Form	990
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Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2021 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 th	e 2020 calendar year, or tax year beginning and	ending		
B c	Check if pplicab	e: C Name of organization		D Employer identified	cation number
	Addre	PERU, INC			
	Name	Doing business as	46-39521	63	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return		19A	917-602-	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	549,290.
	Amer returr	NEW TORK, NI 10022		H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer. ALLO ANDRA LINARED I	RIVAS	for subordinates	? Yes X No
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u> 1</u>	Tax-ex	eempt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) (or 📃 527	If "No," attach a	list. See instructions
<u>ا ا</u>	Nebsi	te: ▶ WWW.HELP-PERU.ORG		H(c) Group exemption	n number 🕨
KF	orm o	f organization: 🔀 Corporation 📄 Trust 🦳 Association 📄 Other 🕨	L Year	of formation: 2013	State of legal domicile: NY
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: HELP	PERU	IS COMMITTE	D TO HELP
nce		UNDERPRIVLEGED PERUVIANS IMPROVE THEIR AC	CESS 1	O EDUCATION	<i>ı</i>
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10	
8 8	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0	
/itie	6	Total number of volunteers (estimate if necessary)		6	0
Activities & Governance	7 a	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	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		344,339.	549,290.
ň	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		344,339.	549,290.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		200,755.	430,450.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13,187.	67,669.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		143,459.	30,792.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		357,401.	528,911.
	19	Revenue less expenses. Subtract line 18 from line 12		-13,062.	20,379.
OC			Ве	ginning of Current Year	End of Year
Net Assets	20	Total assets (Part X, line 16)		413,580.	433,959.
t As	21	Total liabilities (Part X, line 26)		0.	0.
		Net assets or fund balances. Subtract line 21 from line 20		413,580.	433,959.
	art II	Signature Block			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other frame of the state of t

	Alexandra Nivas		11/15/2021				
Sign	Signature of officer		Date				
Here	ALEJANDRA LINARES-RIVA	S, EXECUTIVE DI	RECTOR				
	Type or print name and title						
Print/Type preparer's name Preparer's signature			Date Check PTIN				
Paid	BRIAN STEIN, CPA		11/15/21 self-employed P00370567				
Preparer	Firm's name APRIO, LLP		Firm's EIN ▶ 57-1157523				
Use Only	Firm's address 🕨 7 PENN PLAZA						
	NEW YORK, NY 10001 Phone no. 212-697-854						
May the II	May the IRS discuss this return with the preparer shown above? See instructions						
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2020) HELP PERU, INC	46-3952163 Page 2
Pa	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: HELP PERU IS COMMITTED TO HELP UNDERPRIVLEGED PERUVIANS	
	ACCESS TO EDUCATION, HEALTHCARE AND MEET OTHER EVERYDAY FOUNDATION ALSO ASPIRES TO PROMOTE A CULTURE OF GIVING A	
	PERUVIANS.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X No
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 othe revenue, if any, for each program service reported.	rs, the total expenses, and
4a	(Code:) (Expenses \$ including grants of \$) (Reve	
	IN OUR OPINION, HELP PERU IS IDENTIFIED IN THE PERUVIAN	
	NEW YORK AS ONE OF THE LEADING EFFORTS OF CHARITABLE WOF	
	TO THAT EFFECT HELP PERU HAS IDENTIFIED A NUMBER OF FUND	
	THAT ALLOWED PEOPLE TO BECOME ACQUAINTED WITH HELP PERU'	S ACTIVITIES.
4b	(Code:)(Expenses \$ 528,911. including grants of \$ 430,450.) (Reve HELP PERU HAS CREATED TWO COMMITTEES IN ORDER TO ACHIEVE THE DONATIONS COMMITTEE IS RESPONSIBLE FOR MAKING DONATIONS	ITS GOALS.
	ORGANIZATIONS THAT CARRY OUT CHARITABLE WORK IN PERU. 1	HE COMMITTEE
	HAS BUILT UP A DATABASE OF CHARITIES DOING WORK IN PERU	
	SELECTED TWO ORGANIZATIONS, ONE IN THE FIELD OF EDUCATION	N AND THE OTHER
	IN THE FIELD OF HEALTHCARE, THAT GIVEN THEIR EXPERTISE A	
	QUALIFICATIONS, HAVE A HIGH LEVEL OF IMPACT ON THE PEOPL	E THEY ASSIST.
4c	(Code:) (Expenses \$ including grants of \$) (Reve	
	HELP PERU'S OTHER COMMITTEE IS THE FUND RAISING COMMITTE	
	TO RAISE DONATIONS FROM THE GENERAL PUBLIC. THIS COMMIT	
	IDENTIFIED A SIGNIFICANT NUMBER OF PERUVIANS RESIDING IN	
	HAVE BEEN CONTACTED AND WHO IN SEVERAL CASES MADE DONATI	ONS TO HELP
	PERU.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 528,911.	
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 Form 990 (2020)
 HELP PERU, INC

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Revenue Procedure 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			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			- 23
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	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	
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	Х	L
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	17		<u> </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		<u> </u>
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		X
	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		<u> </u>
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	X (2020)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X 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	000		x
24.0	Schedule J	23		
2 4a	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	24a		x
b	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		- 23
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ū	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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 X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	000		x
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		- 23
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<u> </u>
	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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 in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
	טוופטת זו סטוופטעוב ט כטווגמווז מ ופאטווזכ טו זוטנב נט מוזץ וווש וו נווזג דמוג ע	<u></u>	Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		res	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)					
•			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 0					
	······································					
D	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?					
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
		3a 3b		X		
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	30		<u> </u>		
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x		
h	If "Yes," enter the name of the foreign country	ти				
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	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 the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	<u> </u>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	L		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 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 contract?	7e 7f		X		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X		
g				├		
h				<u> </u>		
8						
•	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.	0-				
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		<u> </u>		
ь 10	Section 501(c)(7) organizations. Enter:	90				
a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
a	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.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans 13b					
с	Enter the amount of reserves on hand 13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		 		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			37		
	excess parachute payment(s) during the year?	15		X		
	If "Yes," see instructions and file Form 4720, Schedule N.			v		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
0	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management			·
10	Enter the number of voting members of the governing body at the end of the tax year	10	Yes	No
Ia	If there are material differences in voting rights among members of the governing body at the end of the day year 12	<u> </u>		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
h		10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?		Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?		x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No." go to line 13	12a		x
iza b				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
U	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?		х	
14	Did the organization have a written document retention and destruction policy?			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	15a		X
	Other officers or key employees of the organization			X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website Upon request Other (explain on Schedule O)	and for a	مندا	
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and tinan	Cial	
19	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
	State the name, address, and releptione number of the person who possesses the organization's pooks and records			
19 20				
	MICHAEL HOLME - 917-602-5293			
20		Forn	n 990	(202)

-orm	990	(2020)	
_	. \/		

Form 990 (2020)	HELP PERU, INC	46-3952163	Page 7		
Part VII Compense	ation of Officers, Directors, Trustees, Key Employees, H	ighest Compensated			
Employees, and Independent Contractors					
Check if Sch	edule O contains a response or note to any line in this Part VII				
Section A. Officers, Di	irectors, Trustees, Key Employees, and Highest Compensated Employ	vees			
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.					

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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)	(B)			(C)				(D)	(E)	(F)
Name and title	Average	(do		Pos		l than c	ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus [:]	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	tional		n ploye	t corr /ee				and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALEJANDRA MARIA LINARES-RIVAS B	40.00				×	1 0	ш.			
EXECUTIVE DIRECTOR				x				62,500.	0.	0.
(2) MICHAEL HOLME	6.00									
DIRECTOR		Х						0.	0.	0.
(3) AUGUSTO URMENTA	0.00									
DIRECTOR		Х						0.	0.	0.
(4) FERNANDO BRAVO	2.00									
DIRECTOR		Х						0.	0.	0.
(5) SYLVIA BIGIO	0.00									_
DIRECTOR		х						0.	0.	0.
(6) ALONSO ARAMBURUS	0.00									_
PRESIDENT				Х				0.	0.	0.
(7) LUIS ORGANES	0.00									_
DIRECTOR		х						0.	0.	0.
(8) DORIS VALLE RISSO	0.00									
DIRECTOR		Х						0.	0.	0.
(9) MURIEL JARA LEE	0.00									-
DIRECTOR		х						0.	0.	0.
(10) VIRGILIO DE LA PIEDRA	0.00									
DIRECTOR		Х						0.	0.	0.
(11) ALFONSO BARROS	0.00									
VP & DIRECTOR				х				0.	0.	0.
(12) MARIANO PERO	0.00									-
SECRETARY				Х				0.	0.	0.
(13) FERNANDO SOTO	0.00									•
TREASURER				Х				0.	0.	0.
(14) JOSE ANTONIO MIRANDA	0.00									
DIRECTOR		Х						0.	0.	0.
						-				
						-				
000007 10 00 00	I		L	I	l	L		1		Form 990 (2020)

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Form 990 (2020)

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	990 (2020) HELP PERU	J, INC								46-39	9521	63	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box offic	not c , unle:	ss per	itior more rson i	than o s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		am o	(F) imate ount o other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	oensat om the inizati relate nizatio	e on ed
1b	Subtotal								62,500.		0.			0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0. 62,500.		0.			0.
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable	•			0
													Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>	-			•	-		Ŭ	• •			3		Х
4	For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		X
Sec	rendered to the organization? <i>If</i> "Yes," com tion B. Independent Contractors	plete Schedule	e J fo	or su	ich r	oers	on .			<u></u>		5		Х
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							, 1	ensatio	on fro	m	
	(A) Name and business			ONE					(B) Description of s		Co	(C mpen		 1
			INC		<u> </u>				Description of a				Julio	
	Total according of the state of													
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	to t	thos (ted	above) who received mo	ore than				
											F	orm S	90 (2	2020)

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orm	990 (2	HELP PERU,	INC				46-3952	163 Page
Par	t VII	Statement of Revenue						
		Check if Schedule O contains a respo	onse or n	ote to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluder from tax under sections 512 - 51
3 0	1 a	Federated campaigns 1a						
and Other Similar Amounts		Membership dues 1b						
		Fundraising events 1c						
ar A		Related organizations 1d						
5 E	е	Government grants (contributions)						
ŝ	f	All other contributions, gifts, grants, and						
2 E		similar amounts not included above 1f		9,290.				
P	-	Noncash contributions included in lines 1a-1f			F 4 0 0 0 0			
ดั	h	Total. Add lines 1a-1f			549,290.			
			Bu	isiness Code				
3	2 a							
ne	b							
/en	c							
Revenue	d							
5	e	All other program service revenue						
		Total. Add lines 2a-2f						
	3	Investment income (including dividends, in						
	•	other similar amounts)						
	4	Income from investment of tax-exempt bo						
	5	Royalties	-	. Г				
		(i) Real		ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	с	Rental income or (loss) 6c						
	d	Net rental income or (loss)	<u></u>	►				
	7 a	Gross amount from sales of (i) Securit	ties	(ii) Other				
		assets other than inventory 7a						
	b	Less: cost or other basis						
venue		and sales expenses 7b						
evel 1		Gain or (loss) 7c						
ž		Net gain or (loss)	··· ·····	····· 🕨				
Other R	8 a	Gross income from fundraising events (not						
0		including \$ of						
		contributions reported on line 1c). See						
	Ь	,						
		Less: direct expenses Net income or (loss) from fundraising ever						
		Gross income from gaming activities. See						
	. u	Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gaming activities		►				
		Gross sales of inventory, less returns						
		and allowances	10a					
	b	Less: cost of goods sold						
	с	Net income or (loss) from sales of inventor	ry	►				
2			Bu	isiness Code				
Revenue	11 a							
en	b		_ _					
Bev	c	<u></u>						
Ě		All other revenue						
		Total. Add lines 11a-11d			549,290.	0.	0.	0
	12	Total revenue. See instructions	<u></u>		545,450.			Form 990 (202

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	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	430,450.	430,450.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	62,500.	62,500.		
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,169.	5,169.		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	6,975.	6,975.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	7,220.	7,220.		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				ļ
20	Interest				· · · · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	0 007	0 000		
23	Insurance	8,007.	8,007.		
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.)	2 075	2 075		
		3,975.	3,975.		
b	MISCELLANEOUS	3,535.	3,535.		
c	BANK FEES	1,080.	1,080.		
d					
	All other expenses	E 20 011	F 20 011	^	0.
25	Total functional expenses. Add lines 1 through 24e	528,911.	528,911.	0.	<u> </u>
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
032010) 12-23-20	10			Form 990 (2020)

Form 990 (2020)

HELP PERU, INC 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)

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Total liabilities and net assets/fund balances

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		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		392,564.	1	392,916.
	2	Savings and temporary cash investments		1,016.	2	21,043.
	3	Pledges and grants receivable, net		20,000.	3	20,000.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
		controlled entity or family member of any of these	e persons		5	
	6	Loans and other receivables from other disqualifi	ed persons (as defined			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Š	9	Duran side some som som at starfarmer at star some			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related. See Part IV, line 1	1		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		413,580.	16	433,959.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete P	art IV of Schedule D		21	
es	22	Loans and other payables to any current or forme				
Liabilities		trustee, key employee, creator or founder, substa				
iab		controlled entity or family member of any of these			22	
-	23	Secured mortgages and notes payable to unrelat			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines				
		of Schedule D		0	25	•
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
s		Organizations that follow FASB ASC 958, chec	ck here ▶			
ЭС		and complete lines 27, 28, 32, and 33.				
alar	27	Net assets without donor restrictions			27	
Ö	28	Net assets with donor restrictions			28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 95	oo, cneck here 🕨 🔼			
Ω		and complete lines 29 through 33.		0.	00	Δ
ŝts	29	Capital stock or trust principal, or current funds		0.	29	0.
SSE	30	Paid-in or capital surplus, or land, building, or equ		413,580.	30	433,959.
∋t A	31	Retained earnings, endowment, accumulated inc		413,580.	31	433,959.
ž	32	Total net assets or fund balances		410,000.	32	

33

413,580.

Part X Balance Sheet

HELP PERU, INC

_	1990 (2020) HELP PERU, INC	46-395	<u>2163</u>	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	549		
2	Total expenses (must equal Part IX, column (A), line 25)	2	528	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3		-	<u>79.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	413	, 58	<u> 30.</u>
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	433	, 95	59.
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: X Cash Cash Corual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	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		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

SCHED	ULI	ΕA
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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4047(c)(1) paragraph obstitutes trust

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2020
Open to Public

		f the Treasury nue Service					Open to Public Inspection				
Nan	ne of t	the organizati								r identification numb)er
Da		Deerer		PERU, INC						6-3952163	
	rt I	•			(All organizations must c			ee instructior	IS.		
The	organ	ization is not a	a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)				
1	\square				on of churches described			I)(A)(i).			
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).((Attach Schedule E (Forn	n 990 or 99	90-EZ).)				
3		•	•		anization described in s e			•			
4			-	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,	
		city, and stat									
5		-	-		llege or university owned	l or operat	ed by a go	overnmental u	nit describ	ed in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organizati	ion that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community	rtrust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) 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	name, city	, and state of	the college	e or	
		university:									
10		An organizati	ion that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, an	d gross receipts from	
		activities rela	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment	t
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.	
		See section	509(a)(2). (Cor	mplete Part III.)							
11		An organizati	ion organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).			
12		An organizati	ion organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in	
		lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.		
а		Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving	
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the si	upporting	
		organizatio	n. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A s	supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by ha	ving	
		control or r	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the sup	ported	
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III fui	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,	
		its support	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III no	n-functionally	integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)	
		that is not	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	l an attenti	veness	
		requiremer	nt (see instructi	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	v .			
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally	/ integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.				
f	Ente	er the number	of supported of	organizations							
g	Prov	vide the follow	ing informatior	n about the supporte	ed organization(s).						
	((i) Name of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other	
		organizatior	ו		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instruction	ns)
											_
Tota	nl										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

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Schedule A (Form 990 or 990-EZ) 2020 HELP PERU, INC

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

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

<u>Sec</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	73,956.	188,843.	124,357.	56,432.	529,290.	972,878.
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	73,956.	188,843.	124,357.	56,432.	529,290.	972,878.
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)						517,753.
6	Public support. Subtract line 5 from line 4.						455,125.
	ction B. Total Support						· ·
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	73,956.	188,843.	124,357.	56,432.	529,290.	972,878.
	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						972,878.
	Gross receipts from related activities,					12	572,070.
	First 5 years. If the Form 990 is for th			fourth or fifth toy y			
13	organization, check this box and stor	0		, ,		()()	
Sec	ction C. Computation of Publi						
	Public support percentage for 2020 (I			column (f))		14	46.78 %
			•	.,,		15	49.77 %
	Public support percentage from 2019 33 1/3% support test - 2020. If the c						
104							
h	stop here. The organization qualifies		-			ar mara abaali thi	
D	33 1/3% support test - 2019. If the c	-					
47-	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-		-	
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test	•					IU% Or
	more, and if the organization meets the						
40	organization meets the facts-and-circu				•••••		
18	Private foundation. If the organizatio	n dia not check a l	box on line 13, 16a	a, 160, 17a, or 17b		nd see instructions	

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020	HELP	PERU,	IN
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		•				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) orga	nization,
check this box and stop here	-			-		
Section C. Computation of Publi						
15 Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves						
17 Investment income percentage for 20)20 (line 10c. colur	mn (f), divided by I	ine 13. column (f))		17	%
18 Investment income percentage from			, , , , , , , , , , , , , , , , , , , ,		18	%
19a 33 1/3% support tests - 2020. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2019. If the						/3%, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
032023 01-25-21	<u></u>					m 990 or 990-EZ) 2020
		15		GCI		

1

2

3a

3b

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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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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3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2020 20828_1

Ра	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	5 1 5 1			
	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,			
0	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s). Ction D. All Type III Supporting Organizations	1		
Sec	cuon D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	-		
-	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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	-		
0.00	supported organizations played in this regard.	3		

ctionally integrated Supporting (

	1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	 (see instructions).
--	---	---------------------------------------------------------------------------------------------------------------	-----------------------------------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

С		The organization supported a governmental entity.	Describe in Part VI how you support	ted a governmental entity (see instruction <u>s).</u>
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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 in 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. 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

Schedule A (Form 990 or 990 EZ) 2020 HELP PERU, INC

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

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
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		
7	Check here if the current year is the organization's first as a non-functional	lly integrate		nization (see

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020	HELP	PERU,	INC
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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued	d)	
Section	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	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
	Excess distributions carryover, if any, to 2020				
	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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46-3952163 Page 8

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

PART I, LINE 2 & 3:

GRANT FUNDING RECORDS ARE MAINTAINED ON A CASH BASIS AT HELP PERU'S

OFFICE IN NEW YORK

032028 01-25-21

20828

032071 12-03-20

Statement of Activities Outside the United States

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

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

HELP PERU, INC

46-3952163 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes X NoL

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to	(e) If activity listed in (d) is a program service, describe specific type	(f) Total expenditures for and
	5	contractors in the region	recipients located in the region)	of service(s) in the region	investments in the region
SOUTH AMERICA -				THIS GRANT FOLLOWS HELP	
ARGENTINA, BOLIVIA,			GRANTS PAID TO SEMBRANDO	PERU'S COMMITTMENT TO	
BRAZIL, CHILE,			JUNTOS AN EDUCATIONAL	HELP UNDERPRIVLEGED	
COLUMBIA, ECUADOR,	0	0	ORGANIZATION IN LIMA PERU.	PERUVIANS IMPROVE THEIR	40,060.
SOUTH AMERICA -				THIS GRANT FOLLOWS HELP	
ARGENTINA, BOLIVIA,			GRANTS PAID TO PERU CHAMPS	PERU'S COMMITTMENT TO	
BRAZIL, CHILE,			AN EDUCATIONAL ORGANIZATION	HELP UNDERPRIVLEGED	
COLUMBIA, ECUADOR,	0	0	IN LIMA PERU.	PERUVIANS IMPROVE THEIR	40,075.
SOUTH AMERICA -			GRANTS PAID TO HOSEG IN	THIS GRANT FOLLOWS HELP	
ARGENTINA, BOLIVIA,			LIMA PERU TO HELP PROVIDE	PERU'S COMMITTMENT TO	
BRAZIL, CHILE,			JACKETS TO CHILDREN IN THE	HELP UNDERPRIVLEGED	
COLUMBIA, ECUADOR,	0	0	COLDEST AREAS OF PERU.	PERUVIANS IMPROVE THEIR	15,060.
SOUTH AMERICA -			GRANTS PAID TO SINFONIA FOR	THIS GRANT FOLLOWS HELP	
ARGENTINA, BOLIVIA,			EL PERU A MUSIC EDUCATION	PERU'S COMMITTMENT TO	
BRAZIL, CHILE,			ORGANIZATION IN SAN ISIDRO	HELP UNDERPRIVLEGED	
COLUMBIA, ECUADOR,	0	0	PERU	PERUVIANS IMPROVE THEIR	40,060.
SOUTH AMERICA -			GRANTS PAID TO KUNAN TO	THIS GRANT FOLLOWS HELP	
ARGENTINA, BOLIVIA,			HELP SUPPORT THEIR	PERU'S COMMITTMENT TO	
BRAZIL, CHILE,			INITIATIVES TO HELP	HELP UNDERPRIVLEGED	
COLUMBIA, ECUADOR,	0	0	UNDERPRIVILEGED CHILDREN IN	PERUVIANS IMPROVE THEIR	12,060.
SOUTH AMERICA -			GRANTS PAID TO ANIA TO HELP	THIS GRANT FOLLOWS HELP	
ARGENTINA, BOLIVIA,			SUPPORT THEIR STRATEGIC	PERU'S COMMITTMENT TO	
BRAZIL, CHILE,			ENVIRONMENTAL FRIENDLY	HELP UNDERPRIVLEGED	
COLUMBIA, ECUADOR,	0	0	INITIATIVES IN PERU.	PERUVIANS IMPROVE THEIR	30,120.
SOUTH AMERICA -			GRANTS PAID TO MOSAICO TO	THIS GRANT FOLLOWS HELP	
ARGENTINA, BOLIVIA,			HELP SUPPORT THEIR	PERU'S COMMITTMENT TO	
BRAZIL, CHILE,			INITIATIVES TO HELP	HELP UNDERPRIVLEGED	
COLUMBIA, ECUADOR,	0	0	UNDERPRIVILEGED CHILDREN IN	PERUVIANS IMPROVE THEIR	5,060.
SOUTH AMERICA -			GRANTS PAID TO MINGA TO	THIS GRANT FOLLOWS HELP	
ARGENTINA, BOLIVIA,			SUPPORT THEIR INTIATIVES TO	PERU'S COMMITTMENT TO	
BRAZIL, CHILE,			HELP UNDERPRIVILEGED	HELP UNDERPRIVLEGED	
COLUMBIA, ECUADOR,	0	0	CHILDREN IN PERU.	PERUVIANS IMPROVE THEIR	30,120.
3 a Subtotal	0	0			212,615.
b Total from continuation					
sheets to Part I	0	0			217,835.
c Totals (add lines 3a					
and 3b)	0	0			430,450.
			iana far Farm 000		E arres 000\ 0000

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2020

SCHE	EDU	LE	F
(Form	990)		

Department of the Treasury

Employer identification number

Offices in the region employees or agents in region (by type) (i.e., fundaising, program service), as program service, describe specific type of service(s) in region expendit describe specific type of service(s) in region SOUTH AMERICA - ARGENTIA, BOLIVIA, BRAZIL, CHILE, RANTE FAID TO CONSERVENCS ANTERNATE FAID TO SUPPORT HEIR ENVIRONMENTAL THIS GRAINF FOLLOWS HELP PERU'S COMMITTINENT TO HEIR ENVIRONMENTAL FRANTE SALT ON SUPPORT HEIR ENVIRONMENTAL BRAZIL, CHILE, 0 0 REINDLY INITIATIVE IN PERU FRANTE SALT ON SUPPORT HEIR ENVIRONMENTAL BRAZIL, CHILE, 0 0 REINDLY INITIATIVE IN PERU FRANTE SALT ON SUPPORT HEIR ENVIRONMENTAL SOUTH AMERICA - ARGENTIA, BOLIVIA, BRAZIL, CHILE, 0 0 HILDREN IN PERU. FRANTE SALT ON CHILDREN HEIP UNDERFRIVENCED FREU'S COMMITTINENT TO HEIR GRAINF FOLLOWS HELP FREU'S COMMITTINENT TO HELP UNDERFRIVEDED COLUMBLA, ECUADOR, 0 FRANTE FAID TO FUNDACION FREU'S COMMITTINENT TO HEIR GRAINF FOLLOWS HELP FREU'S COMMITTINENT TO HELP UNDERFRIVEDED FREU'S COMMITTINENT TO HELP UNDERFRIVEDED FREU'S COMMITTINENT TO HELP UNDERFRIVEDED FREU'S	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
region region region of service(s) in region SOUTH AMERICA - REGENTIAL, BOLIVIA, BRAZIL, CHILS, SRANTS PAID TO CONSERVENOS FRI'S COMMITTENENT TO HEIR ENVIRONMENTAL FRI'S COMMITTENENT TO HEIR UNDERPRIVLEGED FRI'S COMMITTENENT TO HEIR DIVISION ENERGY SRAZIL, CHILS, 0 0 RESENTIAL SITUATION THEIR INTIATIVES IN PROVE THEIR 10./. SRAZIL, CHILS, 0 0 RESENTIAL SITUATION THEIR INTIATIVES TO HEIR GRANT FOLLOWS HELP SRU'S COMMITTENENT TO HEIR UNDERPRIVLEGED FRI'S COMMITTENENT TO HEIR GRANT FOLLOWS HELP ERU'S COMMITTENENT TO HEIR CARADOR, 0 SRAZIL, CHILS, 0 0 HEILDERN IN PERU FRI'S COMMITTENENT TO HEIR GRANT FOLLOWS HELP ERU'S COMMITTENENT TO ERU'S COMMITTENENT TO HEIR UNDERPRIVLEGED 100./. SOUTH AMERICA - SRAZIL, CHILS, 0 0 USINESS SECTO OF PERU ERU'S COMMITTENENT TO HEIR GRANT FOLLOWS HELP ERU'S COMMITTENENT TO HEIR CARADOR, 0 DERU SCONDANT FOLLOWS HELP ERU'S COMMITTENENT TO HEIR CARADOR CLOWS HELP ERU'S COMMITTENENT TO HEIR CARADOR, 0 DERU SCONDANT FOLLOWS HELP ERU'S COMMITTENENT TO HEIR CARADOR ERU'S COMMITTENENT TO HEIR CARADOR ERU'S COMMITTENENT TO HEIR CARADOR, 0 DERU SCONDANT FOLLOWS HELP ERU'S COMMITTENENT TO HEIR CARADOR ERU'S COMMITTENENT TO HEIR CARADOR, NIS GRANT FOLLOWS HELP ERU'S COMMITTENENT TO HEIR CARADOR ERU'S COMMITTENENT TO HEIR CARADOR FOLLOWS HELP ERU'S COMMITTENENT TO HEIR CARADOR FO			• •			expenditures
SOUTH AMERICA - RAGENTIA, BOLVIA, RAGENTIA, BOLVI		in the region	agents in	program services, grants to	describe specific type	for region
ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, 0 PRO NATURALEZA TO SUPPORT HEIR ENVIRONMENTAL ENVIRONMENTAL BRAZIL, CHILE, DERV'S COMMITTMENT TO HEIR ENVIRONMENTAL BRAZIL, CHILE, DERVISION DERVISION BRAZIL, CHILE, 0 PRISINLY INITIATIVE IN PERU BELO SCONTINENT TO HEIS GRANT FOLLOWS HELP BRAZIL, CHILE, DERVISION DERVISION BRAZIL, CHILE, DERVISION DERVISION BRAZIL, CHILE, DERVISION DERVISION DERVISION BRAZIL, CHILE, DERVISION DERVISION DERVISION DERVISION BRAZIL, CHILE, DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION DERVISION D			region	recipients located in the region)	of service(s) in region	
BRAZIL, CHILE, 0 THEIR ENVIRONMENTAL HELP UNDERFRIVLEGED 10, OUTUMBIA, ECUADOR, 0 PRIENDLY INITIATIVE IN PERU FRU'S COMMITTMENT 10, BRAZIL, CHILE, 0 ORAFITS PAID TO SPIT TO FRIS GRANT FOLLOWS HELP 10, SUDUBBIA, ECUADOR, 0 0 HHLDREN IN PERU. FERU'IS COMMITTMENT TO BRAZIL, CHILE, 0 0 HHLDREN IN PERU. FERUVIANS INFROVE THEIR 15, SOUTH AMERICA - BRANTS PAID TO CAMARA DE FERUVIANS INFROVE THEIR 100, SOUTH AMERICA - BRANTS PAID TO DEVELOP THE FERUVIANS INFROVE THEIR 100, SOUTH AMERICA - BRANTS PAID TO DEVELOP THE FERUVIANS INFROVE THEIR 100, SOUTH AMERICA - BRANTS PAID TO DEVELOP THE FERUVIANS INFROVE THEIR 100, SOUTH AMERICA - BRANTS PAID TO DUPARD TO FERUVIANS INFROVE THEIR 10, SOUTHA MARCICA - BRANTS PAID TO FUNDACION FERUVIANS INFROVE THEIR 10, SOUTH AMERICA - BRANTS PAID TO VANTANIAN FERUVIANS INFROVE THEIR 10, SOUTH AMERICA - BRANTS PAID TO KANTANA TO FERUVIANS INFROVE THEIR 11, SOUTHA	SOUTH AMERICA -			GRANTS PAID TO CONSERVEMOS	THIS GRANT FOLLOWS HELP	
COLUMBIA, ECUADOR, 0 FRIENDLY INITIATIVE IN PERU PERUVIANS IMPROVE THEIR 10, COUTH AMERICA - GRANTS PAID TO SPI TO HIS GRANT FOLLOWS HELP GRANTS PAID TO SPI TO HIS GRANT FOLLOWS HELP GRANTS PAID TO SPI TO HIS GRANT FOLLOWS HELP GRANTS PAID TO SPI TO HELP UNDERPRIVLEGED HELP UNDERPRIVLEGED GRANTS PAID TO CAMARA DE FERVIANS IMPROVE THEIR 15, GRANTS PAID TO DEVELOP THE HELP UNDERPRIVLEGED GRANTS PAID TO DEVELOP THE HELP UNDERPRIVLEGED GRANTS PAID TO DEVELOP THE FERVIANS IMPROVE THEIR 100, GRANTS PAID TO DEVELOP THE HELP UNDERPRIVLEGED GRANTS PAID TO DEVELOP THE HELP UNDERPRIVLEGED GRANTS PAID TO DEVELOP THE HELP UNDERPRIVLEGED GRANTS PAID TO FUNDACION THIS GRANT FOLLOWS HELP	ARGENTINA, BOLIVIA,			PRO NATURALEZA TO SUPPORT	PERU'S COMMITTMENT TO	
SOUTH AMERICA SRANTS PAID TO SPI TO THIS GRANT FOLLOWS HELP RAGENTINA, BOLIVIA, RAGENTINA, BOLIVIA, RAGENTINA, BOLIVIA, SRAZIL, CHIE, 0 O CHILDREN IN PERU'S COMMITTMENT TO SOUTH AMERICA - RAGENTINA, BOLIVIA, SRAZIL, CHIE, 0 O CHILDREN IN PERU. SRAZIL, CHIE, SOUTH AMERICA - RAGENTINA, BOLIVIA, SRAZIL, CHIE, D O SOUTH AMERICA - SRAZIL, CHIE, SOUTH AMERICA - RAGENTINA, BOLIVIA, SRAZIL, CHIE, SOUTH AMERICA - SRAZIL, CHIE, O O BUSINESS SECTOR OF PERU SCOMMITTMENT TO HEALTHCARE TO FAMILIES IN HEALTHCARE TO FAMILIES IN HEALTHCARE SCOUMDEN, SCUADOR, O O PERU'S COMMITTMENT TO HIS GRANT FOLLOWS HELP FERU'IANS IMPROVE THEIR 10, SOUTH AMERICA - SRAZIL, CHIE, SRANTS PAID TO FUNDACION HIS GRANT FOLLOWS HELP FERU'IANS IMPROVE THEIR 11, SOUTH AMERICA - SRAZIL, CHIE, SRANTS PAID TO KANTAYA TO FERU'S COMMITTMENT TO HEALS UNDERFRIVILEGED SOUMHA, ECUADOR, O O CHILDREN IN PERU FERU'IANS IMPROVE THEIR 11, SOUTH AMERICA - SRAZIL, CHIE, SRANTS PAID TO TO NANTON FERU'S COMMITTMENT TO HEALS UNDERFRIVILEGED SOUMHA, ECUADOR, O O CHILDREN IN PERU FERU'IANS IMPROVE THEIR 11, SOUTH AMERICA - SRAZIL, CHIE, SRANTS PAID TO PORATON FERU'S COMMITTMENT TO HEALTHCARE THEN SRAZIL, CHIE, SRANTS PAID TO PORGRAMA THIS GRANT FOLLOWS HELP FERU'S COMMITTMENT TO HARERNIA, BOLIVIA, SRAZIL, CHIE,	BRAZIL, CHILE,			THEIR ENVIRONMENTAL	HELP UNDERPRIVLEGED	
NRGENTINA, BOLIVIA, SRAZIL, CHIE, SUPPORT THEIR INTIATIVES TO HELF UNDERFRIVILGED PERU'S COMMITTMENT TO HELF UNDERFRIVILGED SOLUMBIA, ECUADOR, 0 0 CHILDREN IN PERU. PERUVIANS IMPROVE THEIR 15, SOLUMBIA, ECUADOR, 0 0 CHILDREN IN PERU. PERUVIANS IMPROVE THEIR 15, SRAZIL, CHIE, OCOMERCIO TO DEVELOP THE HELF UNDERFRIVILGED 100, SOUTH AMERICA - SRANTS PAID TO CAMARA DE PERU'S COMMITTMENT TO SRAZIL, CHIE, O BUSINESS SECTOR OF PERU PERU'S COMMITTMENT TO SOUTH AMERICA - SRANTS PAID TO DEVELOP THE HELF UNDERFRIVLEGED 100, SOUTH AMERICA - SRANTS PAID TO FUNDACION HILS GRANT FOLLOWS HELF 100, SOUTH AMERICA - SRANTS PAID TO FUNDACION HILS GRANT FOLLOWS HELF 10, SOUTH AMERICA - SRANTS PAID TO FUNDACION HILS GRANT FOLLOWS HELF 10, SOUTH AMERICA - SRANTS PAID TO FUNDACION HILS GRANT FOLLOWS HELF 10, SOUTH AMERICA - SRANTS PAID TO KANTAYA TO PERU'S COMMITTMENT TO 11, SRAZIL, CHILE, O PERUVIANS IMPROVE THEIR 11, SOUTH AMERICA - SRANTS PAID TO KAN	COLUMBIA, ECUADOR,	0	0	FRIENDLY INITIATIVE IN PERU	PERUVIANS IMPROVE THEIR	10,060
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BOUTH AMERICA - THIS GRANT FOLLOWS HELP RAGENTINA, BOLIVIA, SRANTS PAID TO CAMARA DE PERU'S COMMITTMENT TO BRAZIL, CHLE, COMERCIO TO DEVELOP THE HELP UNDERPRIVLEGED SOUTH AMERICA - SRANTS PAID TO DB PERU TO THIS GRANT FOLLOWS HELP SOUTH AMERICA - SRANTS PAID TO DB PERU TO THIS GRANT FOLLOWS HELP SOUTH AMERICA - SRANTS PAID TO DB PERU TO THIS GRANT FOLLOWS HELP SOUTH AMERICA - SRANTS PAID TO VUNDACION THIS GRANT FOLLOWS HELP SOUTH AMERICA - SRANTS PAID TO FARLUPAL PERU'S COMMITTMENT TO SRAZELL, CHLE, O PERU PERU'NAS IMPROVE THEIR 10, SOUTH AMERICA - SRANTS PAID TO FUNDACION THIS GRANT FOLLOWS HELP 10, SOUTH AMERICA - SRANTS PAID TO VUNDACION THIS GRANT FOLLOWS HELP 10, SOUTH AMERICA - SRANTS PAID TO KANTAYA TO PERU'S COMMITTMENT TO SARZELL, CHLE, O PERU PERU'S COMMITTMENT TO SOUTH AMERICA - SRANTS PAID TO KANTAYA TO PERU'S COMMITTMENT TO SRAZELL, CHLE, O CHIDREN IN PERU PERU'S COMMITTMENT TO SOUTH AMERICA - SRANTS PAID TO NANTON PROUTE SOCIAL	BRAZIL, CHILE,			HELP UNDERPRIVILEGED	HELP UNDERPRIVLEGED	
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SOUTH AMERICA - GRANTS PAID TO DE PERU TO THIS GRANT FOLLOWS HELP RARGENTINA, BOLIVIA, FROVIDE SUSTAINABLE PERU'S COMMITTMENT TO BRAZIL, CHILE, 0 PERU PERUVISE SUSTAINABLE SOUTH AMERICA - GRANTS PAID TO FANLIES IN HELP UNDERPRIVLEGED SOUTH AMERICA - GRANTS PAID TO FUNDACION THIS GRANT FOLLOWS HELP SUBURSIA, ECUADOR, 0 O PERU SOUTH AMERICA - GRANTS PAID TO FUNDACION THIS GRANT FOLLOWS HELP ARGENTINA, BOLIVIA, OLI TO BE AN ACCELERATOR PERU'S COMMITTMENT TO SUBURSIA, ECUADOR, 0 PERU PERUVIS COMMITTMENT TO SUBURSIA, ECUADOR, 0 O PERU PERUVIS SIMPROVE THEIR 17, SUBURSIA, ECUADOR, 0 O CHILDREN IN PERU PERUVIS SIMPROVE THEIR 17, SUBURSIA, ECUADOR, 0 O CHILDREN IN PERU PERUVIS SIM	BRAZIL, CHILE,			COMERCIO TO DEVELOP THE	HELP UNDERPRIVLEGED	
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SOUTH AMERICA - GRANTS PAID TO FUNDACION THIS GRANT FOLLOWS HELP ARGENTINA, BOLIVIA, DLI TO BE AN ACCELERATOR PERU'S COMMITTMENT TO ARACEL, CHILE, O PERU PERUVINS IMPROVE THEIR 18, SOUTH AMERICA - AND EXECUTOR OF GOODWILL IN HELP UNDERPRIVLEGED 18, SOUTH AMERICA - GRANTS PAID TO KANTAYA TO PERU'S COMMITTMENT TO ARGENTINA, BOLIVIA, GRANTS PAID TO KANTAYA TO PERU'S COMMITTMENT TO ARGENTINA, BOLIVIA, GRANTS PAID TO KANTAYA TO PERU'S COMMITTMENT TO SOUTH AMERICA - GRANTS PAID TO DONATION OF HELP UNDERPRIVLEGED COLUMBIA, ECUADOR, 0 CHILDREN IN PERU PERUVIANS IMPROVE THEIR 17, SOUTH AMERICA - GRANTS PAID TO DONATION PERU'S COMMITTMENT TO ARGENTINA, BOLIVIA, GRANTS PAID TO PORTE SOCIAL HELP UNDERPRIVLEGED 11, SOUTH AMERICA - GRANTS PAID TO POR ESO! HIS GRANT FOLLOWS HELP 11, SOUTH AMERICA - GRANTS PAID TO POR ESO! HIS GRANT FOLLOWS HELP 11, SOUTH AMERICA - GRANTS PAID TO POR ESO! HIS GRANT FOLLOWS HELP 11, SOUTH AMERICA - GRANTS PAID TO POR CAOLS AND	BRAZIL, CHILE,			HEALTHCARE TO FAMILIES IN	HELP UNDERPRIVLEGED	
ARGENTINA, BOLIVIA, BRAZIL, CHILE, SOLUMBIA, ECUADOR, O O O O O O O O O O O O O	COLUMBIA, ECUADOR,	0	0	PERU	PERUVIANS IMPROVE THEIR	10,050
BRAZIL, CHILE, AND EXECUTOR OF GOODWILL IN HELP UNDERPRIVLEGED COLUMBIA, ECUADOR, 0 PERU PERUVIANS IMPROVE THEIR 18, SOUTH AMERICA - SRANTS PAID TO KANTAYA TO PERU'S COMMITTMENT TO ARGENTINA, BOLIVIA, GRANTS PAID TO KANTAYA TO PERU'S COMMITTMENT TO SRAZIL, CHILE, PROMOTE EDUCATION OF HELP UNDERPRIVLEGED COLUMBIA, ECUADOR, 0 0 CHILDREN IN PERU PERUVIANS IMPROVE THEIR 17, SOUTH AMERICA - RAGENTINA, BOLIVIA, GRANTS PAID TO DONATION OF HELP UNDERPRIVLEGED 17, SOUTH AMERICA - GRANTS PAID TO DONATION PERU'S COMMITTMENT TO 17, SRAZIL, CHILE, GRANTS PAID TO PROMOTE SOCIAL HELP UNDERPRIVLEGED 17, SOUTH AMERICA - KUNAN TO PROMOTE SOCIAL HELP UNDERPRIVLEGED 11, SOUTH AMERICA - GRANTS PAID TO POR ESO! THIS GRANT FOLLOWS HELP 11, SOUTH AMERICA - GRANTS PAID TO POR ESO! THIS GRANT FOLLOWS HELP 11, SOUTH AMERICA - GRANTS PAID TO POR ESO! THIS GRANT FOLLOWS HELP 11, SOUTH AMERICA - GRANTS PAID TO POR ESO! THIS GRANT FOLLOWS HELP 11, <td>SOUTH AMERICA -</td> <td></td> <td></td> <td>GRANTS PAID TO FUNDACION</td> <td>THIS GRANT FOLLOWS HELP</td> <td></td>	SOUTH AMERICA -			GRANTS PAID TO FUNDACION	THIS GRANT FOLLOWS HELP	
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BRAZIL, CHILE, 0 0 0 ENTREPRENEURSHIP IN PERU PERUVIANS IMPROVE THEIR 11,3 SOUTH AMERICA - GRANTS PAID TO POR ESO! THIS GRANT FOLLOWS HELP ARGENTINA, BOLIVIA, PERU TO START VEGETABLE PERU'S COMMITTMENT TO BRAZIL, CHILE, GARDENS FOR SCHOOLS AND HELP UNDERPRIVLEGED COLUMBIA, ECUADOR, 0 0 FAMILIES IN PERU PERUVIANS IMPROVE THEIR 10,3 SOUTH AMERICA - GRANTS PAID TO PROGRAMA HELP UNDERPRIVLEGED 10,3 COLUMBIA, ECUADOR, 0 0 FAMILIES IN PERU PERUVIANS IMPROVE THEIR 10,3 SOUTH AMERICA - GRANTS PAID TO PROGRAMA THIS GRANT FOLLOWS HELP 10,3 ARGENTINA, BOLIVIA, MAMA TO HELP REDUCE PERU'S COMMITTMENT TO BRAZIL, CHILE, MATERNAL AND CHILD HELP UNDERPRIVLEGED COLUMBIA, ECUADOR, 0 0 MORTALITY IN PERU PERUVIANS IMPROVE THEIR 5,43 SOUTH AMERICA - GRANTS PAID TO STICHTING TO PERUVIANS IMPROVE THEIR 5,43 ARGENTINA, BOLIVIA, GRANTS PAID TO STICHTING TO PERUVIANS IMPROVE THEIR 5,43 SOUTH AMERICA - GRANTS PAID TO STICHTING	SOUTH AMERICA -				THIS GRANT FOLLOWS HELP	
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SOUTH AMERICA - GRANTS PAID TO POR ESO! THIS GRANT FOLLOWS HELP ARGENTINA, BOLIVIA, PERU TO START VEGETABLE PERU'S COMMITTMENT TO BRAZIL, CHILE, GARDENS FOR SCHOOLS AND HELP UNDERPRIVLEGED COLUMBIA, ECUADOR, 0 FAMILIES IN PERU PERUVIANS IMPROVE THEIR 10, SOUTH AMERICA - GRANTS PAID TO PROGRAMA THIS GRANT FOLLOWS HELP ARGENTINA, BOLIVIA, GRANTS PAID TO PROGRAMA THIS GRANT FOLLOWS HELP ARGENTINA, BOLIVIA, MAMA TO HELP REDUCE PERU'S COMMITTMENT TO ARGENTINA, BOLIVIA, MATERNAL AND CHILD HELP UNDERPRIVLEGED COLUMBIA, ECUADOR, 0 0 MORTALITY IN PERU PERUVIANS IMPROVE THEIR 5, SOUTH AMERICA - 0 0 MORTALITY IN PERU PERUVIANS IMPROVE THEIR 5, SOUTH AMERICA - GRANTS PAID TO STICHTING TO PERU'S COMMITTMENT TO ARGENTINA, BOLIVIA, GRANTS PAID TO STICHTING TO PERU'S COMMITTMENT TO BRAZIL, CHILE, REDUCE POVERTY AND PROVIDE HELP UNDERPRIVLEGED	BRAZIL, CHILE,			KUNAN TO PROMOTE SOCIAL	HELP UNDERPRIVLEGED	
ARGENTINA, BOLIVIA, PERU TO START VEGETABLE PERU'S COMMITTMENT TO GRAZIL, CHILE, GARDENS FOR SCHOOLS AND HELP UNDERPRIVLEGED COLUMBIA, ECUADOR, 0 FAMILIES IN PERU PERUVIANS IMPROVE THEIR 10, GOUTH AMERICA - GRANTS PAID TO PROGRAMA THIS GRANT FOLLOWS HELP ARGENTINA, BOLIVIA, MAMA TO HELP REDUCE PERU'S COMMITTMENT TO ARGENTINA, BOLIVIA, MATERNAL AND CHILD HELP UNDERPRIVLEGED COLUMBIA, ECUADOR, 0 MORTALITY IN PERU PERUVIANS IMPROVE THEIR 5, SOUTH AMERICA - GRANTS PAID TO STICHTING TO FHIS GRANT FOLLOWS HELP 5, SOUTH AMERICA - GRANTS PAID TO STICHTING TO PERU'S COMMITTMENT TO ARGENTINA, BOLIVIA, GRANTS PAID TO STICHTING TO PERU'S COMMITTMENT TO ARGENTINA, BOLIVIA, GRANTS PAID TO STICHTING TO PERU'S COMMITTMENT TO ARGENTINA, BOLIVIA, REDUCE POVERTY AND PROVIDE HELP UNDERPRIVLEGED	COLUMBIA, ECUADOR,	0	0	ENTREPRENEURSHIP IN PERU	PERUVIANS IMPROVE THEIR	11,185
BRAZIL, CHILE, GARDENS FOR SCHOOLS AND HELP UNDERPRIVLEGED COLUMBIA, ECUADOR, 0 FAMILIES IN PERU PERUVIANS IMPROVE THEIR 10, SOUTH AMERICA - GRANTS PAID TO PROGRAMA THIS GRANT FOLLOWS HELP ARGENTINA, BOLIVIA, MAMA TO HELP REDUCE PERU'S COMMITTMENT TO BRAZIL, CHILE, MATERNAL AND CHILD HELP UNDERPRIVLEGED COLUMBIA, ECUADOR, 0 0 MORTALITY IN PERU PERUVIANS IMPROVE THEIR 5, SOUTH AMERICA - GRANTS PAID TO STICHTING TO PERU'S COMMITTMENT TO 5, SOUTH AMERICA - GRANTS PAID TO STICHTING TO PERU'S COMMITTMENT TO ARGENTINA, BOLIVIA, GRANTS PAID TO STICHTING TO PERU'S COMMITTMENT TO BRAZIL, CHILE, GRANTS PAID TO STICHTING TO PERU'S COMMITTMENT TO	SOUTH AMERICA -			GRANTS PAID TO POR ESO!	THIS GRANT FOLLOWS HELP	
COLUMBIA, ECUADOR, 0 0 FAMILIES IN PERU PERUVIANS IMPROVE THEIR 10, SOUTH AMERICA - GRANTS PAID TO PROGRAMA THIS GRANT FOLLOWS HELP ARGENTINA, BOLIVIA, MAMA TO HELP REDUCE PERU'S COMMITTMENT TO BRAZIL, CHILE, MATERNAL AND CHILD HELP UNDERPRIVLEGED COLUMBIA, ECUADOR, 0 0 MORTALITY IN PERU PERUVIANS IMPROVE THEIR 5, SOUTH AMERICA - GRANTS PAID TO STICHTING TO FERU'S COMMITTMENT TO 5, ARGENTINA, BOLIVIA, GRANTS PAID TO STICHTING TO PERU'S COMMITTMENT TO ARGENTINA, BOLIVIA, GRANTS PAID TO STICHTING TO PERU'S COMMITTMENT TO ARGENTINA, BOLIVIA, REDUCE POVERTY AND PROVIDE HELP UNDERPRIVLEGED	ARGENTINA, BOLIVIA,			PERU TO START VEGETABLE	PERU'S COMMITTMENT TO	
SOUTH AMERICA - GRANTS PAID TO PROGRAMA THIS GRANT FOLLOWS HELP ARGENTINA, BOLIVIA, MAMA TO HELP REDUCE PERU'S COMMITTMENT TO BRAZIL, CHILE, MATERNAL AND CHILD HELP UNDERPRIVLEGED COLUMBIA, ECUADOR, 0 0 MORTALITY IN PERU SOUTH AMERICA - FHIS GRANT FOLLOWS HELP 5,1 ARGENTINA, BOLIVIA, GRANTS PAID TO STICHTING TO PERU'S COMMITTMENT TO BRAZIL, CHILE, GRANTS PAID TO STICHTING TO PERU'S COMMITTMENT TO	BRAZIL, CHILE,			GARDENS FOR SCHOOLS AND	HELP UNDERPRIVLEGED	
ARGENTINA, BOLIVIA, MAMA TO HELP REDUCE PERU'S COMMITTMENT TO BRAZIL, CHILE, MATERNAL AND CHILD HELP UNDERPRIVLEGED COLUMBIA, ECUADOR, 0 MATERNAL AND CHILD PERUVIANS IMPROVE THEIR 5,1 SOUTH AMERICA - MARA TO HELP REDUCE PERUVIANS IMPROVE THEIR 5,1 ARGENTINA, BOLIVIA, GRANTS PAID TO STICHTING TO PERU'S COMMITTMENT TO BRAZIL, CHILE, REDUCE POVERTY AND PROVIDE HELP UNDERPRIVLEGED	COLUMBIA, ECUADOR,	0	0	FAMILIES IN PERU	PERUVIANS IMPROVE THEIR	10,060
BRAZIL, CHILE, O O O MATERNAL AND CHILD HELP UNDERPRIVLEGED COLUMBIA, ECUADOR, O O O MORTALITY IN PERU PERUVIANS IMPROVE THEIR 5, SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, GRANTS PAID TO STICHTING TO PERU'S COMMITTMENT TO REDUCE POVERTY AND PROVIDE HELP UNDERPRIVLEGED	SOUTH AMERICA -			GRANTS PAID TO PROGRAMA	THIS GRANT FOLLOWS HELP	
COLUMBIA, ECUADOR, 0 0 0 MORTALITY IN PERU PERUVIANS IMPROVE THEIR 5, SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, CHILE, CHILE, COMMITTMENT TO	ARGENTINA, BOLIVIA,			MAMA TO HELP REDUCE	PERU'S COMMITTMENT TO	
SOUTH AMERICA - THIS GRANT FOLLOWS HELP ARGENTINA, BOLIVIA, GRANTS PAID TO STICHTING TO PERU'S COMMITTMENT TO BRAZIL, CHILE, REDUCE POVERTY AND PROVIDE HELP UNDERPRIVLEGED	BRAZIL, CHILE,			MATERNAL AND CHILD	HELP UNDERPRIVLEGED	
ARGENTINA, BOLIVIA, BRAZIL, CHILE, BRAZIL, CHILE, B	COLUMBIA, ECUADOR,	0	0	MORTALITY IN PERU	PERUVIANS IMPROVE THEIR	5,060
RAZIL, CHILE, REDUCE POVERTY AND PROVIDE HELP UNDERPRIVLEGED	SOUTH AMERICA -				THIS GRANT FOLLOWS HELP	
	ARGENTINA, BOLIVIA,			GRANTS PAID TO STICHTING TO	PERU'S COMMITTMENT TO	
COLUMBIA, ECUADOR, 0 0 GOOD EDUCATION IN PERU PERUVIANS IMPROVE THEIR 10,	BRAZIL, CHILE,			REDUCE POVERTY AND PROVIDE	HELP UNDERPRIVLEGED	
	COLUMBIA, ECUADOR,	0	0	GOOD EDUCATION IN PERU	PERUVIANS IMPROVE THEIR	10,060

032181 04-01-20

Schedule F (Form 990)	HELP PER	U, INC		46-395216	3 Page 1
Part I Continuation	n of Activities	s per Region	• (Schedule F (Form 990), Part I, line 3	8)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA -				THIS GRANT FOLLOWS HELP	
ARGENTINA, BOLIVIA,			GRANTS PAID TO THINGS4LIFE	PERU'S COMMITTMENT TO	
BRAZIL, CHILE,			TO HELP BRING THE BEST	HELP UNDERPRIVLEGED	
COLUMBIA, ECUADOR,	0	0	EUROPEAN PRODUCTS TO PERU	PERUVIANS IMPROVE THEIR	10,360.
Totals					217,835.

032181 04-01-20 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	40,060.	ORGANIZATION	٥.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	40,075.	ORGANIZATION	Ο.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	30,120.	ORGANIZATION	٥.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	15,060.	ORGANIZATION	٥.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	12,060.	ORGANIZATION	Ο.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	30,120.	ORGANIZATION	Ο.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	5,060.	ORGANIZATION	Ο.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	40,060.	ORGANIZATION	Ο.		CASH

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2020

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chedule F (Form 990)	HELP	PERU, INC			46-39	52163		Page
Part II Continuatio	n of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1))	-
1 (a) Name of organizatio	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM' appraisal, other)
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	100,000.	ORGANIZATION	0.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	10,060.	ORGANIZATION	٥.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	15,000.	ORGANIZATION	٥.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	10,050.	ORGANIZATION	٥.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	11,185.	ORGANIZATION	٥.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	18,180.	ORGANIZATION	٥.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	17,820.	ORGANIZATION	٥.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS	,	DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		, BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	10,060.	ORGANIZATION	٥.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS	,	DIRECT	••		
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		ТО			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	5 060	ORGANIZATION	0.		CASH

Schedule F (Form 990) HELP PERU, INC				46-3952163 Page 2				
Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	10,060.	ORGANIZATION	Ο.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	10,360.	ORGANIZATION	Ο.		CASH

Schedule F (Form 990) 2020 HELP PERU, INC

(a) Type of grant or assistance

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.

(c) Number of

recipients

(d) Amount of

cash grant

Part III can be duplicated if additional space is needed.

(b) Region

(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2020

46-3952163

(f) Amount of

noncash assistance (g) Description of

noncash assistance

(e) Manner of

cash disbursement

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	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," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	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) 2020

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.

PART I, LINE 2:

GRANT FUNDING RECORDS ARE MAINTAINED ON A CASH BASIS AT HELP PERU'S

OFFICE IN NEW YORK.

PART I, LINE 3:

GRANT FUNDING RECORDS ARE MAINTAINED ON A CASH BASIS AT HELP PERU'S

OFFICE IN NEW YORK.

PART I, LINE 3, COLUMN (E):

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(E) SPECIFIC TYPES OF SERVICES IN REGION: THIS GRANT FOLLOWS HELP PERU'S

COMMITTMENT TO HELP UNDERPRIVLEGED PERUVIANS IMPROVE THEIR ACCESS TO

EDUCATION.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(E) SPECIFIC TYPES OF SERVICES IN REGION: THIS GRANT FOLLOWS HELP PERU'S

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(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

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032075 12-03-20

Schedule F (Form 990) 2020 HELP PERU, INC	46-3952163	Page 5
Part V Supplemental Information	ocupting methods amounts of	
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (acc investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting m		
(estimated number of recipients), as applicable. Also complete this part to provide any additional in		
(A) REGION:		
<u>SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUM</u>	IBIA, ECUADOR,	
(E) SPECIFIC TYPES OF SERVICES IN REGION: THIS GRANT FOL	LOWS HELP PERU'	S
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EDUCATION.		
(A) REGION:		
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUM	IBIA, ECUADOR,	
(E) SPECIFIC TYPES OF SERVICES IN REGION: THIS GRANT FOL	<u>_</u>	S
COMMITTMENT TO HELP UNDERPRIVLEGED PERUVIANS IMPROVE THE	TR ACCESS TO	
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(A) REGION:		
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUM	IBIA, ECUADOR,	
(E) SPECIFIC TYPES OF SERVICES IN REGION: THIS GRANT FOL	LOWS HELP PERU'	S
COMMITTMENT TO HELP UNDERPRIVLEGED PERUVIANS IMPROVE THE	IR ACCESS TO	
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(A) REGION:		
<u>SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUM</u>	IBIA, ECUADOR,	
(E) SPECIFIC TYPES OF SERVICES IN REGION: THIS GRANT FOL	LOWS HELP PERU'	S
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(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(E) SPECIFIC TYPES OF SERVICES IN REGION: THIS GRANT FOLLOWS HELP PERU'S 032075 12-03-20
Schedule F (Form 990) 2020 35 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.

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032075 12-03-20

Schedule F (Form 990) 2020 HELP PERU, INC	46-3952163	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (ac investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting r		
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Schedule F (Form 990) 2020 37 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.

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COMMITTMENT TO HELP UNDERPRIVLEGED PERUVIANS IMPROVE THEIR ACCESS TO

EDUCATION.

PART II, COLUMN (D):

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: THIS GRANT FOLLOWS HELP PERU'S COMMITTMENT TO HELP

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(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

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(A) REGION:

032075 12-03-20

Schedule F (Form 990) 2020 HELP PERU, INC

Part V | Supplemental Information

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

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: THIS GRANT FOLLOWS HELP PERU'S COMMITTMENT TO HELP

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(D) PURPOSE OF GRANT: THIS GRANT FOLLOWS HELP PERU'S COMMITTMENT TO HELP 032075 12-03-20 Schedule F (Form 990) 2020 39 Schedule F (Form 990) 2020 HELP PERU, INC

Part V Supplemental Information

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

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032075 12-03-20

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(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: THIS GRANT FOLLOWS HELP PERU'S COMMITTMENT TO HELP

UNDERPRIVLEGED PERUVIANS IMPROVE THEIR ACCESS TO EDUCATION.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

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UNDERPRIVLEGED PERUVIANS IMPROVE THEIR ACCESS TO EDUCATION.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR

41

032075 12-03-20

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.

(D) PURPOSE OF GRANT: THIS GRANT FOLLOWS HELP PERU'S COMMITTMENT TO HELP

UNDERPRIVLEGED PERUVIANS IMPROVE THEIR ACCESS TO EDUCATION.

PART I, LINE 2 & 3:

GRANT FUNDING RECORDS ARE MAINTAINED ON A CASH BASIS AT HELP PERU'S

OFFICE IN NEW YORK.

PART I, LINE 3, COLUMN (E):

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR.

(E) SPECIFIC TYPES OF SERVICES IN REGION: THIS GRANT FOLLOWS HELP

PERU'S COMMITTMENT TO HELP UNDERPRIVLEGED PERUVIANS IMPROVE THEIR

ACCESS TO EDUCATION.

PART II, COLUMN (D):

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR.

(D) PURPOSE OF GRANT: THIS GRANT FOLLOWS HELP PERU'S COMMITTMENT TO

HELP UNDERPRIVLEGED PERUVIANS IMPROVE THEIR ACCESS TO EDUCATION.

032075 12-03-20

Schedule F (Form 990) 2020

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(Form 990 or 990-EZ)

Name of the organization

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Supplemental Information to Form 990 or 990-EZ

HELP PERU, INC

Open to Public Inspection Employer identification number

OMB No. 1545-0047

46-3952163

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

HEALTHCARE AND MEET OTHER EVERYDAY NEEDS. THE FOUNDATION ALSO ASPIRES

TO PROMOTE A CULTURE OF GIVING AMONGST PERUVIANS.

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

HEALTHCARE AND TO MEET OTHER EVERYDAY NEEDS. THE FOUNDATION ALSO

ASPIRES TO PROMOTE A CULTURE OF GIVING AMONGST PERUVIANS

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

N/A

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

N/A

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

DRAFT OF THE 990 HAS BEEN CIRCULATED TO THE BOARD.

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

ONCE WE FILE THE FINANCIAL STATEMENTS, WE WILL LOOK TO HAVE FORM 990 ON THE

WEBSITE. WE SEND COPIES OF OTHER DOCUMENTS AS REQUESTED.

FORM 990, PART VI, SECTION 8, LINE 11B:

DRAFT OF THE 990 HAS BEEN CIRCULATED TO THE BOARD. Α

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization HELP PERU, INC	Employer identification number 46-3952163
FORM 990, PART VI, SECTION C, LINE 19:	
ONCE WE FILE THE FINANCIAL STATEMENTS, WE WILL LOOK TO HA	VE FORM 990 ON
THE WEBSITE. WE SEND COPIES OF OTHER DOCUMENTS AS REQUEST	ED.
032212 11-20-20 Sci	nedule O (Form 990 or 990-EZ) 2020

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1. General Information					
For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2020 and Ending (mm/dd/yyyy) 12/31/2020					
Check if Applicable:	Name of Organization:			Employer Identification Number (EIN): 46-3952163	
Name Change	Name Change Mailing Address:			NY Registration Number: 44-32-82	
Final Filing	Final Filing City / State / ZIP:			Telephone: 917 602-5293	
Reg ID Pending	Website: WWW.HELP-PERU.	ORG		Email: INFO@HELP-PERU.ORG	
Check your organization's registration category:					
onantics negistry at <u>www.onanticsivro.com</u> .					
2. Certification					
See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.					
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.					
President or Authorized	Alejaro	la Kivas_	ALEJANDRA LINARES-RIVAS EXECUTIVE DIRECTOR		
President of Authonzed	Signature				
	Gignature j	FERNANDO SOTO		TO	
Chief Financial Officer of			November 16, 2021		
	Signature .		Print Name	and Title Date	
3. Annual Reporting Exemption					
Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.					
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.					
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.					
4. Schedules and Attachments					
See the following page for a checklist of Schedules and attachments to					
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.					
5. Fee					
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order	
next page to calculate your				payable to:	
fee(s). Indicate fee(s) you	\$ 25.	\$ 100.	\$ 125.	"Department of Law"	
are submitting here:	φ <u></u>	φ	Ψ		
CHAR500 Annual Filing for Charitable Organizations (Updated January 2021) *The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.					

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