for instructions and the latest information.				Inspection		
Nam	e of the organizatio	n	Employer i			mber	
		OUTREACH AID TO THE AMERICAS	65-0	)51043	2		
Pa	rt I Question	s Regarding Compensation					
				_	Yes	No	
1a	Check the appropr	ate 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 com	panions Payments for business use of personal re-	sidence				
	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	-	on line 1a are checked, did the organization follow a written policy regarding payment or					
_		provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		_	
~	la dia da subista da 16 a						
3		ny, 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							
	Compensation	ation of the CEO/Executive Director, but explain in Part III.					
		compensation consultant Compensation survey or study					
	·	ther organizations $X$ Approval by the board or compensation c	ommittee				
			Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii				
4	During the year di	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re						
а	-	e payment or change-of-control payment?		4a		x	
		eive payment from a supplemental nonqualified retirement plan?		46		X	
		eive payment from an equity-based compensation arrangement?				X	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	-						
	Only section 501(	)(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 compensatio	n				
	contingent on the r						
а	The organization?			5a		X	
		ation?				X	
	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 compensatio	n				
	contingent on the r						
						X	
b		ation?		<u>6b</u>		x	
_		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				v	
~		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v	
~				8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
		1 53.4958-6(c)?					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forr	n 990)	2021	

132111 11-02-21

Schedule J (Form 990) 2021

65-0510432

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-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(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) DR. TEO A. BABUN, JR.	(i)	189,027.	0.	0.	0.	0.	189,027.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)			~					
	(ii)								
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	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(i) (ii)								
	(i)								
	(ii)								
	1,117						1		

Schedule J (Form 990) 2021

#### Part III Supplemental Information

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

PART I, LINE 3:
COMPENSATION IS REVIEWED BY THE BOARD'S EXECUTIVE COMMITTEE (EC). PROPOSED
COMPENSATION IS OFTEN COMPARED WITH THE COMPENSATION OF SIMILAR POSITIONS
USING REPORTS AND STANDARDS PROVIDED BY THE "EVANGELICAL COUNCIL FOR
FINANCIAL ACCOUNTABILITY" (ECFA). THE EC THEN ENTERS INTO A CONTRACTUAL
AGREEMENT WITH THE DIRECTOR.

Form 990)	Complete if the complete of				l "Yes	" on Fo	orm 990. Parl	HV.	line 25a, 25b, 2	6. 27.	282		-		
		200, 0		rt V, line 38a	or		,	20a,		2	02	1			
THAT HE VEHILE OF VILE	► Go	to www.irs					Form 990-EZ ons and the		st information.				pen T spect		lic
me of the organization			•							Em	ployer	ident	ificati	on nu	mber
	OUTREAC											104	32		
Part I Excess Be	enefit Transa	ctions (se	ection 50	01(c)(3)	, sect	ion 501	(c)(4), and sec	ctior	501(c)(29) orga	nizatio	ons on	ly).			
Complete if th	ne organization a						ne 25a or 25b	, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
(a) Name of disqualifie	d person	<b>(b)</b> Relations perso	ship betv n and or			ified	(0	<b>:)</b> De	escription of trar	sactic	n			Corre es	ncted?
													+		
													+-		
													+		
2 Enter the amount of ta	-	-		-		-	-	-							
											► \$				
B Enter the amount of ta	ax, if any, on line	e 2, above, r	eimburs	ed by t	he org	ganizati	on				▶ \$				
art II Loans to a	nd/or From	Intereste	d Pers	sons.											
	ne organization a				90-FZ	Part V	line 38a or F	orm	990 Part IV. lin	e 26: (	or if th	e orga	nizatio	n	
	mount on Form					,			)))			e e gu			
(a) Name of	(b) Relations	ship <b>(c)</b> Pu	irpose	(d) Loa	an to or	(0)	Original	(f	Balance due	(g	<b>)</b> In	(h) Ap	proved ard or	(1) "	/ritter
interested person	erson with organization organization?		princi	pal amount			defa	ault?	comm	nittee?	agree	ement			
				То	From					Yes	No	Yes	No	Yes	No
															<u> </u>
	<u> </u>						► \$								
etal Part III Grants or /	Assistance E	Benefiting	Inter	ested	Per	sons.	Þ								
	ne organization a						ne 27.								
(a) Name of intereste		(b) Relat interes	tionship ted pers	betwee	en	(c	) Amount of assistance		<b>(d)</b> Type assistan			•	) Purp assista		f
		the	organiza	ation											
						L									

	CH AID TO THE AMERIC	CAS	65-0510	432	Page 2
Part IV Business Transactions Involv	ing Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
		28b, or 28c.         (c) Amount of transaction       (d) Description of transaction         9       39,219. FORM W-2 CO         2       13,600. FORM 1099 -         2       13,600. FORM 1099 -         2       13,600. FORM 1099 -         3       -         -       - <tr< td=""><td>No</td></tr<>	No		
MARY J BABUN	WIFE OF ORGANIZATIO	39,219.	FORM W-2 CO		X
VICTORIA BABUN	DAUGHTER OF ORGANIZ				X
					<u> </u>
					<u> </u>
					<u> </u>
					<b></b>
Part V Supplemental Information.					
Provide additional information for respo	onses to questions on Schedule L (see i	nstructions).			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
(A) NAME OF PERSON: MARY J	BABIIN				
(A) NAME OF FERSON. MARI U	DADON				
		ODONITONT			
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:		
_					
WIFE OF ORGANIZATION'S PRE	SIDENT, TEO BABUN				
(C) AMOUNT OF TRANSACTION	\$ 39,219.				
(D) DESCRIPTION OF TRANSAC	TION: FORM W-2 COMPE	NSATION			
(E) SHARING OF ORGANIZATIO	N REVENUES? - NO				
(A) NAME OF PERSON: VICTOR	IA BABUN				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:		
DAUGHTER OF ORGANIZATION'S	PRESIDENT, TEO BABU	N			
		-			
(C) AMOUNT OF TRANSACTION	\$ 13 600				
(C) AHOUNI OI INANDACIION	Ç 19,000.				
(D) DECODIDATION OF ADAMCAC	TION: FORM 1000 DD	OPPORTONAT			
(D) DESCRIPTION OF TRANSAC	$\frac{110N}{10} = \frac{1000}{100} = \frac{1000}{100} = \frac{1000}{100} = \frac{1000}{100}$	OFESSIONAL	SERVICES		
(					
(E) SHARING OF ORGANIZATIO	N REVENUES? = NO				

Schedule L (Form 990) 2021

132132 11-02-21

SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047

**/**U

Employer identification number

65 - 0510432

Department of the Treasury
Internal Revenue Service

Name of the organization

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

L **Open to Public** Inspection

1

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

### OUTREACH AID TO THE AMERICAS

Par	t I Types of Property						
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	ts
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						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
12							
13	Securities - Miscellaneous						
10							
14	Historic structures           Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	X	1	4,523,857.	СОЅТ		
20	Drugs and medical supplies	X	1	119,838.	COST		
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 organization	ation during	the tax year for co	ontributions			
	for which the organization completed Form 828						
						Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for		
	exempt purposes for the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance pe	olicy that re	quires the review o	of any nonstandard contribut	ions?	31	X
32a	Does the organization hire or use third parties o	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	r for which column (a) is chec	ked,		

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

Schedule M (Form 990) 2021

132141 11-17-21

Schedule M (Form 99	90) 2021 OUTREACH	I AID TO	THE	AMERICAS		65-0510432	Page <b>2</b>
Part II Supple	emental Information ting in Part I, column (b), th t for any additional information	<ul> <li>Provide the ir e number of co tion.</li> </ul>	nformatio ntributio	n required by Parns, the number of	t I, lines 30b, 32b, and 3 items received, or a cor	3, and whether the organiza nbination of both. Also comp	tion plete
132142 11-17-21						Schedule M (Form	990) 2021
				- 1		-	

12260713 790347 A12730

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. ▶ Go to www.irs.gov/Form990 for the latest information. EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

65-0510432

OUTREACH AID TO THE AMERICAS

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRACTICE THEIR FAITH MORE FREELY. INCREASE ACCESS TO RELIGIOUS

INFORMATION AND PUBLICATIONS FOR CUBANS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITIES, AND FERMENTS POSITIVE CHANGE TOWARD DEMOCRACY AND

FREEDOMS. OAA PROMOTES CITIZEN PARTICIPATION IN DEVELOPING COMMUNITY

PROGRAMS. OUR GUIDING VISION IS TO BE A FAITH-BASED ORGANIZATION OF

EXCELLENCE RESPONDING TO THE NEEDS OF THE MOST VULNERABLE PEOPLE AND

COMMUNITIES IN LATIN AMERICA.

FORM 990, PART VI, SECTION A, LINE 3:

MANAGEMENT DELEGATED TO TEO A. BABUN, JR. (PRESIDENT / EXECUTIVE DIRECTOR).

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

THE BOARD HAS ELECTED AN EXECUTIVE COMMITTEE THAT HAS BEEN GIVEN THE

AUTHORITY TO REVIEW AND APPROVE FORM 990.

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

THE ORGANIZATION HAS ADOPTED A POLICY THAT INFORMS BOARD MEMBERS, PROVIDES

FOR ANNUAL REVIEWS AND CONTROLS RELATED PARTY TRANSACTIONS. ANY BOARD

MEMBER OR EMPLOYEE OF THE OUTREACH AID TO THE AMERICAS, INC. SHOULD

RIGOROUSLY AVOID CONFLICTS OF INTEREST. IN THE EVENT TRANSACTIONS

INVOLVING CONFLICTS OF INTEREST OCCUR OR ARE PROPOSED, THE CONFLICT OF

INTEREST POLICY IS THE FOLLOWING:

OR COMPARATIVE VALUATION, AND THAT IT DOES NOT VIOLATE STATE LAW.

THE RELATED PARTY IS TO BE EXCUSED DURING THE PROCESS OF BOARD DELIBERATION AND VOTING, OTHER THAN TO RESPOND TO QUESTIONS, AND IS TO ABSTAIN FROM VOTING. THE BOARD PERFORMS AN ANNUAL REVIEW OF POTENTIAL AND KNOWN RELATED PARTY TRANSACTIONS THROUGH AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE. THIS CONFLICT OF INTEREST QUESTIONNAIRE IS TO BE COMPLETED BY EACH BOARD MEMBER, OFFICER AND SENIOR MANAGEMENT OF THE CORPORATION, INCLUDING RELATED ENTITIES ON THE FALL MEETING OF THE BOARD EACH YEAR.

CONTROLS HAVE BEEN ESTABLISHED TO ASSURE THAT NORMAL CORPORATE CONTROLS AND ACCOUNTABILITY ARE MAINTAINED. THE TREASURER (BOARD MEMBER) OF THE ORGANIZATION HAS BEEN ASSIGNED TO ACT ON BEHALF OF THE ORGANIZATION ON TRANSACTIONS OF THIS MATTER.

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

FINANCIAL STATEMENTS ARE PUBLISHED IN THE OUTREACH AID TO THE AMERICAS,

INC.'S WEBSITE WWW.OAAUSA.ORG.

132212 11-11-21

FORM 99	0 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	DELL COMPUTER	07/07/08	200DB	5.00	MQ	17	423.			212.	211.	211.		0.	211.
2	DELL COMPUTER	07/07/08	200DB	5.00	MQ	17	918.			459.	459.	459.		0.	459.
3	DELL COMPUTER	07/07/08	200DB	5.00	MQ	17	918.			459.	459.	459.		٥.	459.
4	DELL COMPUTER	07/07/08	200DB	5.00	MQ	17	918.			459.	459.	459.		0.	459.
5	DELL COMPUTER	07/07/08	200DB	5.00	MQ	17	1,142.			571.	571.	571.		0.	571.
6	DELL COMPUTERS - 5 DESKTOPS	02/05/08	200DB	5.00	MQ	17	3,851.			1,926.	1,925.	1,925.		0.	1,925.
7	FURNITURE & FIXTURES	11/26/08	200DB	7.00	MQ	17	3,298.				3,298.	3,298.		0.	3,298.
8	TELEPHONES	10/16/08	200DB	7.00	MQ	17	3,770.				3,770.	3,770.		0.	3,770.
9	DELL COMPUTERS - 2 DESKTOPS	08/26/08	200DB	5.00	MQ	17	1,344.			672.	672.	672.		0.	672.
10	DELL COMPUTERS	03/07/08	200DB	5.00	MQ	17	3,670.			1,835.	1,835.	1,835.		0.	1,835.
11	APPLE COMPUTER	10/29/08	200DB	5.00	MQ	17	2,666.			1,333.	1,333.	1,333.		0.	1,333.
12	A/C PORTABLE UNIT	10/20/08	200DB	5.00	MQ	17	255.			127.	128.	128.		0.	128.
13	FITNESS CENTER	10/19/08	200DB	5.00	MQ	17	2,244.			1,122.	1,122.	1,122.		٥.	1,122.
14	64" INTERACTIVE BOARD/PROJECTOR	10/07/08	200DB	5.00	MQ	17	4,519.			2,260.	2,259.	2,259.		0.	2,259.
15	FURNITURE-IKEA	11/11/08	200DB	7.00	MQ	17	1,052.				1,052.	1,052.		0.	1,052.
16	FURNITURE-LOVESEAT	09/30/08	200DB	7.00	MQ	17	443.				443.	443.		0.	443.
17	FURNITURE-CONFERENCE ROOM	04/22/08	200DB	7.00	MQ	17	2,170.				2,170.	2,170.		0.	2,170.
18	FURNITURE – 4 L SHAPE DESKS	05/12/08	200DB	7.00	MQ	17	1,433.				1,433.	1,433.		0.	1,433.

128111 04-01-21

(D) - Asset disposed

FORM 99	00 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	Corv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	OFFICE FURNITURE	01/19/09	200DB	7.00	HY	17	1,308.				1,308.	1,308.		0.	1,308.
20	PRINTERS	01/19/09	200DB	5.00	ну:	17	1,200.				1,200.	1,200.		0.	1,200.
21	TELEPHONES	01/29/09	200DB	7.00	нү	17	946.				946.	946.		0.	946.
22	TELEPHONE EQUIPMENT	03/02/09	200DB	7.00	нү	17	5,369.				5,369.	5,369.		0.	5,369.
23	LEASEHOLD IMPROVEMENTS	02/01/09	SL	48.00	-	16	10,683.				10,683.	4,901.		223.	5,124.
24	IKEA-FURNITURE	01/10/09	200DB	7.00	нү	17	1,885.				1,885.	1,885.		0.	1,885.
25	CHAIRS & CABINETS	02/01/09	200DB	7.00	нү	17	2,500.				2,500.	2,500.		0.	2,500.
26	OFFICE FURNITURE	01/01/11	200DB	7.00	нү	17	1,643.				1,643.	1,643.		0.	1,643.
27	DELL BSB LINE 12	12/02/13	200DB	5.00	MQ	17	1,493.			747.	746.	746.		0.	746.
28	DELL OPTIPLEX 30	07/15/14	200DB	5.00	HY	17	753.			377.	376.	376.		0.	376.
29	DELL DESKTOP - D	09/25/14	200DB	5.00	ну	17	779.			390.	389.	389.		0.	389.
30	NEW COMPUTER	01/29/15	SL	5.00	HY	17	959.			480.	479.	479.		0.	479.
32	DESKTOP COMPUTER	05/27/15	SL	5.00	нү	17	764.			382.	382.	382.		0.	382.
33	LEASEHOLD IMPROVEMENTS	05/01/16	SL	5.00	-	16	7,901.				7,901.	7,373.		528.	7,901.
34	COMPUTERS	03/01/16	SL	5.00	нү	17	779.				779.	702.		77.	779.
35	COMPUTERS	04/08/16	SL	5.00	нү	17	1,012.				1,012.	909.		103.	1,012.
36	COMPUTERS	04/08/16	SL	5.00	нү	17	1,600.				1,600.	1,440.		160.	1,600.
37	TELEPHONE EQUIPMENT	04/11/16	SL	5.00	нү	17	236.				236.	212.		24.	236.

128111 04-01-21

(D) - Asset disposed

#### FOI

FORM 99	00 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
40	OFFICE EQUIPMENT	09/29/16	SL	5.00	нү	17	727.				727.	653.		74.	727.
41	OFFICE EQUIPMENT	10/21/16	SL	5.00	нү	17	1,260.				1,260.	1,134.		126.	1,260.
42	OFFICE EQUIPMENT	12/12/16	SL	5.00	нү	17	1,437.				1,437.	1,292.		145.	1,437.
43	OFFICE EQUIPMENT	12/12/16	SL	5.00	НҮ	17	261.				261.	234.		27.	261.
44	OFFICE EQUIPMENT	12/14/16	SL	5.00	нү	17	535.				535.	482.		53.	535.
45	OFFICE EQUIPMENT	12/16/16	SL	5.00	нү	17	110.				110.	99.		11.	110.
46	LEASEHOLD IMPROVEMENTS	01/12/21	SL	3.00		16	350.				350.			117.	117.
47	LEASEHOLD IMPROVEMENTS	01/12/21	SL	3.00		16	500.				500.			167.	167.
48	LEASEHOLD IMPROVEMENTS	01/12/21	SL	3.00		16	1,400.				1,400.			467.	467.
49	LEASEHOLD IMPROVEMENTS	01/26/21	SL	3.00		16	1,400.				1,400.			428.	428.
50	LEASEHOLD IMPROVEMENTS	01/29/21	SL	3.00		16	2,000.				2,000.			611.	611.
51	LEASEHOLD IMPROVEMENTS	02/05/21	SL	3.00		16	2,000.				2,000.			611.	611.
52	LEASEHOLD IMPROVEMENTS	02/08/21	SL	3.00		16	670.				670.			205.	205.
53	LEASEHOLD IMPROVEMENTS	02/11/21	SL	3.00		16	2,000.				2,000.			611.	611.
54	LEASEHOLD IMPROVEMENTS	02/11/21	SL	3.00		16	291.				291.			89.	89.
55	LEASEHOLD IMPROVEMENTS	03/02/21	SL	3.00		16	1,215.				1,215.			338.	338.
56	LEASEHOLD IMPROVEMENTS	07/19/21	SL	5.00		16	2,000.				2,000.			167.	167.
	LEASEHOLD IMPROVEMENTS	07/26/21		5.00		16	2,000.				2,000.			167.	167.

(D) - Asset disposed

#### FOI

FORM 99	0 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	Corv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
58	LEASEHOLD IMPROVEMENTS	07/29/21	SL	5.00		16	2,000.				2,000.			167.	167.
59	LEASEHOLD IMPROVEMENTS	08/16/21	SL	5.00		16	700.				700.			47.	47.
	* TOTAL 990 PAGE 10 DEPR						99,700.			13,811.	85,889.	60,253.		5,743.	65,996.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						81,174.			13,811.	67,363.	60,253.			61,804.
	ACQUISITIONS						18,526.			0.	18,526.	0.			4,192.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						99,700.			13,811.	85,889.	60,253.			65,996.
	ENDING ACCUM DEPR											79,807.			
	ENDING BOOK VALUE											19,893.			

128111 04-01-21

(D) - Asset disposed

4500	Deprec	iation and <i>I</i>	Amortizatio	n		OMB No. 1545-0172
Form <b>4562</b>	2021					
Development of the Transmission						
Department of the Treasury Internal Revenue Service (99)		Sequence No. <b>179</b>				
Name(s) shown on return			Business or activity to whic	h this form relates		Identifying number
OUTREACH AID TO THE AME			FORM 990 PA			65-0510432
Part I Election To Expense Certain Property	Under Section 17	79 Note: If you have a	any listed property, co	omplete Part		· · · · · · · · · · · · · · · · · · ·
						1,050,000.
2 Total cost of section 179 property placed						
3 Threshold cost of section 179 property be	3	2,620,000.				
4 Reduction in limitation. Subtract line 3 fro					4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. I				(a) Elected		
6 (a) Description of prope	er Ly	(b) Cos	t (business use only)	(c) Elected of	OSI	
7 Listed property. Enter the amount from lin		···· · · · · · · · · · · · · · · · · ·				
8 Total elected cost of section 179 property						
9 Tentative deduction. Enter the <b>smaller</b> of						
<b>10</b> Carryover of disallowed deduction from lin						
<b>11</b> Business income limitation. Enter the sma			· · · · · · · · · · · · · · · · · · ·			
12 Section 179 expense deduction. Add lines	-				12	
13 Carryover of disallowed deduction to 202			13			
Note: Don't use Part II or Part III below for list			aluda listad property	<i>·</i> <b>)</b>		
14 Special depreciation allowance for qualifie				-		
the tax year						
<b>15</b> Property subject to section 168(f)(1) election	ion					1 0 4 2
					16	4,943.
Part III MACRS Depreciation (Don't in	ciude listed pro					
		Section A			47	800.
17 MACRS deductions for assets placed in s				<b>N</b>	17	000.
18 If you are electing to group any assets placed in service Section B - Assets Pl			· · · ·	🕨 🔔	Lion Cuata	
		(c) Basis for depreciati	00		tion Syste	m
(a) Classification of property	year placed in service	(business/investment u only - see instruction	ise (u) necovery	(e) Convention	(f) Method	(g) Depreciation deduction
	III Selvice	Univ - acc man denom	5)			
19a 3-year property						
<b>b</b> 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	
Section C - Assets Pla	ced in Service	During 2021 Tax Ye	ar Using the Alterna	itive Depreci	ation Syst	em
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	
Part IV Summary (See instructions.)						
21 Listed property. Enter amount from line 23					21	
22 Total. Add amounts from line 12, lines 14	0					
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37       Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?       Yes       No         38       Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners       Yes       No         39       Do you maintain a written policy statement that prohibits personal use?       Image: Comparison of the sense of the vehicles by employees as personal use?       Image: Comparison of the vehicles, and retain the information received?       Image: Comparison of the vehicles, and retain the information received?       Image: Comparison of the vehicles.       Image: Comparison of the vehicles.         41       Do you meet the requirements concerning qualified automobile demonstration use?       Image: Comparison of the covered vehicles.       Image: Comparison of the covered vehicles.       Image: Comparison of the covered vehicles.         Part VI       Amortization       Image: Comparison of costs       Image: Comparison of the covered vehicles.       Image: Comparison of the section of the section of costs that begins during your 2021 tax year:       Image: Comparison of costs that begins before your 2021 tax year       Image: Comparison of costs that began before your 2021 tax year       Image: Comparison of costs that began before your 2021 tax year       Image: Comparison of costs that began before your 2021 tax year       Image: Comparison of costs that began before your 2021 tax year       Image: Comparison of costs that began be	Ans	swer these questions to a	determine if y	ou meet an e	xception	to compl	eting	Section E	8 for ve	ehicles use	d by em	ployees	who <b>a</b>	ren't			
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38       Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your       employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners         39       Do you treat all use of vehicles by employees as personal use?		•				-				-	-						
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners         39       Do you treat all use of vehicles by employees as personal use?         40       Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?         41       Do you meet the requirements concerning qualified automobile demonstration use?         Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.         Part VI       Amortization         (a)       (b)       (c)       (d)       (e)       (f)         Amortization of costs       Date amortization begins       Amortizable amount       Code       Amortization for this year         42       Amortization of costs that begins during your 2021 tax year:	38																
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(Rev. January 2022)

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

#### File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see instru	Taxpaye	axpayer identification number (TIN)							
print	OUTREACH AID TO THE AMERIC	65-0510432								
File by the due date f filing your	Number, street, and room or suite no. If a P.O. box, see instructions.									
return. See	P.O. BOX 546135 City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
instructior	MIAMI, FL 33154									
Enter th	e Return Code for the return that this application is for (fi	ile a separat	te application for each return)	. <u></u>						
Application			Application		R					
ls For		Code	Is For	Code						
Form 99	00 or Form 990-EZ	01	Form 1041-A							
Form 47	720 (individual)	03	Form 4720 (other than individual)	09						
Form 99	90-PF	04	Form 5227	10						
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11						
Form 99	90-T (trust other than above)	06	Form 8870			12				
Form 99	00-T (corporation) TEO A. BABUN,	07								
<ul> <li>If the</li> <li>If thi</li> <li>box </li> <li>1</li> <li>the</li> <li>the&lt;</li></ul>	bhone No. ► <u>305-884-8400</u> e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► request an automatic 6-month extension of time until the organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization the organization named above. The extension is for the organization the organization named above. The extension is for the organization the organization named above. The extension is for the organization the organization named above. The extension is for the organization the organization named above. The extension is for the organization the organization named above. The extension is for the organization the organization named above. The extension is for the organization the organization named above. The extension is for the organization the organization named above. The extension is for the organization the organization named above. The extension is for the organization the organization named above. The extension is for the organization the organization named above. The extension is for the organization the organization or tax year beginning	Group Exe and atta NOVEN ganization's	mption Number (GEN) I ch a list with the names and TINs of <u>MBER 15, 2022</u> , to file return for: d ending	this is fo all memb	r the whole <u>c</u> ers the exter npt organizat 	group, check this nsion is for.				
	this application is for Forms 990-PF, 990-T, 4720, or 606 ny nonrefundable credits. See instructions.	\$	0.							
any nonrefundable credits. See instructions.       3a         b       If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and										
estimated tax payments made. Include any prior year overpayment allowed as a credit.						0.				
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by										
	sing EFTPS (Electronic Federal Tax Payment System). Se	•								
Caution instruct	<b>n:</b> If you are going to make an electronic funds withdrawa ions.	II (direct det	bit) with this Form 8868, see Form 84	53-TE an						
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instru	ictions.		Form 8	3868 (Rev. 1-2022)				

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