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Form	<b>330</b>

## \*\* PUBLIC DISCLOSURE COPY \*\*

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

ΑF	or th	e 2015 calendar year, or tax year beginning and	ending			
	Check if pplicab			D Employer identific	cation number	
	Addre	Se QUECHUA BENEFIT				
	Name			31-1	682324	
	Initial		E Telephone number			
	Final	PO BOX 69037			703-6020	
	termi ated	n- City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	668,197.	
	Amer returr			H(a) Is this a group re	turn	
	Appli tion	F Name and address of principal officer: WILLIAM DERAMER		for subordinates	? Yes X No	
	pend	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
		eempt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1)	or 🗌 527	lf "No," attach a	list. (see instructions)	
<u>ا ا</u>	Nebs	te: ► WWW.QUECHUABENEFIT.ORG		H(c) Group exemption		
		f organization: 🚺 Corporation 🔄 Trust 🦳 Association 📄 Other 🕨	L Year of	of formation: 1998 N	I State of legal domicile: OR	
Pa	art I	Summary				
•	1	Briefly describe the organization's mission or most significant activities: <b>FINA</b>	NCES A	ND OPERATES	SOCIAL	
ő		SERVICE PROGRAMS IN THE HIGHLANDS REGION	OF PER	.U.		
Governance	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass		
o ve	3	Number of voting members of the governing body (Part VI, line 1a)			9	
	4	Number of independent voting members of the governing body (Part VI, line 1b)			9	
ŝ	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			2	
, tți	6	Total number of volunteers (estimate if necessary)	6	0		
Activities &	7 a Total unrelated business revenue from Part VIII, column (C), line 12				0.	
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
				Prior Year	Current Year	
Ð	8	Contributions and grants (Part VIII, line 1h)		263,385.	494,418.	
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		39.	60.	
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		83,876.	74,285.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		347,300.	568,763.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>171,425.</u> 0.	363,166.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	3,111.	
sus(	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)		1.60.005	100.050	
ш	"	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		168,035.	128,052.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		339,460.	494,329.	
	19	Revenue less expenses. Subtract line 18 from line 12		7,840.	74,434.	
S OL			Be	ginning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		108,204.	187,428.	
it As	21	Total liabilities (Part X, line 26)		732.	5,522.	
ER.	22	Net assets or fund balances. Subtract line 21 from line 20		107,472.	181,906.	
	art II	Signature Block				
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	nts, and to the best of my	knowledge and belief, it is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer WILLIAM BERANEK, TREASU Type or print name and title	JRER		Date				
Paid	Print/Type preparer's name SANG AHN	Preparer's signature	Date	Check PTIN if self-employed P00540880				
Preparer	Firm's name <b>MCDONALD JACOBS</b> ,	P.C.		Firm's EIN <b>93-0900579</b>				
Use Only	Firm's address 520 SW YAMHILL S'	r., ste 500						
	PORTLAND, OR 97204 Phone no. (503) 227-0							
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)							
532001 12-1	33200112-16-15LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2015)							

1	Check if Schedule O contains a				
1		response or note to any line in this Part III			X
	Briefly describe the organization's mis				
		ES SOCIAL SERVICE PROG	RAMS IN THE HIGH	LANDS REGION	1
	OF PERU.				
2	Did the exercitation undertake any si	gnificant program services during the year w	high ware not listed on		
2		grinicant program services during the year w		Yes	XNo
	If "Yes," describe these new services				
3		g, or make significant changes in how it con	ducts, any program services?	Yes	XNo
	If "Yes," describe these changes on S				
4		service accomplishments for each of its three			
		zations are required to report the amount of	grants and allocations to others	, the total expenses, an	d
4 -	revenue, if any, for each program serv		363 166 16		
4a	(Code:) (Expenses \$	VIDED DIRECT FINANCIAL			)
		EDUCATION AND DISASTER			
		D HIGHLAND REGION OF P			
		CHUA BENEFIT PERU, IT'			
	ESTABLISHED AS A PE	-			
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue	•\$	
4-			\		
4c	(Code:) (Expenses \$	including grants of \$	) (Revenu	۶ ۹ ۴	
4c	(Code:) (Expenses \$	including grants of \$	) (Revenu	e\$	
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenu	≥\$	
4c	(Code:) (Expenses \$	including grants of \$	) (Revenu	s\$	
4c	(Code:) (Expenses \$	including grants of \$	) (Revenu	e\$	
4c	(Code:) (Expenses \$	including grants of \$	) (Revenu	e \$	
4c	(Code:) (Expenses \$	including grants of \$	) (Revenu	5 \$	
	(Code:) (Expenses \$	including grants of \$	) (Revenu	≥\$	
4c	(Code:) (Expenses \$	including grants of \$	) (Revenu	\$ 	
4c	(Code:) (Expenses \$	including grants of \$	) (Revenu	\$\$	
4c	(Code:) (Expenses \$	including grants of \$	) (Revenu	2 \$	
4c	(Code:) (Expenses \$	including grants of \$	) (Revenu	• \$	
			) (Revenu	Ð \$	
	Other program services (Describe in S	Schedule O.)		\$ \$	
4d	Other program services (Describe in S (Expenses \$	Schedule O.)	) (Revenu	2 \$	
	Other program services (Describe in S	Schedule O.)		)	20 (2015
<b>4d</b> <b>4e</b> 32002	Other program services (Describe in S (Expenses \$ Total program service expenses >	Schedule O.) including grants of \$ 443,717.	) (Revenue \$	) 	
4d 4e	Other program services (Describe in S (Expenses \$ Total program service expenses >	Schedule O.)	) (Revenue \$	) 	

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 Form 990 (2015)
 QUECHUA BENEFIT

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	44	х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Δ	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-	х	
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	Λ	
16		10		x
17	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10		18	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."	10	- 23	
15	complete Schedule G Part III	19		x

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 Form 990 (2015)
 QUECHUA BENEFIT

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"	26		x
27	<i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	L
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		┣──
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2015)

Form	<u>990 (</u> 2015) QUECHUA BENEFIT 31-1682	324	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	_	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
u	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans			
~	organization is licensed to issue qualified health plans       13b         Enter the amount of reserves on hand       13c			
		14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		<u> </u>
			000	

Par	990 (2015)       QUECHUA       BENEFIT       31-1682         t VI       Governance, Management, and Disclosure       For each "Yes" response to lines 2 through 7b below, and for a		espons	age se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	)		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b>	)		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		
7a		7-		x
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
	The governing body?	<u>8a</u>	Х	
	Each committee with authority to act on behalf of the governing body?	<u>8b</u>		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Seci	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure	1.00		1
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ OR			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	available	2	
	for public inspection. Indicate how you made these available. Check all that apply.			
	LX       Own website       Another's website       X       Upon request       Other (explain in Schedule O)         Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	1 finana	ial	
10		a milanc	a	
19	statements available to the public during the tax year.			
19	State the name address and telephone number of the nervon site second the superiority's hould be the second telephone in the second			
	State the name, address, and telephone number of the person who possesses the organization's books and records: $\blacktriangleright$			
	STEVE JOHNSON - 503-628-3110			
20	STEVE JOHNSON - 503-628-3110           11785 SW RIVER RD,, HILLSBORO, OR 97123	Earc	900	(204
20	STEVE JOHNSON - 503-628-3110	Form	<b>990</b>	(201

Form 990 (2015	) QUECHUA BENEFIT	31-1682324 F	⊳ <sub>age</sub> 7			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated						
Employees, and Independent Contractors						
Che	eck if Schedule O contains a response or note	o any line in this Part VII				
Section A. Of	ficers, Directors, Trustees, Key Employees,	and Highest Compensated Employees				

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)	Desition						(D)	(E)	(F)
Name and Title	Average hours per	box	not c , unle	heck ss pei	more rson i	l than o s both r/trus	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DARYL GOHL	15.00									0
PRESIDENT (2) DWIGHT BAILEY	2 00	Х		X		<u> </u>		0.	0.	0.
DIRECTOR, MEDICAL DIRECTOR	3.00	x						0.	0.	0.
(3) CHAD COLTON	3.00	^	-			-		U •	0.	0.
DIRECTOR	5.00	x						0.	0.	0.
(4) WILLIAM BERANEK	3.00									
TREASURER		х		x				0.	0.	0.
(5) MICHAEL SAFLEY	30.00									
SECRETARY		Х		Х				0.	0.	0.
(6) RHONDA DESCHNER	3.00									
DIRECTOR		Х						0.	0.	0.
(7) CHUCK GULOTTA	3.00									
DIRECTOR		х						0.	0.	0.
(8) URSULA MUNRO	3.00									•
DIRECTOR		Х						0.	0.	0.
		-								
					<u> </u>					
			-		-	-				
		-								
		1								
532007 12-16-15	1					1	I	1	I	Form <b>990</b> (2015)

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532007 12-16-15

	990 (2015) QUECHUA E									31-16	823	324	Pa	age <b>8</b>
Fai	t VII Section A. Officers, Directors, Trust (A) Name and title	<b>(B)</b> Average hours per week	(B) (C) Average Position (do not check more than one box, unless person is both an			ompensated Employees         (continued)           (D)         (E)           Reportable         Reportable           compensation         compensation           from         from related								
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	I	com fr org and	pensa om the anizati d relate	e ion ed
											-			
											-			
											_			
											_			
1b	Sub-total								0.		0.			0.
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A		· · · · · · ·		· · · · · · ·			0.0.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>	uch individual			· ·····				· · ·			3		x
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual	-		4		X
Sec	rendered to the organization? <i>If</i> "Yes." com tion B. Independent Contractors	plete Schedule	e J fo	or sı	ich r	oers	on .				<u></u>	5		Х
1	Complete this table for your five highest con the organization. Report compensation for t									, ,	ensat	ion fro	m	
	(A) Name and business	address	NC	ONE	3			_	(B) Description of s	ervices	C/	(C ompe	<b>C)</b> nsatior	n
								_						
2	Total number of independent contractors (ir	•	ot lin	niteo	d to f	thos		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz						,					Form	<b>990</b> (2	2015)

	Check if Schedule O cont	ains a respon	se or note to any lin	e in this Part VIII			
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
2 1 a	Federated campaigns	1a					
b							
c	Fundraising events	1c					
d d							
e							
ρ f	All other contributions, gifts, gran	ts, and					
	similar amounts not included abo		494,418.				
g	Noncash contributions included in lines		1 - 0 0 0				
a 1 a b c d e f g h	Total. Add lines 1a-1f	<u></u>		494,418.			
			Business Code				
2 a			_				
b			_				
c							
d							
2 a b c d e f							
f	All other program service reve	nue					
g	Total. Add lines 2a-2f						
3	Investment income (including	dividends, int	terest, and				
	other similar amounts)		►	60.			60
4	Income from investment of tax	<pre>k-exempt bon</pre>	d proceeds				
5	Royalties						
		(i) Real	(ii) Personal				
6 a	Gross rents						
b	Less: rental expenses						
с							
d							
7 a	Gross amount from sales of	(i) Securitie					
	assets other than inventory						
b	Less: cost or other basis						
	and sales expenses						
с	<b>—</b>						
	Net gain or (loss)						
8 9	Gross income from fundraising						
	including \$						
	contributions reported on line						
	Part IV, line 18	-	a 48,671.				
b	Less: direct expenses						
	Net income or (loss) from func			-8,206.			-8,206
	Gross income from gaming ac	-	J	0,2001			0,200
5 a	Part IV, line 19		3				
h	Less: direct expenses						
	Net income or (loss) from gam						
	Gross sales of inventory, less	-					
10 a			a125,048.				
L .	and allowances						
	Less: cost of goods sold			82,491.	82,491.		
	Net income or (loss) from sale Miscellaneous Revenu		Business Code	04,491.	04,4910		
11 a			Dusiness Code				
b			-				
			-				
C d							
d							
	Total. Add lines 11a-11d			568,763.	82,491.	0	8,146
12	Total revenue. See instructions.		🕨	JUU,/UJ.	04,491•	U	•

Form 990 (2015)

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Doı	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	262 166			
	individuals. See Part IV, lines 15 and 16	363,166.	363,166.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	2,869.		2,869.	
7	Other salaries and wages	2,009.		4,009.	
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits	242.		242.	
10 11	Payroll taxes	474•		474•	
a b	Management	744.		744.	
c	Legal Accounting	2,093.		2,093.	
d	Lobbying	2,0000		2,0500	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
, g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	25,846.	25,846.		
12	Advertising and promotion	15,360.		11,672.	3,688.
13	Office expenses	1,330.		1,330.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	13,774.		13,003.	771.
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. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.)	25,055.	25,055.		
a b	EDUCATION WITH A DESTIN	21,927.	21,927.		
c c	CREDIT CARD MERCHANT FE	3,910.	2,642.	555.	713.
d	PAYPAL FEES	3,520.	800.	2,720.	
	All other expenses	14,493.	4,281.	9,112.	1,100.
25	Total functional expenses. Add lines 1 through 24e	494,329.	443,717.	44,340.	6,272.
26	Joint costs. Complete this line only if the organization				. –
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

532010 12-16-15

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Form **990** (2015)

Form 990 (2015)
Part X Balance Sheet

Fail		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	16,289.	1	133,814.
	2	Savings and temporary cash investments	75,346.	2	53,614.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,479.	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ŝ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Š	8	Inventories for sale or use	6,074.	8	
	9	Prepaid expenses and deferred charges		9	
-	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
-	11	Investments - publicly traded securities		11	
-	12	Investments - other securities. See Part IV, line 11		12	
-	13	Investments - program-related. See Part IV, line 11		13	
-	14	Intangible assets		14	
-	15	Other assets. See Part IV, line 11	9,016.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	108,204.	16	187,428.
-	17	Accounts payable and accrued expenses		17	830.
	18	Grants payable		18	
	19	Deferred revenue		19	
2	20	Tax-exempt bond liabilities		20	
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s a	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iabi		Complete Part II of Schedule L		22	
2	23	Secured mortgages and notes payable to unrelated third parties		23	
2	24	Unsecured notes and loans payable to unrelated third parties		24	
2	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	=		
		Schedule D	732.	25	4,692. 5,522.
2	26	Total liabilities. Add lines 17 through 25	732.	26	5,522.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ and			
es		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets		27	
3ala	28	Temporarily restricted net assets		28	
E A	29	Permanently restricted net assets		29	
E.		Organizations that do not follow SFAS 117 (ASC 958), check here $\blacktriangleright X$			
P N		and complete lines 30 through 34.	^		^
ets	30	Capital stock or trust principal, or current funds	0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
e	32	Retained earnings, endowment, accumulated income, or other funds	107,472.	32	181,906.
	33	Total net assets or fund balances	107,472.	33	181,906.
3	34	Total liabilities and net assets/fund balances	108,204.	34	<u>187,428.</u>

Form 990 (2015)

Form	1990 (2015) QUECHUA BENEFIT	31-168	2324	Pag	<sub>je</sub> 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	568			
2	Total expenses (must equal Part IX, column (A), line 25)	2	494			
3	Revenue less expenses. Subtract line 2 from line 1	3			34.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	107	,47	72.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	181	,90	<u> </u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			 • T	<u> </u>	
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Cash Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. <b>2</b> a	_	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
_	Separate basis Consolidated basis Both consolidated and separate basis				37	
b	Were the organization's financial statements audited by an independent accountant?		2b	_	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	c If "Yes" to line 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?		2c	_		
•	If the organization changed either its oversight process or selection process during the tax year, explain in Sche					
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•			Х	
	Act and OMB Circular A-133?		<u>3a</u>		<u> </u>	
α	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		0			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u> </u>	<b>190</b> //	001E)	

Form **990** (2015)

(Form	990	or	990-	EZ
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Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

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

2015	
Open to Public	
Inspection	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

	Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/fo	rm990.	Inspection
		Employer	identification number
	QUECHUA BENEFIT		1-1682324
r F	Public Charity Status (All organizations must complete this part.) See instructions	S.	

Pa	art I	Reason for Public	Charity Status	(All organizations must c	omplete th	is part.) Se	e instructions.				
The	organ	ization is not a private found	lation because it is:	(For lines 1 through 11, c	heck only	one box.)					
1		A church, convention of ch	urches, or association	on of churches described	d in <b>sectio</b>	on 170(b)(1	l)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital or a cooperative					i).				
4	$\square$	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
-		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X	An organization that norma						oublic described in			
•		section 170(b)(1)(A)(vi). (C	-		ioni a gove						
8		A community trust describe			+ 11 )						
9		An organization that norma				contributio	ns membershin fees an	d aross receipts from			
5		activities related to its exen	•		-						
		income and unrelated busi						-			
		See section 509(a)(2). (Co				soos acqui	cd by the organization a				
10		An organization organized	• • • •	ively to test for public sa	foty Soo	soction 50	0(2)(4)				
11		An organization organized	-		•			nurneses of one or			
••		more publicly supported or	-	-	-						
			-								
		lines 11a through 11d that <b>Type I.</b> A supporting orga	• •			-	· · · ·	nivina			
c			• •	•		· ·					
		the supported organization			a majority d	or the direc	tors or trustees of the su	ipporting			
L		organization. You must o			1		d everesization(s) but best				
Ľ	<b>b</b>	<b>Type II.</b> A supporting org									
		control or management o			ame perso	ns that cor	ntroi or manage the supp	orted			
		organization(s). You mus	-		·			-1 <u>1</u> 14			
C		Type III functionally interpretent of the second						a with,			
		its supported organizatio									
C		Type III non-functionally									
		that is not functionally inf			•			reness			
	_	requirement (see instruct	-	-							
e	•	Check this box if the orga					Type I, Type II, Type III				
		functionally integrated, o									
		er the number of supported of									
		vide the following information (i) Name of supported	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the o	ragnization	(v) Amount of monetary	(vi) Amount of			
	,	organization		(described on lines 1-9	listed i	in vour	support (see	other support (see			
		0.94		above (see instructions))	governing		instructions)	instructions)			
					Yes	No					
					1						

 Total
 Image: Construction of the second second

Schedule A (Form 990 or 990-EZ) 2015

Form 990 or 990-EZ. 532021 09-23-15

### Schedule A (Form 990 or 990-EZ) 2015 QUECHUA BENEFIT

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

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

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	191,261.	361,388.	200,083.	349,937.	494,418.	1597087.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	191,261.	361,388.	200,083.	349,937.	494,418.	1597087.		
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,						110 010		
	column (f)						118,816.		
	Public support. Subtract line 5 from line 4.						1478271.		
	ction B. Total Support	1							
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
	Amounts from line 4	191,261.	361,388.	200,083.	349,937.	494,418.	1597087.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties	49 990	014	ГО	20		10 000		
	and income from similar sources	-47,772.	814.	50.	39.	60.	-46,809.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)						1550278.		
	Total support. Add lines 7 through 10		\				1550270.		
12	,	,	,						
13	First five years. If the Form 990 is for	-			-				
Se	organization, check this box and stor ction C. Computation of Publi	<u>ic Support Per</u>	centage						
				olump (f)		14	100.00 %		
	Public support percentage for 2015 (I Public support percentage from 2014		•			15	93.32 %		
	33 1/3% support test - 2015. If the								
106	stop here. The organization qualifies						N V		
ŀ	<b>33 1/3% support test - 2014.</b> If the o		J. J			or more, check th			
	and <b>stop here.</b> The organization qual								
17:	<b>. .</b>					and line 14 is 10%			
	17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
ŀ	<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
L.						-			
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization			•	, <b>c</b>				
				,,, e. II k		edule A (Form 990			

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### Schedule A (Form 990 or 990-EZ) 2015 QUECHUA BENEFIT

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

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(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	5 <b>(f)</b> Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
<b>4</b> Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		_		_	-	
Calendar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	5 <b>(f)</b> Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) org	ganization,
						<b>&gt;</b>
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2015 (I	ine 8, column (f) di	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2014					16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20	<b>)15</b> (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2015. If the						
more than 33 1/3%, check this box ar						▶∟
b 33 1/3% support tests - 2014. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/	3%, and
line 18 is not more than 33 1/3%, che						ation ►
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			▶∟
532023 09-23-15				Sch	edule A (Fori	m 990 or 990-EZ) 2015
		15	)			

1

2

Yes No

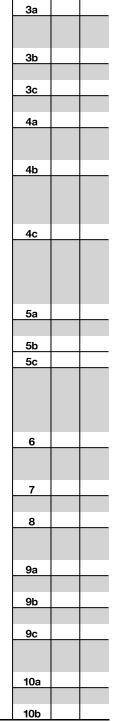
## Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2015

 Schedule A (Form 990 or 990 EZ) 2015
 QUECHUA
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 Part IV
 Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
<u> </u>	supported organizations played in this regard. Stion E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction and the second se	uctions).	Vee	Na
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	25		
a				
u	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b				
	of its supported organizations? If "Yes," describe in <i>Part VI the role played by the organization in this regard.</i>	3b		

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Schedule A (Form 990 or 990-EZ) 2015

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1	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	-		
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
-			· <del>-</del> · · · ·	<i>i</i>

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

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 QUECHUA BENEFIT

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

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Schedule A (	Form 990	) or 990-EZ	2015	QUECHUA	BENEFIT
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_	t V Type III Non-Functionally Integrated 509		nizations (continued)	
Secti	on D - Distributions		(0011111000)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	•		
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
с	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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## Schedule A (Form 990 or 990-EZ) 2015 QUECHUA BENEFIT

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part I Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional informat (See instructions.)	II, line 12; t IV, Section C, , line 1e; Part V, tion.
	Ostadula A /Farma	000 or 000 EZ 0045
532028 09-23-	-23-15 Schedule A (Form 20	990 or 990-EZ) 2015

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

## \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

2015

Employer identification number

31-1682324

organization type (oncon or					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious.

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name	of	organization

QUECHUA BENEFIT

Employer identification number

31-1682324

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$16,884.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$11,895.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$105,450.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>	-15	\$\$.000. \$\$Chedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)
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#### Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of o	rganization
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Employer identification number

QUECHUA BENEFIT

31-1682324

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$14,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll Occupied Payroll (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)

Page **3** 

Employer identification number

31-1682324

## QUECHUA BENEFIT

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u></u>	CA BREEDING		
		\$10,000.	01/24/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—   —		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

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Name of org	anization		Employer identification number
ிர்நல்	ιλ Βυνιούτω		31-1682324
Part III	JA BENEFIT <i>Exclusively</i> religious, charitable, etc., con	tributions to organizations described in	section 501(c)(7), (8), or (10) that total more than \$1,000 for
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	columns (a) through (e) and the follow	ing line entry. For organizations
<u></u>	Use duplicate copies of Part III if addition	nal space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(a) Transfer of sift	
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
F			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
ŀ		(e) Transfer of gift	
	Transferee's name, address, a	Ind ZIP + 4	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	
ŀ	Transferee's name, address, a	Ind ZIP + 4	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
Γ		(e) Transfer of gift	
ŀ	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
523454 10-26-	-15		Schedule B (Form 990, 990-EZ, or 990-PF) (2015

(Form 990) Information about Schedule D Form 990, and this restructions is at wow is avoidnamed. Description: The schedule D Form 990 and its instructions is at wow is avoidnamed. Description: The schedule D Form 990 and its instructions is at wow is avoidnamed. Description: The schedule D Form 990 and its instructions is at wow is avoidnamed. Description: The schedule D Form 990 and its instructions is at wow is avoidnamed. Description: The schedule D Form 990 and its instructions is at wow is avoidnamed. Description: The schedule D Form 990 and its instructions is at wow is avoidnamed. Description: The schedule D Form 990 and its instructions is at wow is avoidnamed. Description: The schedule D Form 990 and its instructions is at wow is avoidnamed. Description: The schedule D Form 990 and its instructions is at wow is avoidnamed and the schedule D Form 990. Part V, line 0. Intermeter and or year: (a) Appropriate value of anomatoms is (during year) (a) Appropriate value of anomatoms is (during year) (a) Appropriate value of anomatoms is (during year) (b) Burdes and other accounts (a) Appropriate value of anomatoms is (during year) (b) Denor advised funds (b) Burdes and other accounts (c) D during another the benefit of the operation on edvisors in writing that grant funds can be used only for charable purposes and not the benefit of the operation on edvisors in writing that grant funds can be used only for charable purposes. (c) D during another the benefit of the operation on edvisors in writing that grant funds can be used only in the during the purpose. (c) D during another the benefit of the operation on edvisors in writing that grant funds can be used only in the during the purpose and not the benefit of the operation on edvisors in writing that grant funds can be used only in the during the purpose and not the benefit of the operation on edvisors in writin	60	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047		
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CUECHUA BENEFIT     OUT Advised Funds or Other Similar Funds or Accounts. Complete if the     organization answered "Yes" on Form 980, Part IV, line 6.     (a) Donor divised funds     (b) Funds and other accounts     (complete if the     dyagragies value of contributions to (during year)     Aggragate value of contributions     Do the organization inform (during year)     Aggragate value of and to year     Aggragate value of and to the enginetization in writing that grant funds can be used only     to charitable purposes and not for the observed on or advisor, of or any other purpose conferring     importmatization inform all grantes, donors, and donor advisor of for any other purpose conferring     importmatization inform all grantes, donors, complete if the organization (head all that apply).     Preservation of and for public use (e.g., recreation or advisor, of for any other purpose conferring     Preservation of and for public use (e.g., recreation or advisor)     Preservation of a conservation assements the by the organization (head all that apply).     Preservation of and for public use (e.g., recreation or advisor)     Preservation of a conservation assements     Aggragete value defined by conservatine assements     Aggragradevalue value     Aggragete value defined			Information about Schedule D (For	m 990) and its instructions is at <u>www.irs.go</u>	v/form99			
Part1       Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 4.         1       Total number at end of year       (a) Donor advised tunds       (b) Funds and other accounts         2       Aggregate value of orinitations to (during year)       (a) Suggregate value of a grants from (during year)       (b) Funds and other accounts         5       Did the organization inform all donors and donor advisors in writing that grant funds can be used only for charatable private banefit?       Yes       No         6       Did the organization is properly subject to the origanization's exclusive legal control?       Yes       No         7       Propose(p) of conservation Easements. And by the organization answerd "Yes" on Form 990, Part IV, line 7.       Yes       No         9       Did the organization's property subject to the organization answerd "Yes" on Form 990, Part IV, line 7.       Yes       No         9       Did the organization answerd "Yes" on Form 990, Part IV, line 7.       Propose(p) of conservation easements huld by the organization answerd "Yes" on Form 990, Part IV, line 7.       Yes       No         9       Did to organization as exclusive lag, norcealion or ducation)       Proservation of a conservation easements in a two and yes and the form of a conservation easement on the list due of the fast acceage restricted by conservation easements       2d       2d       2d       2d       2d	Nam	e of the organization		-	Em			
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Aggregate value of grants from (during year)     Aggregate value at end Vyear     Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds     are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds     are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds     are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds     are the organization inform all donors and donor advisors in writing that the grant tinds can be used only     for charitable purposes and not for the banefit of the donor or donor advisor, or for any other purpose conferring     impermissible pivate boenfit?     Perservation of and for public use (e.g., recreation or education)     Preservation of and for public use (e.g., recreation or education)     Preservation of an advisor papece 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements     a Total number of conservation easements     a Total number of conservation easements     b Total arrenge restricted by conservation easements     total number of conservation easeme								
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are the organization's property, subject to the organization's exclusive legal control?	-				inde			
6 Did the organization inform all grantees, donora, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring inpermissible private buenefit? Part III Conservation Easements Net by the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purposed) of conservation easements held by the organization cleck all that apply. Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of a certified historic structure 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements in the last day of the tax year. 3 Total acreage restricted by conservation easements 4 Total acreage restricted by conservation easements 5 Total acreage restricted by conservation easements included in (a) acquired after 8/1706, and not on a historic structure 2 A number of conservation easements included in (a) acquired after 8/1706, and not on a historic structure 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 5 1 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements and section 1700(h)(4)(B)(0) an section 1700(h)(4)(B)(0) an section 1700(h)(4)(B)(0) an section 1700(h)(4)(B)(0) an section 1700(h)(4)(B)(0) and section 1700(h)(4)(B)(0) an d section 1700(h)(4)(B)(0) an of the organization n	Ŭ	-		-		Ves No		
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring       Yes       No         Part II       Conservation Easements. Complete if the organization answered 'Yes' on Form 980, Part IV, line 7.       Improved/1000000000000000000000000000000000000	6							
Impermissible private benefit?       Yes       No.         Part II       Conservation easements. Complete if the organization (check all that apply).       Preservation of an intorically important land area         Proceeds of conservation easements held by the organization (check all that apply).       Preservation of a intorically important land area         Preservation of open space       Preservation of a certified historic structure         2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last         2 day of the tax year.       2 data         3 Total arcage restricted by conservation easements       2 data         4 Held at the End of the Tax Year       2 data         2 data       2 data       2 data         3 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure       2 data       2 data         4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.       2 data       2 data         4 Number of states where property subject to conservation easement is holds?       2 data       2 data       2 data         5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year       \$ s       8 data and volunteer hours devoted to monitoring, inspecting, handling of violations	•	•		0 0	•			
Part III       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements held by the organization (check all that apply).         Preservation of and tor public use (e.g., recreation or education)       Preservation of a historically important land area         Protection of natural habitat       Preservation of a certified historic structure         Preservation of open space       Ited a qualified conservation contribution in the form of a conservation easement on the last         day of the tax year.       Ited at the End of the Tax Year.         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements         2a       Ited at the End of the Tax Year.         3       Total anomber of conservation easements         2a       Ited at the End of the Tax Year.         3       Number of conservation easements         2a       Ited at the End of the Tax Year.         3       Number of conservation easements         2a       Ited at the End of the Tax Year.         4       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year islate where poperty subject to conservation easements is located islocing, inspecting, handling of violations, and enforcing conservation easements where the conservation easements it holds?         <				· · · · ·	•			
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Protection of natural habitat Preservation of a certified historic structure   Preservation of open space   2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last   day of the tax year.   a Total number of conservation easements   b Total acreage restricted by conservation easements   a Total number of conservation easements on a certified historic structure included in (a)   2a   d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure   listed in the National Register   3 Number of states where property subject to conservation easement is located >   4 Number of states where property subject to conservation easement is located >   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?   6 Statf and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   > S   - A Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements.   8 Does each conservation easements: in holds?   9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.   Peril Organization subsect Yes' on Form 990, Part V, line 8.   1 If the organization elected, as permitte	1							
□       Preservation of open space         2       Complete lines 2a through 2d if the organization heid a qualified conservation contribution in the form of a conservation easement on the last.         4       Ottal acreage restricted by conservation easements       2a         2       Do Total acreage restricted by conservation easements       2b         4       Number of conservation easements on certified historic structure included in (a)       2c         3       Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year         4       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         > \$       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         > \$       B       Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)         and section 170(h)(4)(B)(ii)?       Yes       No         9       In Part XIII, describe how the organization reports conservation easements in its revenue and expens		Preservation	of land for public use (e.g., recreation or e	ducation) Preservation of a historica	lly impo	rtant land area		
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   4 Total acreage restricted by conservation easements   6 Number of conservation easements on a certified historic structure included in (a)   7 And the of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register   3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year >   4 Number of states where property subject to conservation easements is located >   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year   6 Staff and volunter hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   > \$ \$   0 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, i dapolicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.   9 In Part XIII, describe how the organization reports on SPAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:   1 If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reven		Protection o	f natural habitat	Preservation of a certified	historic	structure		
day of the tax year.       Image: the tax year.       Image: the tax year.         a Total number of conservation easements       Image: the tax year.       Image: the tax year.         b Total accesser extricted by conservation easements on a certified historic structure included in (a)       Image: tax year.       Image: tax year.         c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure       Image: tax year.       Image: tax year.         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.       Image: tax year.       Image: tax year.         4 Number of states where property subject to conservation easement is located to violations, and enforcement of the conservation easements tholds?       Image: tax year.         5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         6 Staff and volunteer hours devoted on line 2(d) above satisfy the requirements of section 170(h)(A)(B)(i)       Yes       No         9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.		Preservation	of open space					
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b Total acreage restricted by conservation easements   c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register   3 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register   3 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register   4 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements tholds?   6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   ▶		day of the tax year	·.			Held at the End of the Tax Year		
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listed in the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	с							
<ul> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li></ul>	d	Number of conserv	vation easements included in (c) acquired a	fter 8/17/06, and not on a historic structure				
<ul> <li>year ▶</li></ul>		listed in the Nation	nal Register		2d			
<ul> <li>Number of states where property subject to conservation easement is located ▶</li> <li>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶</li> <li>S</li> <li>Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>Yes No</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li><b>Part IIII</b> Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes thems.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes thems.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), to r</li></ul>	3	Number of conserv	vation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	nization	during the tax		
<ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▶</li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▶</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes</li> <li>No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization is accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, the following amounts relating to these items:</li> <li>i) Revenue included in Form 990, Part X</li> <li>ii) Assets included in Form 990, Part X</li> <li>ji) Assets</li></ul>		year 🕨						
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<ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>		,						
<ul> <li>\$</li></ul>	6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion ease	ements during the year		
<ul> <li>\$</li></ul>		▶						
<ul> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?</li></ul>	7		es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easemen	ts during the year		
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a Revenue included on Form 990, Part VIII, line 1         b Assets included in Form 990, Part X	£.	•			., provide			
b Assets included in Form 990, Part X		-				\$		
					🚩	• Schedule D (Form 990) 2015		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

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Sche		BENEFIT							82324		age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar	Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, checl	k any of the	following tha	t are a sig	nificant u	se of its c	ollection	items	
	(check all that apply):										
а	Public exhibition	d	I 🗌	Loan or exc	hange progra	ams					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how th	ney further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, hi	istorical trea	sures, or othe	er similar a	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if th	e organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing	table:							
									Amount		
С	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
t	Ending balance										1
	Did the organization include an amount on Fo						:y?	L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i						<u></u>				
1 41								aara baali	(-) [our		haali
4.	Designing of year balance	(a) Current year	(d)	Prior year	(c) Two yea	ITS DACK	( <b>d)</b> Three y	ears dack	(e) Four	years	раск
1a	Beginning of year balance										
D	Contributions										
C L	Net investment earnings, gains, and losses										
a	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
T	Administrative expenses										
y 2	End of year balance Provide the estimated percentage of the curr	ant year and belana		a oolumn (o							
2	Board designated or quasi-endowment	,	e (iine 1 %	g, column (a	jji fielu as.						
a b	Permanent endowment	%	70								
0	Temporarily restricted endowment	%									
U	The percentages on lines 2a, 2b, and 2c sho										
30	Are there endowment funds not in the posse	· · · · · · · · · · · · · · · · · · ·	ation the	at are held ar	nd administe	red for the	organiza	tion			
Ja	by:			at are neiù ai			organiza		Г	Yes	No
	(i) unrelated organizations								3a(i)	103	110
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	), Part IV	V, line 11a. S	See Form 990	), Part X, I	ine 10.				
	Description of property	(a) Cost or o			t or other		cumulate	d	(d) Book	valu	e
	· · · · · · · · · · · · · · · · · · ·	basis (investr		• •	(other)		reciation		.,		
1a	Land										
b	Buildings										
c	Leasehold improvements			1							
d	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must e		X. colur	mn (B). line 1	0c.)						0.
								Schedule	D (Form	990)	2015

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Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11b. See Form 990, F	Part X, line 12.	
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of va	aluation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of				
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" of		line 11d. See Form 990, F	Part X, line 15.	() )
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.)</u>		<b>&gt;</b>	
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV,		990, Part X, line 25	i.
<b>1.</b> (a) Description of liability		(b) Book value		
(1) Federal income taxes		2 5 4 4		
(2) CREDIT CARDS		3,544.		
(3) UNREALIZED GAIN/LOSS ON				
(4) INVESTMENTS		432.		
(5) PAYROLL WITHHOLDING		477.		
(6) EMPLOYER LIABILITIES		239.		
(7)				
(8)				
(9)				
		4,692.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

532053 09-21-15

Sche	dule D (Form 990) 2015 QUECHUA BENEFIT		31-1682324 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	г. — г.
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12	.)	
Pa	t XII Reconciliation of Expenses per Audited Financial St	atements With Expen	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5
Pa	t XIII Supplemental Information.		

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

13551110 781409 5014

SC	HEDULE F				ivities Outside the Ur			OMB No. 1545-0047
•	rm 990)		Complete if	the organizatio	n answered "Yes" on Form 990, Part Attach to Form 990.	IV, line 14b, 1	5, or 16.	2015
	tment of the Treasury al Revenue Service	►	Information abo	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/fo	orm990.	Open to Public Inspection
Nam	e of the organization	on					Employer ide	entification number
QU	ECHUA BENE	SFIT					31-1682	2324
	rt I Genera	l Infor	mation on A	ctivities Out	side the United States. Compl	ete if the orgar		
	Form 990,							
1	-		-		ds to substantiate the amount of its gra the selection criteria used to award the			X Yes No
2	For grantmakers United States.	s. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	outside the
3		gion. (Tl	ne following Part	I, line 3 table ca	an be duplicated if additional space is r	eeded.)		
	<b>(a)</b> Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
					DANES ARE NARE TO OUTOUR		NODK EVE	
					GRANTS ARE MADE TO QUECHA BENEFIT PERU WHO THEN	FREE DENTAI	HER MEDICAL	
SOU	TH AMERICA		0	0	PROVIDES SERVICES.	SERVICES.		363,166.
				<u> </u>				
3 a	Sub-total		0	0				363,166.
	Total from contin sheets to Part I	uation	0	0				0.
С	Totals (add lines and 3b)	3a	0	0				363,166.

**Statement of Activities Outside the United States** 

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

Schedule F (Form 990) 2015

OMB No. 1545-0047

532071 10-01-15

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO ENABLE QUECHUA BENEFIT PERU TO					
		SOUTH AMERICA	PROVIDES SERVICES.	363,166.	DIRECT	٥.		N/A
2 Enter total number of	recipient organization	ns listed above that are r	ecognized as charities by the f	oreign country,	recognized as tax-exe	empt by		
			501(c)(3) equivalency letter		~ 	· •		1
Enter total number of other organizations or entities								

532072 10-01-15

Schedule F (Form 990) 2015

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

33

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

#### Part III can be duplicated if additional space is needed.

QUECHUA BENEFIT

Schedule F (Form 990) 2015

## 31-1682324

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2015

QUECHUA BENEFIT Schedule F (Form 990) 2015

## Part V Supplemental Information

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

PART I, LINE 2

EXTENSIVE REVIEW OF BOOKS AND RECORDS OF AFFILIAITED ORGANIZATION IN

PERU. SHARED MEMBERSHIP ON BOARD OF DIRECTORS. PERUVIAN EXPENSES ARE

COMPARED TO BUDGET ON A BI-MONTHLY BASIS BEFORE ANY ADDITIONAL FUNDS

ARE SENT FROM THE U.S. TO PERU.

532075 10-01-15

required to	Complete if the control of the contr		Form 9 5,000 ( ) or Fo and its	990, P on For rm 99 instru	art IV, lines 17, 18, o rm 990-EZ, line 6a. 0-EZ. ctions is at <u>www.irs.g</u> n Form 990, Part IV, li	or 19, <u>nov/f</u> c	or if the $\frac{1}{2}$ or $\frac{1}{2$	
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicit</li> <li>d In-person sol</li> <li>2 a Did the organizatio key employees listed</li> </ul>	ions email solicitations ations icitations n have a written c ed in Form 990, Pa highest paid indi	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi uant to	non-g gover aising of ling of onal fu agree	overnment grants nment grants events ficers, directors, trust undraising services?	he fu	ndraiser is to	
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total 3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit c	contrib	utions	or has been notified	it is e	exempt from r	egistration
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	Z. S	Sche	dule G (Form	990 or 990-EZ) 2015

09-14-15

 Schedule G (Form 990 or 990-EZ) 2015 QUECHUA BENEFIT
 31-1682324 Page

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		\$15,000 on Form 990-EZ, line 6a.				
				(b) Pull tabs/instant		(d) Total gaming (add
Ine			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				3		(,
Re	4	Gross rovonuo				
	1	Gross revenue				
		Orach aviera				
			1			
ŝes	2	Cash prizes				
enses						
zxpenses	2 3	Cash prizes				
ict Expenses	3	Noncash prizes				
<b>Direct Expenses</b>						
Direct Expenses	3 4	Noncash prizes				
Direct Expenses	3 4	Noncash prizes				
Direct Expenses	3 4 5	Noncash prizes Rent/facility costs Other direct expenses	%	%	<b>Yes</b> %	
Direct Expenses	3 4 5	Noncash prizes	└────────────────────────────────────	└── Yes % └── No	☐ Yes % ☐ No	
Direct Expenses	3 4 5	Noncash prizes Rent/facility costs Other direct expenses				
Direct Expenses	3 4 5 6	Noncash prizes         Rent/facility costs         Other direct expenses         Volunteer labor	No	No	No	
Direct Expenses	3 4 5	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No		No	
Direct Expenses	3 4 5 6	Noncash prizes         Rent/facility costs         Other direct expenses         Volunteer labor	No	No	No	
Direct Expenses	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	h 5 in column (d)	□ No	<u>No</u> No ►	
Direct Expenses	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	h 5 in column (d)	□ No	<u>No</u> No ►	
Direct Expenses	3 4 5 6 7	Noncash prizes         Rent/facility costs         Other direct expenses         Volunteer labor	h 5 in column (d)	□ No	<u>No</u> No ►	
Direct Expenses	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	h 5 in column (d)	□ No	<u>No</u> No ►	
Direct Expenses	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	h 5 in column (d)	□ No	<u>No</u> No ►	
	3 4 5 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	h 5 in column (d)	No No	No ►	
	3 4 5 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	h 5 in column (d)	No No	No ►	
9	3 4 5 7 8 Ent	Noncash prizes	h 5 in column (d)	□ No	No ►	
9	3 4 5 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	h 5 in column (d)	□ No	No ►	
9	3 4 5 6 7 8 Ent	Noncash prizes	h 5 in column (d) from line 1, column (d) ucts gaming activities:	No No	No ►	YesNo
9	3 4 5 6 7 8 Ent	Noncash prizes	h 5 in column (d) from line 1, column (d) ucts gaming activities:	No No	No ►	Yes No
9 a	3 4 5 6 7 8 Ent	Noncash prizes	h 5 in column (d) from line 1, column (d) ucts gaming activities:	No No	No ►	Yes No
9 a b	3 4 5 6 7 8 Ent 1 Is t	Noncash prizes	h 5 in column (d)	states?	No ►	
9 a b	3 4 5 6 7 8 Ent 1 Is t	Noncash prizes	h 5 in column (d)	states?	No ►	
9 a b	3 4 5 6 7 8 Ent 1 Is t 0 If "	Noncash prizes	h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?	No ►	
9 a b	3 4 5 6 7 8 Ent 1 Is t 0 If "	Noncash prizes	h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?	No ►	
9 a b	3 4 5 6 7 8 Ent 1 Is t 0 If "	Noncash prizes	h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?	No ►	
9 a b	3 4 5 6 7 8 Ent 1 Is t 0 If "	Noncash prizes	h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?	No ►	
9 a b	3 4 5 6 7 8 Ent 1 Is t 0 If "	Noncash prizes	h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?	No ►	

Sch	edule G (Form 990 or 990-EZ) 2015 QUECHUA BENEFIT	31-1	682324	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility		13a	%
k	• An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:		
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the am	ount		
c	of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation <b>&gt;</b> \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions: I Is the organization required under state law to make charitable distributions from the gaming proceeds to			
c	retain the state gaming license?		Yes	No No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	<b>ITT IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	°art III, lin	es 9, 9b, 10l	o, 15b,
5320	83 09-14-15 Schedule	G (Form	990 or 990	-EZ) 2015

Part IV Supplemental	Information (continued)			
32084			Schedule G (Form 9	990 or 990-E

532084 04-01-15 SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990



31-1682324

**OUECHUA BENEFIT** 

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

IT ORGANIZES ANNUAL MEDICAL MISSIONS TO THE REGION BY ASSEMBLING

VOLUNTEER MEDICAL PERSONNEL FROM MANY MEDICAL DISCIPLINES. THE TEAMS

TRAVEL AROUND THE REGION AND PROVIDE MEDICAL CARE FROM MOBILE CLINICS.

SEVERAL TIMES DURING EACH YEAR THE ORGANIZATION OPERATES TRAVELING

DENTAL, OPTOMETRY, AND MEDICAL CLINICS IN THE REGION. THE ORGANIZATION

HAS COMPLETED CONSTRUCTION OF THE CASA CHAPI CHILDREN'S VILLAGE

ELEMENTARY SCHOOL AND HEALTH CENTER IN THE COLCA VALLEY OF PERU, WHICH

PROVIDES HOUSING, EDUCATION, AND MEDICAL SERVICES TO CHILDREN'S

VILLAGE, ELEMENTARY SCHOOL AND HEALTH CENTER UNDERPRIVLIDGED AND UNDER

EDUCATED CHILDREN IN THE QUECHUA REGION. PLANS TO EXPAND THE CHILDREN'S

ELEMENTARY SCHOOL AND HEALTH CENTER ARE UNDER WAY. VILLAGE,

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

THERE ARE NO COMMITTEES THAT HAVE SUCH AUTHORITY, THEREFORE THERE ARE NO MEETINGS TO DOCUMENT.

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

FORM 990 AND YEAR-END FINANCIAL STATEMENTS REVIEWED WITH PRINCIPAL OFFICER

AND THE BOARD OF DIRECTORS.

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

POLICIES AND FINANCIAL STATEMENTS ARE POSTED ON THE GOVERNING DOCUMENTS,

ORGANIZATION'S WEBSITE AND COPIES ARE PROVIDED UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2015)

For Pap	erwo
532161 09-08-15	LHA

erwork Reduction Act Notice, see the Instructions for Form 990.

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

## Department of the Treasury Internal Revenue Service

Name of the organization

QUECHUA BENEFIT

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

SEE PART VII FOR CONTINUATIONS

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	cont	<b>g)</b> 512(b)(13) rolled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	Yes	iity? No
QUECHUA BENEFIT PERU	PROVIDES FREE MEDICAL						
CALLE SANTA CATALINE 225 OFICINA 10	SERVICES AND OPERATES A						
3ER P1SO CERCADO, AREGUIPA, PERU	CHILDREN'S VILLAGE AND	PERU	N/A	N/A	N/A		х

Schedule R (Form 990) 2015

OMB No. 1545-0047

2015 **Open to Public** Inspection

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

Employer identification number

31-1682324

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

		· <b>,</b> ·										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or Percen <sup>jing</sup> owners	ntage rship
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(t contr ent	i) :tion b)(13) rolled tity?
		country)						Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
o Sharing of paid employees with related organization(s)			4
p Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
<b>q</b> Reimbursement paid by related organization(s) for expenses			+
r Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

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.

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) QUECHUA BENEFIT PERU	В	363,166.	
(2)			
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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 assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)		(e Are partne 501( org		<b>(f)</b> Share of total income	(g) Share of end-of-year	<b>(†</b> Dispr tior allocat	n) opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne	(k) or Percentag r? ownershi	ge ip
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes 1		

Schedule R (Form 990) 2015

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

## PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

### NAME OF RELATED ORGANIZATION:

#### QUECHUA BENEFIT PERU

## PRIMARY ACTIVITY: PROVIDES FREE MEDICAL SERVICES AND OPERATES A CHILDREN'S

#### VILLAGE AND SCHOOL

Schedule R (Form 990) 2015

13551110 781409 5014

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

#### If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the c	riginal (no copies needed).
	Enter	filer's identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
<b>print</b> File by the	QUECHUA BENEFIT	31-1682324
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 69037	Social security number (SSN)
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, OR 97239	

Enter the Return code for the return that this application is for (file a separate application for each return)	

Return Application Return Application Code Is For Code Is For 01 Form 990 or Form 990-EZ Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 05 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. STEVE JOHNSON The books are in the care of ▶ 11785 SW RIVER RD, - HILLSBORO, OR 97123 Telephone No. ► 503-628-3110 Fax No. 🕨 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this • box 🕨 🔄 . If it is for part of the group, check this box 🅨 🔄 and attach a list with the names and EINs of all members the extension is for. I request an additional 3-month extension of time until \_NOVEMBER 15, 2016. 4 For calendar year 2015, or other tax year beginning 5 \_ , and ending If the tax year entered in line 5 is for less than 12 months, check reason: Final return 6 Initial return Change in accounting period 7 State in detail why you need the extension INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. 8a \$ If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated b tax payments made. Include any prior year overpayment allowed as a credit and any amount paid 0.

#### Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$ Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature 🕨	Title 🕨 CPA	Date 🕨
		Earm 8868 (Pov. 1 2014)

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