Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

	For the	2008 calen	dar year,	or tax year beginning , 2008	, and ending		,	
В	Check if a	applicable:	_,			D Employe	er Identifica	tion Number
	X Addr	ess change	Please use IRS label	Quechua Benefit		31-1	68232	4
	\neg	e change	or print or type.	104 Morrison Heights Rd		E Telepho	ne number	
	Initia	al return	See specific	Woodland, WA 98674				
		nination	instruc- tions.	•				
		nded return				G Gross re	ceipts \$	222,668.
	\vdash	ication pending	F Name a	and address of principal officer: Mario Pedroza	H(a) Is	this a group return		
	∐ ∧ррі	ication pending		SW Burkhalter Rd Hillsboro, OR 9		e all affiliates inclu		Yes No
.		vemnt stati		(c) (3) d (insert no.) 4947(a)(1) or	527 If	'No,' attach a list.	(see instruc	tions)
<u>'</u> J				huabenefit.org		oup exemption nu	mber ►	
<u>у</u> К		f organization:			Year of Formation: 1			domicile: OR
	rt I	Summa		ation Trust Association Other L	Tear of Formation: 1	<u> </u>	tate or legal	domicie: OIC
I C				ganization's mission or most significant activities: C	haritable d	ental wo	rk	
	' '	inchy acach	DC the org	gariization a mission of most significant dotavitos.	narreapre_a	circar_wo.	-1	
Governance	_							
па	_							
λe	2 0	heck this bo		if the organization discontinued its operations or disp	osed of more tha	in 25% of its a	assets.	
ŏ				bers of the governing body (Part VI, line 1a)			3	3
øğ øj	4 N	lumber of in	dependen	t voting members of the governing body (Part VI, line	e 1b)	[4	0
Activities				yees (Part V, line 2a)			5	0
įξ				eers (estimate if necessary)			6	25
⋖				pusiness revenue from Part VIII, line 12, column (C).			7a	0.
	b N	let unrelated	business	taxable income from Form 990-T, line 34			7 b	0.
						Prior Year		Current Year
<u>a</u>				ts (Part VIII, line 1h)		240,3	88.	163,029.
Revenue				ue (Part VIII, line 2g)		400		
ě				art VIII, column (A), lines 3, 4, and 7d)		10,9	32.	4,345.
_	1			II, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.51 0	20	31,899.
				nes 8 through 11 (must equal Part VIII, column (A), I		251,3		199,273.
	i .			ounts paid (Part IX, column (A), lines 1-3)		16,3	33.	67,805.
	1	-		members (Part IX, column (A), line 4)				
S	15 S		-	nsation, employee benefits (Part IX, column (A), lines	· —			
Expenses	16 a P	rofessional	fundraisin	g fees (Part IX, column (A), line 11e)	78040.040		conscionation (seeming)	to Marino de terrorio de construir de la const
xbe	b⊤	otal fundrais	sing exper	nses (Part IX, column (D), line 25) ►	1,271.	e de la composición		
ш	17 C	ther expens	ses (Part I	X, column (A), lines 11a-11d, 11f-24f)		60,7	05.	41,278.
	18 T	otal expens	es. Add lii	nes 13-17 (must equal Part IX, column (A), line 25)		77,0	38.	109,083.
	1			s. Subtract line 18 from line 12		174,2		90,190.
- S				· · · · · · · · · · · · · · · · · · ·		eginning of Y		End of Year
Net Assets or Fund Balances	20 T	otal assets	(Part X. li	ne 16)		455.5		546,812.
Ase	21 T			line 26)			0.	1,102.
Fer	22 N			ances. Subtract line 21 from line 20	1	455,5	19	545,710.
Pa	art II		ure Bloc			400,0	<u> </u>	343,710.
					adulas and statements	and to the heet of	my knowlo	dae and helief it is
		true, correct, a	and complete	I declare that I have examined this return, including accompanying sch. Declaration of preparer (other than officer) is based on all information	of which preparer has	any knowledge.	THY KHOTHIC	age and benef, it is
Sig	n	>				1		
He	re	Signature	of officer			Date		
		► Mario	o Pedro	oza	Pre	esident		
			rint name and					
_					Date	Check if	Prepa	rer's identifying number
Pa		Bronosas's	7.7	my from		self- employed	(2ea 11	iaiructiona <i>j</i>
Pr	e-	Preparer's signature	► T M	att Bannon	11/13/09		∐ _{и/а}	
рa	rer's	Firm's name (shaw & Associates, Inc.			121, 13	-
Ùs		yours if self- employed),		0 SW Harbor Way, Suite 330		ein ► N	/A	
Or	пу	address, and ZIP + 4		tland, OR 97201				23-1881
Ma	v the IR			with the preparer shown above? (see instructions)				X Yes No
		_ u.couco ti		and property chown above. (accombinations)		• • • • • • • • • • • • •		1103 110

Forn	n 990 (2008) Quechua Benefit	31-1682324	1	⊃age 2
	rt III Statement of Program Service Accomplishments (see instructions)			
1				
·	Charitable dental work.			
2	Did the organization undertake any significant program services during the year which were not listed or	the prior		
_	Form 990 or 990-EZ?		Yes X	No
	If 'Yes,' describe these new services on Schedule O.			
3	The state of the s	vices?	Yes X	No
ŭ	If 'Yes,' describe these changes on Schedule O.			
4		s by expenses, Sec	tion 501(c)	(3)
7	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	d allocations to oth	ers, the tot	àl´
	expenses, and revenue, if any, for each program service reported.			
4:	a (Code: \$\) (Expenses \$\) 106,610. including grants of \$\)	(Revenue \$)
	Provides free dental work to approximately 1,200 low-income Peruv	ian Indian f	amilies	5
	per year. Also provides cash and in-kind donations to Peruvian of	rphanages an	d soup	
	kitchens. Is currently assisting Quechua Benefit Peru, its local	charitable	partne	
	in the construction of an orphanage.		E	
	III the constitution of the orphanage.			
				
41	b (Code:	(Revenue \$)
	2 (OOCO Managamana) (C. Ipo i Ooco I			·
4	c (Code:) (Expenses \$ including grants of \$)	(Revenue \$)
		·		
	JOHanna and American (Describe in Catalata Ca	· · · · · · · · · · · · · · · · · · ·		
4	d Other program services. (Describe in Schedule O.)	<u>.</u>		
	(Expenses \$ including grants of \$) (Revenue 5)	
4	e Total program service expenses ▶ \$ 106,610. (Must equal Part IX, Line 25, column (<i>لا).)</i>		

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Form 990 (2008)

Part IV

BAA

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Χ 1 Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors?..... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I...... 3 Х Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II........ 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I...... 6 Χ 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' X 8 complete Schedule D, Part III..... Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete 9 Χ Schedule D, Part IV..... Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V..... 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable..... 11 12 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 14a Did the organization maintain an office, employees, or agents outside of the U.S.?..... X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I............... 14b Х Χ 15 16 Χ Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I.. 17 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Χ 18 X Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. 19 19 X 20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H..... 20 X Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. 21 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III..... 22 X 22 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete 23 X Schedule J..... Χ 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?..... 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25a Χ b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I..... X 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II... 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III. 27 X

Form	m 990 (2008) Quechua Benefit	31-1682324	F	age 4
	art IV Checklist of Required Schedules (continued)			
28	3 During the tax year, did any person who is a current or former officer, director, truste	ee, or key employee:	Yes	No
а	a Have a direct business relationship with the organization (other than as an officer, direct business relationship through ownership of more than 35% in another with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Par		a	X
t	b Have a family member who had a direct or indirect business relationship with the org <i>Schedule L, Part IV</i>	panization? If 'Yes,' complete	b	X
c	c Serve as an officer, director, trustee, key employee, partner, or member of an entity corporation) doing business with the organization? If 'Yes,' complete Schedule L, Partners, and the complete schedule sche	(or a shareholder of a professional rt IV	с	X
29	- 			X
30	Did the organization receive contributions of art, historical treasures, or other similar contributions? <i>If 'Yes,' complete Schedule M.</i>	assets, or qualified conservation		X
31		1		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net Schedule N, Part II	assets? If 'Yes,' complete		X
. 33	Did the organization own 100% of an entity disregarded as separate from the organiz 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	zation under Regulations sections 33		X
34	4 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete line 1	Schedule R, Parts II, III, IV, and V,	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(1. Part V, line 2		X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exemorganization? If 'Yes,' complete Schedule R, Part V, line 2	npt non-charitable related		x
37	7 Did the organization conduct more than 5% of its activities through an entity that is r treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedul	le R, Part VI 37		X
BAA	NA .	For	m 990	(2008)

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Form 990 (2008) Quechua Benefit	31-1682324	Pag	ge 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes I	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?	reportable gaming 1c		Lines Misces
2 a 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	O		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax re	eturns?2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	ee instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year cover this return?	red by 3a	Ì	Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial	er authority over, a		Х
b If 'Yes,' enter the name of the foreign country: ►			III TO
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Financial Accounts.	n Bank and		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	? 5a		Χ
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran	saction? 5b		Χ
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entitle Prohibited Tax Shelter Transaction?	ty Regarding 5c		
6 a Did the organization solicit any contributions that were not tax deductible?			Χ
b If 'Yes,' did the organization include with every solicitation an express statement that such contribu	tions or gifts were not		
deductible?	<u>6b</u>	anders do	range:
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of mo			X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it Form 8282?	was required to file 7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a benefit contract?	a personal 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	ntract?		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as require			Х
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1			X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, or a fund maintained by a sponsoring organization.	on 509(a)(3) organization, have		
excess business holdings at any time during the year?			
a Did the organization make any taxable distributions under section 4966?	9a		Lincolne
b Did the organization make any distribution to a donor, donor advisor, or related person?			—
10 Section 501(c)(7) organizations. Enter:			ida i
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	A STATE OF THE STA		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041? 12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			46
ВАА	Form	990 (2	008

Form 990 (2008) Quechua Benefit

Part VI

Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Sec</u>	tion A. Governing Body and Management								
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstance processes, or changes in Schedule O. See instructions.	s,	Yes	No					
1 a	a Enter the number of voting members of the governing body	3							
Ŀ	b Enter the number of voting members that are independent								
	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	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?								
4		4		X					
	since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?			X					
6	Does the organization have members or stockholders?	. 6	ļ	X					
	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		-	Х					
	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	. 7b	Marking and Services	X					
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
-	a The governing body?		+						
	b Each committee with authority to act on behalf of the governing body?		 	<u> </u>					
	a Does the organization have local chapters, branches, or affiliates?	1	-	X					
	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?								
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990SeeSchedule.O		Х						
11	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	. 11		Х					
Sec	ction B. Policies		Т						
12 a	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	. 12a	Yes	No					
ŀ	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12t		Х					
(c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done			X					
13	Does the organization have a written whistleblower policy?			X					
14	Does the organization have a written document retention and destruction policy?	. 14		X					
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:								
	a The organization's CEO, Executive Director, or top management official?	. 15a		X					
i	b Other officers of key employees of the organization?	. 15k	Harananan	X					
	Describe the process in Schedule O. (see instructions)	ļija k							
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	. <u>16a</u>		X					
I	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemp status with respect to such arrangements?	on t . 16 t							
Sec	ction C. Disclosures								
17	List the states with which a copy of this Form 990 is required to be filed ► <u>OR</u>								
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection. Indicate how you make these available. Check all that apply.	availat	ole for	public					
	X Own website								
19	statements available to the public.			ancial					
	State the name, physical address, and telephone number of the person who possesses the books and records of the companyl Gohl 104 Morrison Heights Rd Woodland WA 98674 360-225-1763	rganiza 	tion: 						

BAA

Form 990 (2008)

Form 990 (2008) Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **Employees, and Independent Contractors**

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if the organization did no		sate a	any (directo	or, tr			
(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director		1		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		rustee	l trustee		yee	mpensated				
Mario Pedroza President	5							0.	0.	0.
Mike Safley Secretary	14							0.	0.	0.
Russell Grattan Director	0							0.	0.	0.

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Part VII Section A. Officers, Directors, Trus	tees, k	(еу	Em	plo	ye	es,	and	d Highest Con	pensated Em	ployees (cont.)
(A)	(B)							(D)	(E)	(F)
Name and Title		ours		(check all that apply)		-	Reportable compensation from	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation	
	nours per week	divid	Institutional trustee	Officer	Key employee	Highest compensa employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
·		or in	ional		ηρίοy	t com				and related organizations
		ustee	trust		ee	pens				
		:	ee l			ated				
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	<u> </u>		l			<u> </u>	<u> </u>	0.		
2 Total number of individuals (including those in 1a)	who rec	eive	d me	ore :	than	• • • • • • • • • • • • • • • • • • •			ompensation from	- 1
organization • 0	WITO TEC	CIVC	a me	JI C	uiai	ιψι	00,0	oo iii reportable c	orriperisation from	11 110
										Yes No
3 Did the organization list any former officer, director	or trust	ee, l	кеу	emp	oloye	ee,	or hi	ghest compensat	ed employee	
on line 1a? If 'Yes,' complete Schedule J for such i	ndividua	al								3 X
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater	than \$1	50,00	00?	lf 'Y	'es'	com	plet	e Schedule J for	such	4 X
individual										
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete So	compen: hedule	satio J for	n tro suc	om : :h pe	any erso	unr n	elate	ed organization fo	r servicės 	
Section B. Independent Contractors										
1 Complete this table for your five highest compensa compensation from the organization.	ted inde	epen	dent	t cor	ntra	ctor	s tha	at received more t	han \$100,000 of	
								(B	,	(C)
(A) Name and business address	SS							Description	of Services	Compensation
0.711		11	t		:	a e!		than \$100,000 :	l un	
2 Total number of independent contractors (including compensation from the organization ► 0	inose i	n I)	wnc	red	Jeive	eu n	nore	แเลก จาบบ,บบบ เท		

Form 990 (2008) Quechua Benefit
Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S	1a Federated campaigns 1a				
ANT	b Membership dues				
Mou	c Fundraising events	The section is			
FTS,	d Related organizations 1d				
5 ₹	e Government grants (contributions) 1e		And the state of the state of		and the second
SIS					
EH.	f All other contributions, gifts, grants, and similar amounts not included above 1f 163,029				
E 0	g Noncash contribus included in Ins 1a-1f:\$				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		163,029.			1959/ G 18
끸	Business Code			angara Papabahahahasa	
PROGRAM SERVICE REVENUE	2a				
Æ	b				
JG	С				
SER	d				
AM	e				
og.	f All other program service revenue				
F.	g Total. Add lines 2a-2f	<u> </u>			3 (A) A (A) (A) (A)
	3 Investment income (including dividends, interest and	4 245			4 245
	other similar amounts)	4,345.			4,345.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties		nes vises distribution il si	PM 2 PM s o s decreto de la Silpa de sila	estiva di Asialisa e tradicio de essist
	(i) Real (ii) Personal		W. No.		
	b Less: rental expenses. c Rental income or (loss)			No.	
	d Net rental income or (loss)		i kandi kandi kalinda kandi kand Kandi kandi ka		
	(i) Securities (ii) Other	godensakonen and engelige	Lucia, pp. 1. 162 kiepsch 190	u takyy sy apoliny tuopy sy may	· **
	7 a Gross amount from sales of assets other than inventory.				036
	b Less: cost or other basis				
	and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)	>		,	
	8a Gross income from fundraising events				an contract the same
NUE	(not including. \$				
OTHER REVEN	of contributions reported on line 1c).				
R. R.	See Part IV, line 18 a 55,294			langaring person	
ОТН	b Less: direct expenses b 23,395				
	c Net income or (loss) from fundraising events	31,899.	31,899.		
	9a Gross income from gaming activities. See Part IV, line 19a		Committee of the Commit		
	b Less: direct expensesb	-			
	c Net income or (loss) from gaming activities		TV POST AND THE REAL PROPERTY OF THE PERSON	15.50 (19) 15.50 (19)	Charles and Administration and Colors
		Construction (1990), To a Single of		10 10 10 10 10 10 10 10 10 10 10 10 10 1	
	10a Gross sales of inventory, less returns and allowances	oturikanika delah Kamatan galan:	nc Carana Caranilla and an ana an an an	Specification of the state of t	
	b Less: cost of goods sold		elektristeri filologis telektristik		
	c Net income or (loss) from sales of inventory		The state of the s	And the second s	A construction of the control of the
	Miscellaneous Revenue Business Code			10 T. The payor of hydrodistric Sc.	
	11a				
	b				
	c				
	d All other revenue		AFSta we foly months to the early scenors	NINNERCE IN SOME ASSESSMENT OF THE PROPERTY OF	PRINTED TANKS IN THE TOTAL OF THE PRINTED THE
	e Total. Add lines 11a-11d		为1671.在 2001年 - 1200年 - 1200年		2000年120日 - 100日 - 100
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c. and 11e	199,273.	31,899.	n	4.345

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) but are not required to complete columns (B), (C), and (D).

Careta and other assistance to governments and organizations in the U.S. See Part IV, Inter 2. Careta and	Do I	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
2 Grants and other assistance to individuals in the U.S. See Part IV, line 2 Grants and other assistance to governments, organizations, and individuals controlle the 67,805. 67,805. 11 June		Grants and other assistance to governments and organizations in the U.S. See Part IV.			1.0		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lins 15 and 16. 67,805. 87,	2	Grants and other assistance to individuals in					
5 Compensation of current officers, directors, trustees, and key employees	3	Grants and other assistance to governments,	67,805.	67,805.			
Trusties, and key employees. 0. 0. 0. 0. 0. 0. 0.	4				pater by the second		
disqualified persons (as defined under section 4986(c)(3)(B) 0. 0. 0. 0. 0. 0. 0. 0	5	trustees, and key employees	0.	0.	0.	0.	
8 Persion plan contributions (include section 401(k) and section 402(s) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) 11 Fees for services (non-employees) 12 Advangement 13 Legal 14 Lobbying 15 Prof fundraising svcs. See Part IV, In 17. 15 Investment management fees. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings 20 Interest 21 Payments of travel or entertainment expenses for any federal, state, or local public officials 22 Depreciation, depletion, and amortization. 23 Insurance. 24 Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below). 25 Joint Costs. Check here here I If following Sop 98.2. Complete this line only if the organization reported in column (8) joint costs from a combined educational com	6	disqualified persons (as defined under	0.	0.	0.	0.	
401(k) and section 403(b) employer contributions). 9 Other employee benefits. 10 Payroll taxes. 11 Fees for services (non-employees). a Management. b Legal c Accounting d Lobbying. e Prof fundraising svcs. See Part IV, In 17. f Investment management fees. g Other 12 Advertising and promotion 13 Office expenses 14 Information technology. 15 Royalties. 16 Occupancy 17 Travet. 18 Payments of travel or entertainment expenses for any foderal, state, or local public officials. 19 Conferences, conventions, and meetings 11 Interest. 20 Interest. 21 Payments of affiliates. 22 Depreciation, depletion, and amortization. 23 Insurance. 24 Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 29 below). 2 Incal _ Fuel	7						
10 Payroll taxes	8	401(k) and section 403(b) employer contributions)				12.00	
11 Fees for services (non-employees)		Other employee benefits					
a Management b Legal		Payroll taxes					
b Legal		Fees for services (non-employees)					
C Accounting. 574 344 115 115. d Lobbying.	ā I	Nanagement					
d Lobbying. e Prof fundraising svcs. See Part IV, In 17. f Investment management fees. g Other 12. Advertising and promotion. 4, 055. 2, 433. 811. 811. 13. Office expenses. 14. Information technology. 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. 20. Interest. 21. Payments to affiliates. 22. Depreciation, depletion, and amortization. 23. Insurance. 24. Other expenses, Itemize expenses not occered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 25. Local Dential Supplies. 26. Local Dential Supplies. 27. 776. 28. 291. 294. 295. Local Dential Supplies. 296. Local Dential Supplies. 297. 1,645. 298. 2,535. 2981. 297. 291. 298. 201. 299. 201. 299. 201. 201. 201. 201. 201. 201. 201. 201. 201.		: Accounting	574.	344.	115.	115.	
e Prof fundraising svcs. See Part IV, In 17. f Investment management fees. g Other. 12 Advertising and promotion.							
f Investment management fees. g Other 2 Advertising and promotion 4,055 2,433 811 811 13 Office expenses 14 Information technology 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 10 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses stemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a Local Pitel a Local Fitel b Local Fitel c Bank Charges d Local Dental Supplies d Local Dental Supplies e Dental Trip Misc Expense 5 Total functional expenses. Add lines 1 through 24f 25 Joint Costs. Check here ▶ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundrasing solicitation.					经验证证 证证		
12 Advertising and promotion.							
12 Advertising and promotion.	ç	g Other	·				
14 Information technology. 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. 20 Interest. 21 Payments to affiliates. 22 Depreciation, depletion, and amortization. 23 Insurance. 24 Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below). a Local Dentist/Staff Pmnts b Local Fuel c Bank Charges d Local Supplies 1,645 1,645 e Dental Trip Misc Expense 1,000 f All other expenses. 432 65 22 345. 25 Total functional expenses. Add lines 1 through 24f 109,083 106,610 1,202 1,271 26 Joint Costs. Check here ▶ if following SOP 98.2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	12	Advertising and promotion	4,055.	2,433.	811.	811.	
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. 20 Interest. 21 Payments to affiliates. 22 Depreciation, depletion, and amortization. 23 Insurance. 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.). a Local Dentist/Staff Pmnts 5 J. 2, 776. c Bank Charges 4 Local Supplies 5 J. 645. e Dental Trip Misc Expense 1, 000. 1, 000. 4 Il other expenses. Add lines 1 through 24f. 20 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation.	13	Office expenses					
16 Occupancy. 17 Travel. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings. 20 Interest. 21 Payments to affiliates. 22 Depreciation, depletion, and amortization. 23 Insurance. 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a Local_Dentist/Staff Pmnts 9,300. 9,300. b Local_Fuel 2,776. c Bank_Charges 2,535. 2,281. 254. d Local_Dental_Supplies 1,645. e Dental_Trip_Misc_Expense 1,000. f All other expenses. Add lines 1 through 24f 25 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here ▶ ☐ if following SOP 98.2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	14						
17 Travel. 18, 961. 18, 961. 18, 961. 18, 961. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	15	-					
Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings. 20 Interest. 21 Payments to affiliates. 22 Depreciation, depletion, and amortization. 23 Insurance. 24 Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below). a Local Dentist/Staff Pmnts 9,300. 9,300. b Local Fuel 2,7776. 2,7776. c Bank Charges 2,535. 2,281. 254. d Local Dental Supplies 1,645. 1,645. e Dental Trip Misc Expense 1,000. 1,000. f All other expenses. 432. 65. 22. 345. 25 Total functional expenses. Add lines 1 through 24f. 109,083. 106,610. 1,202. 1,271. 26 Joint Costs. Check here ▶ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				10.061			
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21 Payments to affiliates. 22 Depreciation, depletion, and amortization 23 Insurance. 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below). a Local Dentist/Staff Pmnts 9,300. 9,300. b Local Fuel 2,7776. 2,7776. c Bank Charges 2,535. 2,281. 254. d Local Dental Supplies 1,645. 1,645. e Dental Trip Misc Expense 1,000. 1,000. f All other expenses. Add lines 1 through 24f. 109,083. 106,610. 1,202. 1,271. 26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	19						
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d Local Dental Supplies 1,645. 1,645. e Dental Trip Misc Expense 1,000. 1,000. f All other expenses. 432. 65. 22. 345. 25 Total functional expenses. Add lines 1 through 24f. 109,083. 106,610. 1,202. 1,271. 26 Joint Costs. Check here ▶ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.							
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f All other expenses							
Total functional expenses. Add lines 1 through 24f 109,083. 106,610. 1,202. 1,271. 26 Joint Costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation						0.45	
26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		•					
SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			109,083.	T00,610.	1,202.	1,2/1.	
BAA Form 990 (2008		SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form 990 (2008)	

	- : - : - : - :		(A) Beginning of year		(B) End of year	
			105 050			
	1	Cash — non-interest-bearing		1	57,700.	
	2	Savings and temporary cash investments		2	471,662.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4	-	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5		
	_	Receivables from other disqualified persons (as defined under section 4958(f)(1))		215 370		
	6	and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
Ą	_	Notes and loans receivable, net		7		
ASSETS	7	Inventories for sale or use.		8		
E	8	Prepaid expenses and deferred charges.		9		
5	9	Land, buildings, and equipment: cost basis				
		Less: accumulated depreciation. Complete Part VI of		ug		
	D	Schedule D	16,250.	10 c	16,250.	
	4.4	Investments – publicly-traded securities		11	10,230.	
	11			12		
	12	Investments – other securities. See Part IV, line 11.		13		
	13	Investments – program-related. See Part IV, line 11		14		
	14	Intangible assets		15	1,200.	
	15	Other assets. See Part IV, line 11.		16	546,812.	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	 	17	340,012.	
	17	· ·		18		
	18	Grants payable		19		
L	19	Deferred revenue		20		
Ā	20	·		21		
A B I	21	Escrow account liability. Complete Part IV of Schedule D		21		
L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II	34594648455 PF	150		
Ť		of Schedule L	and the first transfer of the first transfer	22		
É	23	Secured mortgages and notes payable to unrelated third parties		23		
-	24	Unsecured notes and loans payable		24		
	25	Other liabilities. Complete Part X of Schedule D		25	1,102.	
	26	Total liabilities. Add lines 17 through 25		26	1,102.	
<u>N</u>		Organizations that follow SFAS 117, check here ► and complete lines		-40.90		
N E T		27 through 29 and lines 33 and 34.		410		
A S	27	Unrestricted net assets		27		
<u>Ş</u>	28	Temporarily restricted net assets		28		
Ś	29	Permanently restricted net assets		29		
Q R		Organizations that do not follow SFAS 117, check here ► X and complete				
F		lines 30 through 34.		400		
Ň D	30	Capital stock or trust principal, or current funds		30	545,710.	
Ŗ	31	Paid-in or capital surplus, or land, building, and equipment fund		31		
BALANCEの	32	Retained earnings, endowment, accumulated income, or other funds	455,519.	32		
Σ̈́	33	Total net assets or fund balances	455,519.	33	545,710.	
5	34	Total liabilities and net assets/fund balances	455,519.	34	546,812.	
Pa	ırt X	Financial Statements and Reporting				
			_		Yes No	
1	Ac	counting method used to prepare the Form 990: $oxed{X}$ Cash $oxed{\Box}$ Accrual $oxed{\Box}$	Other			
2	a We	ere the organization's financial statements compiled or reviewed by an independent	accountant?		2a X	
		ere the organization's financial statements audited by an independent accountant?.			2b X	
c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?						
review, or compilation of its financial statements and selection of an independent accountant?						
3	a As An	a result of a federal award, was the organization required to undergo an audit or a dit Act and OMB Circular A-133?	udits as set forth in the	Singl	e 3a X	
		Yes,' did the organization undergo the required audit or audits?				
ВА					Form 990 (2008)	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization 31-1682324 Ouechua Benefit Part Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 X in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type III - Functionally integrated Type III- Other Type I Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization?.... 11 g (i) 11 g (ii) a family member of a person described in (i) above?..... a 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the organizations the organization supports h (v) Did you notify the organization in col. (i) of (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the rganization in col. (i) listed in your (vii) Amount of Support (i) Name of Supported Organization (ii) EIN (vi) Is the organization in col.
(i) organized in the U.S.? your support? governing document? (see instructions)) Yes No Yes No Yes

Schedule A (Form 990 or 990-EZ) 2008		31-1682324	Page
Part II Support Schedule for O	rganizations Described in Sec	ions 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.)		

Sec	tion A. Public Support						
Caler begir	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	130,041.	72,170.	259,788.	240,388.	204,572.	906,959.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-3	130,041.	72,170.	259,788.	240,388.	204,572.	906,959.
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)						0.
6	Public support. Subtract line 5 from line 4						906,959.
Sec	tion B. Total Support						
Caleı begir	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	130,041.	72,170.	259,788.	240,388.	204,572.	906,959.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.			4,001.	10,932.	4,345.	19,278.
9	Net income form unrelated business activities, whether or not the business is regularly carried on					,	0.
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						0.
	Total support. Add lines 7 through 10						926,237.
12	Gross receipts from related activ	vities, etc. (see ins	structions)		• • • • • • • • • • • • • • • • • • • •	<u>12</u>	0.
	First five years. If the Form 990 organization, check this box and	l stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)	(3) ▶ □
	tion C. Computation of Pu						05.0.4
	Public support percentage for 20						97.9%
15	Public support percentage for 20						95.6%
16 a	33-1/3 support test — 2008. If th and stop here. The organization	e organization did qualifies as a pul	I not check the bo blicly supported o	x on line 13, and rganization	I the line 14 is 33	·1/3 % or more, c	heck this box
b	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a pul	I not check a box olicly supported or	on line 13, or 16arganization	a, and line 15 is 3	3-1/3% or more, c	theck this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop ber	e. Explain in Part	IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance: test. The organi	s' test, check this zation qualifies as	box and stop he r a publicly suppo	e. Explain in Part rted organization.	IV how the ►
	Private foundation. If the organ	ization did not che	eck a box on line,	13, 16a, 16b, 17a	a, or 17b, check th	is box and see in	structions >
BAA					Scl	nedule A (Form 9	90 or 990-EZ) 2008

Page 3

Schedule A (Form 990 or 990-EZ) 2008 Quechua Benefit

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

(Complete only if you checked the box on line 9 of Part I.)

C = -1	Law A. Dulalia Cummand	-						
	tion A. Public Support		41.000	4 > 0005	40.0007		. T	(A) T-1-1
Calen 1	dar year (or fiscal yr beginning in) > Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	8	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or							
	facilities furnished in a activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
-	Total. Add lines 1-5							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
_	Add lines 7a and 7b							
	Public support (Subtract line				-			
0	• • •						Mak 7 Green Can	
Cas	7c from line 6.)		E AND A SECOND CO.	The second				
Sec	tion B. Total Support				4 13 0007			
~ .	the state of the s	/-> OOO4	(L) 000E	/~\ OOOC				
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	8	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2000	8	(f) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2000	8	(f) Total
9 10 a b	Amounts from line 6	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200t	8	(f) Total
9 10 a b	Amounts from line 6	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200t	8	(f) Total
9 10 a b	Amounts from line 6	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200t	8	(f) Total
9 10 a b c 11	Amounts from line 6		(b) 2005	(c) 2006	(d) 2007	(e) 200t	8	(f) Total
9 10 a b c 11	Amounts from line 6	is for the organiz	ation's first, seco	nd, third, fourth.	or fifth tax year a	s a section S	501(c)((3)
9 10 a b c 11 12 13 14	Amounts from line 6	is for the organiz	ation's first, seco	nd, third, fourth.	or fifth tax year a	s a section S	501(c)((3)
9 10 a b c 11 12 13 14 Sec	Amounts from line 6	is for the organiz stop hereblic Support P	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 5	501(c)([3)
9 10 a b c 11 12 13 14 Sec 15	Amounts from line 6	is for the organiz stop here blic Support P	ation's first, seco	nd, third, fourth, ne 13, column (f))	or fifth tax year a	s a section s	501(c)((3) ► □
9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6	is for the organiz I stop here. blic Support P 008 (line 8, colum 2007 Schedule A,	ation's first, seco	nd, third, fourth, ne 13, column (f))	or fifth tax year a	s a section s	501(c)([3)
9 10 a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	is for the organiz stop here blic Support P 008 (line 8, colum 2007 Schedule A, restment Incor	ation's first, seco Percentage n (f) divided by li , Part IV-A, line 2 me Percentag	nd, third, fourth, ne 13, column (f)) 7g	or fifth tax year a	s a section 5	501(c)(15 16	[3) ► [7] % %
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6	is for the organiz stop here blic Support P 008 (line 8, colum 2007 Schedule A, restment Incor	ation's first, seco Percentage n (f) divided by li , Part IV-A, line 2 me Percentag column (f) divide	nd, third, fourth, ne 13, column (f)) 7ge	or fifth tax year a	is a section 5	501(c)(15 16	(3)
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	is for the organiz stop here	ation's first, seconomics firs	nd, third, fourth, ne 13, column (f)) 7g. e ed by line 13, column e 27h	or fifth tax year a	s a section 5	501 (c) (15 16 17 18	(3)
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6	is for the organiz stop here	ation's first, seconomics firs	nd, third, fourth, ne 13, column (f)) 7g e ed by line 13, coluine 27h line 14, and line 15 n qualifies as a pu	or fifth tax year a	as a section 5	501 (c) (c) (c) 15 16 17 18 7 is not	(3) ► □ % % % t
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6	is for the organiz stop here	ation's first, seconomics firs	nd, third, fourth, ne 13, column (f)) 7g e ed by line 13, colu ine 27h line 14, and line 15 n qualifies as a pu x on line 14 or 19	or fifth tax year a	as a section 5	501 (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	3)

Schedule A	(Form 990 or 990-EZ) 2008	Quechua Benefit			31-1682324	Page 4
Part IV	Supplemental Informat Part II, line 17a or 17b;	ion. Complete this part	to provide the	explanation requ	ired by Part II, line	10;
	Part II, line 17a or 17b,	or Fart III, IIIIe 12. FTC	orde any other a	additional inform	ation. (See Instruction	7113)
						
			- 			
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	<i> </i>					

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ and 990-PF ► See separate instructions. OMB No. 1545-0047

2008

Name of the organization		Employer identification number
Quechua Benefit		31-1682324
Organization type (check one):		
Filers of: Form 990 or 990-EZ	Section: \overline{X} 501(c)(3) (enter number) organiza	ation
70,111, 222, 21, 222, 22	4947(a)(1) nonexempt charitable trust n 527 political organization	
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust to 501(c)(3) taxable private foundation	treated as a private foundation
Check if your organization is covered by the boxes for both the General Rule and a	General Rule or a Special Rule. (Note: Only a section 501(o Special Rule. See instructions.)	c)(7), (8), or (10) organization can check
General Rule – X For organizations filing Form 990, 9 contributor. (Complete Parts I and	990-EZ, or 990-PF that received, during the year, \$5, II.)	,000 or more (in money or property) from any one
Special Rules —		
\square 500(a)(1)/170(b)(1)(\triangle)(vi) and received	n filing Form 990, or Form 990-EZ, that met the 33-1 from any one contributor, during the year, a contribution oe in or 2% of the amount on Form 990-EZ, line 1. Co	of the greater of (1) \$5.000 or (2) 2% of the
aggregate contributions or bequest purposes, or the prevention of crue	organization filing Form 990, or Form 990-EZ, that is of more than \$1,000 for use <i>exclusively</i> for religioually to children or animals. Complete Parts I, II, and I	us, charitable, scientific, literary, or educational III.
\$1,000. (If this box is checked, entetc, purpose. Do not complete any	organization filing Form 990, or Form 990-EZ, that vely for religious, charitable, etc, purposes, but these er here the total contributions that were received dur of the Parts unless the General Rule applies to this ons of \$5,000 or more during the year.)	e contributions did not aggregate to more than ring the year for an <i>exclusively</i> religious, charitable, organization because it received nonexclusively
QQQ_PE) but they must answer 'No' on	vered by the General Rule and/or the Special Rules of Part IV, line 2 of their Form 990, or check the box in do not meet the filing requirements of Schedule B (F	n the heading of their Form 990-EZ, or on line 2 of
BAA For Privacy Act and Paperwork for Form 990. These instructions will I	Reduction Act Notice, see the Instructions oe issued separately.	Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Schedule Name of org	B (Form 990, 990-EZ, or 990-PF) (2008)	Page 1	of 1 of Part I
-	an Benefit	1	682324
Part I		<u>-</u>	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	The Hewlett Foundation		Person X Payroll
	2121 Sand Hill Road Menlo Park, CA 94025	\$ <u>8,000</u> .	Noncash _ (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Kentucky Alpaca Association		Person X Payroll
	660 Elkin Station Rd Winchester, KY 40391	\$ <u>7,806.</u> _	Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Fidelity Charitable Gift Fund PO Box 55158	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Amy & Arlin McCroskie 2252 Country Rd 3124 Greenville, TX 75402	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Silver Penn Sales LLC 1843 E Finley Dr Claysville, PA 15323	\$12,900.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2008)

Part II Noncash Property (see instructions.) (c) FMV (or estimate) (see instructions) (d) Date received (b)
Description of noncash property given (a) No. from Part I N/A (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from Part I (c) FMV (or estimate) (see instructions) (d) Date received (b) (a) No. from Description of noncash property given Part I (d) Date received (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (a) No. from Part I (d) Date received (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (a) No. from Part I (d) Date received (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (a) No. from Part I

Part III	Exclusively religious, charitable, e organizations aggregating more th	tc, individual contribution an \$1,000 for the year.(Co	ns to section	on 501(c)(7), (8), or (10) (a) through (e) and the following	g line entry.)	
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	total of <i>exclusively</i> religious, ch (Enter this information once –	naritable, etc, see instructio	ons.) ►\$	N/A	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	s held	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transf	eree	
(a)	(b)	(c)	· · · · · · · · · · · · · · · · · · ·	(d)	in bold	
No. from Part I	Purpose of gift	Use of gift		Description of how gift	is neid	
		(e) Transfer of gift				
	Transferee's name, addres		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, addres	ss, and ZIP + 4	Кега	tionship of transferor to transf	eree	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held	
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Employer Identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Name of the organization 31-1682324 Ouechua Benefit Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate contributions to (during year).... Aggregate grants from (during year)..... Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?.... Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit??..... Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a a Total number of conservation easements..... **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a)..... 2 c d Number of conservation easements included in (c) acquired after 8/17/06..... 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable vear > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds?..... Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ►\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?..... In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2008

b Assets included in Form 990, Part X......

Schedule D (Form 990) 2008 Quech	ua senerit		1 17	O.I	21-100			Page Z
Part III Organizations Maintai								
3 Using the organization's accession that apply):	n and other records				use of its colle	ection ite	ems (ch	eck all
a Public exhibition		d Loan o	r exchange programs	s				
b Scholarly research		e 🔛 Other						
c Preservation for future genera								
4 Provide a description of the organ Part XIV.						e in		
5 During the year, did the organizati assets to be sold to raise funds ra	ither <u>than to be ma</u>	<u>intained as part o</u>	f the organization's o	collection?.		Yes		No
Part IV Trust, Escrow and Cus IV, line 9, or reported a	stodial Arrange an amount on F	ments Comple orm 990, Part	ete if organization X, line 21.	answere	ed 'Yes' to F	orm 9	90, Pa	art
1a Is the organization an agent, trust included on Form 990, Part X?				other assets	s not [Yes		No
b If 'Yes,' explain the arrangement i	in Part XIV and cor	nplete the followir	ng table:	Γ				
						Amount	•	
c Beginning balance					 			
d Additions during the year								
e Distributions during the year								
f Ending balance					·			
2a Did the organization include an ar		, Part X, line 21?				Yes	L	No
b If 'Yes,' explain the arrangement		1.	-I DVI t- F	000 Deut	1) / 1:== 10			
Part V Endowment Funds Con						(-)		
	(a) Current year	(b) Prior year	(c) Two years b	ack (a)	Three years back	(e) i	our years	3 Dack
1a Beginning of year balance			niciale discussion energy in Notation increase property in the con-		Mary Art 1 See Agree 15	46 (February		elle i Rigiri
b Contributions					Per contract of the second			esteratorios. Nacido entro
c Investment earnings or losses				autorios datas da Estadas databas				
d Grants or scholarships			200			100000		
e Other expenditures for facilities and programs				anan para			1806	
f Administrative expenses		75.456.60				Parasani Markanan	MATERIAL STREET	
g End of year balance		2.0200.00000000000000000000000000000000		CONTROL CONTROL				33(3)(4)(6)
2 Provide the estimated percentage								
a Board designated or quasi-endow								
b Permanent endowment ►								
c Term endowment ►	8							
3a Are there endowment funds not in organization by:	n the possession of	the organization	that are held and ad	ministered	for the		Yes	No
(i) unrelated organizations						3a(i)		
(ii). related organizations						3a(ii)		
b If 'Yes' to 3a(ii), are the related o	rganizations listed	as required on Sc	hedule R?			3b		
4 Describe in Part XIV the intended								
Part VI Investments—Land, Bu	uildings, and Ed	quipment. See	Form 990, Part	<u>X, line 10</u>	0.			
Description of investment		st or other basis nvestment)	(b) Cost or other basis (other)		epreciation	(d) E	Book Va	alue
1 a Land				M Tay State				
b Buildings								
c Leasehold improvements					,			
d Equipment		16,250.					16,	,250.
e Other								
Total. Add lines 1a-1e (Column (d) sho	ould equal Form 990), Part X, column	(B), line 10(c).)					<u>,250.</u>
RΛΛ					Sched	uie D /F	orm 90	8002 (0

Part VII Investments—Other Securities See Fo	orm 990, Part X, li	ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	ation orket value
Financial derivatives and other financial products		Cost of end-of-year ma	irket value
Closely-held equity interests			
Other			
Otto:			
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.)	Tarmi OOO Dart V	SECTION AND DESCRIPTION OF THE PROPERTY OF THE	
Part VIII Investments—Program Related (See	(b) Book value	(c) Method of value	ation
(a) Description of investment type	(b) Book value	Cost or end-of-year ma	arket value
			· · · · · · · · · · · · · · · · · · ·
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13.)			
Part IX Other Assets (See Form 990, Part X,	line 15) N/		THE RESIDENCE OF THE PARTY OF T
	escription		(b) Book value
	<u>.</u>		-
	-1 (D) 1: 15)		
Total. Column (b) Total (should equal Form 990, Part X, co Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount		
Federal Income Taxes	(b) Amount		
Credit Cards	1.	LO2.	
Oldare darab			
		100	
Total Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	▶ 1.1	102.	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sche	dule D (Form 990) 2008 Quechua Benefit		31-1682324	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to F	inancial Statements	N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
,	Other (Describe in Part XIV).			
٥	Total adjustments (net). Add lines 4-8			
9	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9.			
10	TXII Reconciliation of Revenue per Audited Financial Statement	c With Devenue per	Peturn M/A	
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	. 1		
	Net unrealized gains on investments			
-	Donated services and use of facilities			
	Recoveries of prior year grants			
(Other (Describe in Part XIV)	2 d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)			
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			_
	t XIII Reconciliation of Expenses per Audited Financial Stateme			<u> </u>
	Total expenses and losses per audited financial statements			
_	Amounts included on line 1 but not on Form 990, Part IX, line 25:			· · · · · · · · · · · · · · · · · · ·
2		3-1		
	Donated services and use of facilities			
	Prior year adjustments			
	: Losses reported on Form 990, Part IX, line 25			
	Other (Describe in Part XIV)			
•	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b			
1	Other (Describe in Part XIV)	4b		
	: Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5	
	t XIV Supplemental Information			
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	rt III, lines 1a and 4; Par	t IV, lines 1b and 2	2b; Part V,
IIIIC	+, raite, raite, into o, raite, into be and is, and raite, and into be and is.			

31-1682324

Page 4

Page 5	(Form 990) 2008 Supplemental Information (continued)	Schedule D (Form 990
	Supplemental Information (continued)	Part XIV Supple
		
		
		

2008	Schedule D, Part XIV - Supplemental Information							
Client 2	Quechua Benefit							
11/13/09		10:42AM						
	: XI, Line 8 n Net Assets Or Fund Balances							
Rounding	\$ Total \$	2.						
		,						

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

31-1682324 Ouechua Benefit Part | General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?... X Yes No 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (f) Total expenditures in (e) If activity listed in (a) Region (b) Number of (c) Number of (d) Activities conducted in offices in the èmployees or region (by type) (i.e., (d) is a program fundraising, program rvices, grants to recipients region agents in service, describe region region specific type of located in the region) service(s) in region 38,805. 0 Free dental work. Peru

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) (2008)

38,805.

31-1682324

Page 2

Quechua Benefit Schedule F (Form 990) 2008

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Schedule F-1 (Form 990) if additional space is needed.

						!										2	0	90) 2008
																		F (Form 9
					·											1 501(c)(3)	A	Schedule F (Form 990) 2008
a	t of cash															s provided a section		
build orphanag	Direct paymen															tee or counsel has		
dental work,	64,450.															or which the gran		
Provide free																reign country or 1		
Peru			·													charities by the fo		
																at are recognized as	ons or entities	
																2 Enter total number of organizations the		۔ ا
	Peru	Peru Provide free dental work, build orphanage.	Peru Provide free dental work, build orphanage. 64,450. Direct payment	Peru Provide free dental work, build orphanage. 64,450. Direct payment	Peru Provide free dental work, build orphanage. 64,450. Direct payment	Peru Provide free dental work, build orphanage. 64,450. Direct payment	Peru Provide free dental work, build orphanage. 64,450. Direct payment	Peru Provide free dental work, build orphanage.	Peru Provide free dental work, build orphanage.	Peru Provide free dental work, puild orphanage. 64,450. Direct payment	Peru Provide free dental work, build orphanage.	Peru Provide free dental work, pulld orphanage. 64,450. Direct payment	Peru Provide free dental work, build orphanage.	Peru Provide free dental work, build orphanage.	Peru Provide free dental work, build orphanage 64,450. Direct payment	Provide free dental work, build orphanage 64,450. Direct payment	Provide free dental work, multid orphanage. 64,450, Direct payment of cash 64,450, Direct payment of cash	Peru Provide free dental work, build orphanage. 64,450 Direct payment of cash 64,450 Direct

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31-1682324

Schedule F (Form 990) 2008 Quechua Benefit

Part III. Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2008 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

Schedule F	(Form 990) 2008	Quechua Benefit				31-1682324	Page 4
Part IV	Supplemental	Information					
	Complete this par	t to provide the information	n required in Part I	, line 2, and any	other additional in	nformation.	
	•						
_ _							
 -							
_ -							
 _							
- -							
							
			•				
	 						
_ 							

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

lame of the organization Employer identification number							
Quechua Benefit						31-168232	
Part I Fundraising Activities.	Complete if	the orga	nization	answered 'Yes' to	Form 9	990, Part IV,	line 17.
1 Indicate whether the organization Mail solicitations	raised funds th	rough any	of the foll	owing activities. Check Solicitation of non-	all that a governm	apply. ent grants	
Email solicitations				Solicitation of gove		grants	
Phone solicitations				X Special fundraising	, events		
In-person solicitations							
2a Did the organization have written employees listed in Form 990, Pa	rt VII) or entity	in connect	ion with p	rofessional fundraising	services	<i> </i>	Tes ANO
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by t	he organization.	. Form 990	EZ filers	are not required to com	iplete thi	s table.	isel is to be
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did	fundraiser ly or control ibutions?	(iv) Gross receipts	(v) Am (or re fundra	nount paid to etained by) iser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			,	
				·			
Total			►				0.
3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.							
		_					
						-	

Par	ŧ II	Fundraising Events. Complete if reported more than \$15,000 on Fo	the organization a orm 990-EZ, line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, li gross receipts grea	ne 18, or ater than \$5,000.
			(a) Event #1 Auction (event type)	(b) Event #2	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
псzт<пъ	1	Gross receipts	55,294.			55,294.
E	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	55,294.			55,294.
	4	Cash prizes				
D-RECT	5	Non-cash prizes				
	6	Rent/facility costs				
ммохмтхя	7	Other direct expenses	23,395.			23,395.
S S	8	Direct expense summary. Add lines 4- th				
Par	e t III	Net income summary. Combine lines 3 and Gaming. Complete if the organization	ation answered 'Ye			
_		\$15,000 on Form 990-EZ, line 6a	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
KENENDE			(a) Billigo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
E N	1	Gross revenue				
	2	Cash prizes			•	
DIRECT S	3	Non-cash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes%	Yes%	and the state of t
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Combine I	ines 1 and 7 in column	(d)		VEC NO
		er the state(s) in which the organization op ne organization licensed to operate gaming				YES NO 9a
		lo,' Explain:				
		re any of the organization's gaming license 'es,' Explain:	s revoked, suspended	or terminated during the	e tax year?	10a
11	 Doe	s the organization operate gaming activities				11
12	ls thadm	ne organization a grantor, beneficiary or truninister charitable gaming?	ustee of a trust or a me	ember of a partnership o	or other entity formed to	o 12

Schedule G (Form 990 or 990-EZ) 2008 Quechua Benefit	31-1682324		Page 3
		YES	NO
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a %		
b An outside facility	13b 왕		100
14 Provide the name and address of the person who prepares the organization's gaming/special even	ents books and records:		
Name: ►			
Address: ►			
15a Does the organization have a contact with a third party from whom the organization receives gam		a Barlassas	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$	and the amount		
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address:			
Name: ►			
			= -
Address:			
16 Couries manager information			
16 · Gaming manager information			
Name: ►			
Name: -			
Gaming manager compensation ► \$			le di
daming manager compensation 4	<u>.</u> Δ		1996
Description of services provided: >			
Director/officer Employee Independent contractor			lna
		1000	
17 Mandatory distributions	100		
a Is the organization required under state law to make charitable distributions from the gaming pro	ceeds to retain the		
state gaming license?		7 a	
b Enter the amount of distributions required under state law distributed to other exempt organization	ons or spent in the		
organization's own exempt activities during the tax year: ►\$	41944 25180 25180		

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Transactions with Interested Persons**

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

2008

Open to Public Inspection

Schedule L (Form 990 or 990-EZ) 2008

Name of the organization					I '	ployer ic			mber		
Quechua Benefit				·	' <u></u>	-168					
Part I Excess Benefit Transactions To be completed by organizations tha	(sect	ion 501 ered 'Yes	(c)(3) and section on Form 990, Part IV,	501(c)(line 25a o	4) organiza r 25b, or Forn	itions 1 990-l	only Z, Pai	'). rt V, li	ne 40	b	
1 (a) Name of disqualified person			,	'h) Descrintio	n of transaction					(c) Corr	rected?
1 (a) Name of disqualified person			· · · · · · · · · · · · · · · · · · ·	Description	TO TURBUCION					Yes	No
2 Enter the amount of tax imposed on the or section 4958					• • • • • • • • • • • •		►s.				
3 Enter the amount of tax, if any, on line 2,							► \$				
Part II Loans to and/or From Interest To be completed by organiza Part V, line 38a.	sted P tions t	ersons that an	s. swered 'Yes' on Fo	rm 990,	Part IV, li	ne 26	or F	orm	990-	EZ,	
(a) Name of interested person and purpose	(b) Loan the orga	to or from inization?	(c) Original principal amount	(d) B	alance due	(e) in d	lefault?	(f) App by boa comm	oroved ard or ittee?	(g) W agree	ritten ment?
	То	From				Yes	No	Yes	No	Yes	No
Dr. Willy - General Purpose	X		6,000.		1,200.		X	Х			X
			,								
Total			>		1,200.	(1) (1) (i)			i inig		
Part III Grants or Assistance Benefit To be completed by organiza	tting I	nterest	ed Persons.	rm 990,	Part IV, li	ne 27	· .				
(a) Name of interested person			ship between interested person the organization		<u> </u>	nount of		type of	assista	ince	
							·				
Par station a revel		_									
Part IV Business Transactions Invol	ving I tions t	nterest that an	ted Persons. swered 'Yes' on Fo	rm 990,	Part IV, li	ne 28	3a, 28	Bb, o	r 28c	: .	
(a) Name of interested person	(b) Re intere	elationship sted persor organizatio	between (c) Amoui	nt of on \$	(d) Des	cription o	of transa	ction		(e) Sha organiz rever	aring of zation's
						_				Yes	No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

2008

OMB No. 1545-0047

Open to Public Inspection

(F) Direct controlling entity **(F)** Direct controlling entity N/A Employer identification number 31-1682324 (E)
Public charity status (if section 501(c)(3)) (E) End-of-year assets Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions. **(D)** Exempt Code section **(D)** Total income (C) Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) Peru and is building dental services Provides free BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity (B) Primary activity orphanage, Part II Identification of Related Tax-Exempt Organizations (A) Name, address, and EIN of related organization (A) (A) Name, address, and EIN of disregarded entity Part | Identification of Disregarded Entities <u>Quechua Benefit Peru</u> Quechua Benefit Name of the organization Peru

Schedule R (Form 990) (2008)

TEEA5001L 12/23/08

	ion of Related Organizations Taxable as a Partnership
Benefit	Organizations
Quechua 1	of Related
Schedule R (Form 990) 2008	Part III Identification

il or ing er?		
Gene man part	 	
Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)		
(H) Disproportionate allocations?		
Share of total income Share of end-of-year assets		
(E) Predominant income (related, investment, unrelated)		
(D) Direct controlling entity		
(C) Legal domicile (state or foreign		
Primary Activity Commicile controlling entity (state or foreign country)		
(A) Name, address, and EIN of related organization		

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(Α) Name, address, and EIN of related organization	(B) Primary Activity	Legal domicile (state or foreign concountry)	(D) Direct trolling entity	(E) Type of entity (C corp, S corp, or trust)	Legal domicile Direct Type of entity (C corp., S corp.) Share of total income sseets ownership outputy) (G) (H) (H) (H) (H) (C corp., S corp.)	(G) Share of end-of-year assets	(H) Percentage ownership
		_					
		· .					
ВАА		TEEA5002L 12/23/08				Schedule R (Form 990) (2008)	990) (2008)

Page 3

Part V Transactions With Related Organizations

			L
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes	S No
ď		-	×
a Receipt of (1) interest (11) annunes (11) royalities (11) form a controlled entity		4	4
b Gift, grant, or capital contribution to other organization(s).		1 b ×	
		10	×
I note to the set of the after a set of the		7,	Þ
d Loans or loan guarantees to or for other organization(s)		B -	4
e Loans or loan guarantees by other organization(s)		1e	×
f Sala of assets to other ormanization(s)		1 +	×
			>
g Furchase of assets from other organization(s)			∢ :
h Exchange of assets.		1h	×
i Lease of facilities, equipment, or other assets to other organization(s)		: :	×
j Lease of facilities, equipment, or other assets from other organization(s)			×
k Performance of services or membership or fundraising solicitations for other organization(s)		- - -	×
I Performance of services or membership or fundraising solicitations by other organization(s)		=	×
m Sharing of facilities, equipment, mailing lists, or other assets		- E	×
n Sharing of paid employees.		- T	×
o Reimbursement paid to other organization for expenses.	•	10	×
p Reimbursement paid by other organization for expenses.		1 1	×
a Other transfer of cash or property to other organization(s).		10	×
r Other transfer of cash or properly from other organization(s)		- 1	×
2 If the answer to any of the above is 'Yes.' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	and transaction thresh	Ι.	
ı		0000	
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	olved
(1) Quechua Benefit Peru	q	64	,450.
(2)			ļ
(3)			
		Ē	!
(4)			
(5)			
(9)			
BAA TEEA5003L 07/02/08	Schedule	Schedule R (Form 990) (2008)	(2008)

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount in Box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	al or ging er?
	,		Yes No		Yes No		Yes	<u>و</u>
			.,,					
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						*		
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ВАД		TEE A500/1 01/01/00				Schedule B (Form 990) (2008)	060 4	300%
		FEAGOOAL CITAINS					(22)	,

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

	Employer identification number
Quechua Benefit	31-1682324
Form 990, Part VI, Line 10 - Form 990 Review Process	
Reviewed by organization's principal officer.	
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2008

Federal Supplemental Information

Page 1

Client 2

Quechua Benefit

31-1682324

11/13/09

10:42AM

Description of Relationship with Quechua Benefit Peru

Quechua Benefit Peru is a charitable organization formed under the laws of Peru for the purpose of receiving donations from Quechua Benefit (US) and expending those donations for the charitable purposes adopted by Quechua Benefit (US). The organizations share certain Directors. Two (2) of the three directors of Quechua Benefit Peru are also directors of Quechua Benefit (US).