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.

Inspection

Department of the Treasury Internal Revenue Service

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

ΑΙ	For the	2022 calendar year, or tax year beginning	and	ending								
В	Check if applicable	C Name of organization			D Employer identifi	ication number						
	Addres	S QUECHUA BENEFIT										
	Name chang				31-16823	24						
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone numbe							
	Fina l return/	11785 SW RIVER RD.	,		(503) 703-6020							
	termin ated		ZIP or foreign postal code		G Gross receipts \$ 662,641.							
	Ameno				H(a) Is this a group r							
	Applic tion	F Name and address of principal officer. C11A	D COLTON		for subordinates	s? Yes X No						
	pendir	SAME AS C ABOVE			H(b) Are all subordinates i							
	Tax-exe	empt status: X 501(c)(3) 501(c) ((insert no ₋) 4947(a)(1)	or 527	If "No," attach a	list. See instructions						
	Websit				H(c) Group exemption	on number						
		organization: X Corporation Trust As	sociation Other	L Year	of formation: 1998	M State of legal domicile: OR						
Pa	art I	Summary										
4	1	Briefly describe the organization's mission or most				SOCIAL						
š		SERVICE PROGRAMS IN THE HI	GHLANDS REGION	OF PEF	₹Ŭ•							
SERVICE PROGRAMS IN THE HIGHLANDS REGION OF PERU. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a												
ove.	3	Number of voting members of the governing body (3	9						
<u>ა</u>	4	Number of independent voting members of the gov				9						
es	5	Total number of individuals employed in calendar y				5						
ΞĖ	6	Total number of volunteers (estimate if necessary)				9						
₹cti	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12									
_	b	Net unrelated business taxable income from Form S	990-T, Part I, line 11	<u></u>								
					Prior Year	Current Year						
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			358,672.	527,904.						
Revenue	9				0.	8,000.						
ě	10	Investment income (Part VIII, column (A), lines 3, 4,			0.	0.						
_	ויי	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			45,308.	102,455.						
		Total revenue - add lines 8 through 11 (must equal l			403,980.	638,359.						
	1	Grants and similar amounts paid (Part IX, column (A			192,734.	214,484.						
	1	Benefits paid to or for members (Part IX, column (A			0.	160 170						
es	15	Salaries, other compensation, employee benefits (F			119,818.	168,178.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)	<u> </u>	0.	0.						
Š	. _b	Total fundraising expenses (Part IX, column (D), line			270 276	220 060						
ш	''	Other expenses (Part IX, column (A), lines 11a-11d,			278,376. 590,928.	328,060. 710,722.						
		Total expenses. Add lines 13-17 (must equal Part IX			-186,948.							
	19	Revenue less expenses. Subtract line 18 from line	12			-72,363.						
ts or		Tatal assists (Dart V. Bas 40)			eginning of Current Year 268,411.	End of Year 188,563.						
SSe	20				149,433.	141,039.						
Net Assets or	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from			118,978.	47,524.						
P	art II	Signature Block	line 20		110,970.	47,324.						
		Ities of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to the hest of m	v knowledge and helief it is						
		t, and complete. Declaration of preparer (other than office				y Milowiougo and bolloi, it is						
11 40	, 001100	ty and completes Boolaranon or proparor (cinor man office	1) to badda on an information of wi	non proparor	nao any idiowioago.							
Sig	n	Signature of officer			Date							
Hei		DALE CANTWELL, CO-EXECUTIV	E DIRECTOR									
	•	Type or print name and title										
_		Print/Type preparer's name	Preparer's signature	[Date Check	PTIN						
Paid	d	SANG AHN	, 0		if self-emplo	P00540880						
	parer	Firm's name MCDONALD JACOBS, I	P.C.			3-0900579						
	Only	Firm's address 520 SW YAMHILL ST.										
	-	PORTLAND, OR 97204			Phone no. (5	03) 227-0581						
Ma	v the I F	RS discuss this return with the preparer shown above		•	X Yes No							

	990 (2022) QUECHUA BENEFIT 31-1682324 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: FINANCES AND OPERATES SOCIAL SERVICE PROGRAMS IN THE HIGHLANDS REGION
	OF PERU.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
 4а	460 000 014 404 20 004
	QUECHUA BENEFIT PROVIDED DIRECT FINANCIAL SUPPORT TO A NUMBER OF FOOD
	PROGRAMS, CHILDREN EDUCATION AND DISASTER RELIEF PROGRAMS OPERATING IN
	THE COLCA VALLEY AND HIGHLAND REGION OF PERU, AND PROVIDES INDIRECT
	SUPPORT THROUGH QUECHUA BENEFIT PERU, IT'S COMPANION ORGANIZATION ESTABLISHED AS A PERUVIAN NONPROFIT.
	ESTABLISHED AS A PERUVIAN NUMPROFIT.
	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,
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 467,278.
_4e	Total program service expenses 467, 278.

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Form 990 (2022) 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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	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? <i>If</i> "Yes," <i>complete</i>			
Ü	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	۳		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		_		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	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			l
	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	X	
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
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
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	<u> </u>		\vdash
ıσ		40		x
00 -	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		 ^``
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	٠.		_v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Form 990 (2022) QUECHUA BENEFIT
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
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		<u>X</u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		<u> X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> 24u</u>		_
2 54	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			7.7
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_X_
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? [F	00-		Х
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<u> </u>		
-	Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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		<u> X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7.7
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	1 30	23	
	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 1		. 50	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			110							
	filed for the calendar year ending with or within the year covered by this return 2a 5										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
_		3a		Х							
3a		3b									
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	SD									
4a		4-		x							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a									
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).	-		v							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u> 5b		X							
-	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?										
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		37							
	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										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X							
f											
g											
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A							
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? N/A										
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders N/A 11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans										
С	Enter the amount of reserves on hand 13c										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15		X							
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х							
	If "Yes," complete Form 4720, Schedule O.	.5									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities										
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17									
	If "Ves " complete Form 6060										

Form **990** (2022)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 9 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c on Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? X a The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed OR Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records CHAD COLTON - (503) 703-6020

Form **990** (2022)

97123

11785 SW RIVER RD., HILLSBORO,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization		orga	niza			npen	sate	1	irector, or trustee.	
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	i tior more) than o	one	Reportab l e	Reportable	Estimated
	hours per	box	, unle	ss per	person is both an director/trustee)			compensation	compensation	amount of
	week					1		from	from related	other
	(list any hours for	direct				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	3e or	stee			ısateı		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)	,	and related
	below	ridua	tution	er	emplo	est co loyee	ıer			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(1) CHAD COLTON	5.00	1						_	_	_
CHAIRPERSON		Х		Х				0.	0.	0.
(2) JANICE CLINGMAN	3.00									_
TREASURER		Х		Х				0.	0.	0.
(3) CHUCK GULOTTA	5.00									_
SECRETARY		Х		Х				0.	0.	0.
(4) MICHAEL SAFLEY	25.00	1						_	_	
CO-DIRECTOR	 	Х						0.	0.	0.
(5) DALE CANTWELL	20.00									
CO-DIRECTOR		Х						0.	0.	0.
(6) LYNN EDENS	3.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(7) KRIS WIGGER	3.00	l								
BOARD MEMBER		Х						0.	0.	0.
(8) IAN TIPPETS	3.00	١								
BOARD MEMBER	1 2 00	Х						0.	0.	0.
(9) BRUNO FRANCO	3.00	١,,								
BOARD MEMBER		Х						0.	0.	0.
		-								
		ł								
		-			_					
		ł								
-	+				_					
		ł								
	+	-								
		ł								
	+		\vdash		_	\vdash				
		1								
	+	\vdash	\vdash	-	\vdash	\vdash	-			
		1								
	+	\vdash	\vdash		\vdash					
		1		l	l	l		1		

Form 990 (2022)

(A) Name and ti	itle	(B) Average hours per	Average hours per box			verage Position					n an	(D) Reportable compensation	(E) Reportable compensatio		Es an	
		(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	tions compensa MISC/ from th			e ion ed		
_																
1b Subtotal			<u> </u>			<u> </u>			0.		0.			0.		
c Total from continuation	on sheets to Part VI	I, Section A							0.		0.			0.		
d Total (add lines 1b and2 Total number of individual									eceived more than \$100	<u>l</u> ,000 of reportab l e						
compensation from the	organization												Yes	0 No		
									hest compensated emp		ſ			37		
-									ner compensation from t			3		X		
and related organization 5 Did any person listed or	ns greater than \$150	0,000? If "Yes,	" CO	mple	ete S	Sche	edule	J f	for such individual ed organization or individ	dual for services		4		X		
rendered to the organiz	ation? If "Yes." com											5		Х		
Section B. Independent Co 1 Complete this table for		mpensated ind	lepe	nder	nt cc	ontra	actor	rs th	nat received more than s	S100,000 of comp	ensat	ion fro				
the organization. Repor	•	the calendar ye	ear e	ndin	ig w	ith c	or wi	thin T	the organization's tax y	ear.						
	(A) Name and business	address	NC	ONE	3				(B) Description of s	services	C	(C ompe	nsation	n		
								_								
2 Total number of indepe \$100,000 of compensa	•	•	ot lin	nited	to t	thos (_	ted	above) who received m	ore than						
												Form	990 (2	2022)		

Form 990 (2022) QUECHUA BENEFIT
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		Check in Contentio C Contains a respense	or note to any in	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							560110115 312 - 314
nts Dts	1 a	Federated campaigns1a					
ira Our	b	Membership dues1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events1c					
# Ja	d	Related organizations 1d					
S, E	е	Government grants (contributions) 1e					
e S	f	All other contributions, gifts, grants, and					
E E		similar amounts not included above 1f	527,904.				
걸	g	4 4	9,065.				
Ϋ́	h	Total. Add lines 1a-1f	•	527,904.			
<u> </u>		Totali, Add in loo Ta Ti	Business Code	02.,002.			
_	2 a	HEALTHY COMMUNITIES	900099	8,000.	8,000.		
<u>i</u>			700077	0,000.	0,000.		
e S	b						
n S	С						
ra Sev	d						
Program Service Revenue	е						
<u>a</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f		8,000.			
	3	Investment income (including dividends, interes					
		other similar amounts)					
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
	•	(i) Real	(ii) Personal				
	6 2		()				
	b						
	C	` ,					
		Net rental income or (loss)	(ii) Otla a v				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
Revenue		and sales expenses					
Ver	С	Gain or (loss)7c					
Re	d	Net gain or (loss)					
Ē	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	94,718.				
	b	Less: direct expenses 8b	18,131.				
		Net income or (loss) from fundraising events		76,587.			76,587.
		Gross income from gaming activities. See					
	Ja	Part IV, line 19 9a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	`I				
		· · · · · · · · · · · · · · · ·					
	то а	Gross sales of inventory, less returns	20 245				
		and allowances 10a					
		Less: cost of goods sold 101	6,151.	00 004	00 004		
\dashv	С	Net income or (loss) from sales of inventory		22,094.	22,094.		
္ဖ			Business Code				
no a	11 a	MISCELLANEOUS INCOME	900099	3,774.			3,774.
ane Ligit	b						
ig ag	С						
Miscellaneous Revenue	d	All other revenue					
≥		Total. Add lines 11a-11d		3,774.			
	12	Total revenue. See instructions		638,359.	30,094.	0.	80,361.

232009 12-13-22

Form **990** (2022)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses **(D)** Fundraising (A) Total expenses (B) Program service expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 214,484. 214,484. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 145,242. 145,242. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,321. 7,321. Other employee benefits 9 15,615. 15,615. 10 Payroll taxes Fees for services (nonemployees): Management Legal 104. 4,176. 4,280. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 172,269. 145,971. 19,860. 6,438. Advertising and promotion 12 72,134. 65,436. 4,122. 2,576. 13 Office expenses 6,724. 1,604. 5,120 Information technology 14 Royalties 15 18,000. 18,000. Occupancy 16 3,227. 2,500. 490. 237. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 11. 11. 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 2,602. 2,602. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 36,257. 4,021. 26,554. 5,682. FUNDRAISING EXPENSE 11,540. PICOTANI WATER PROJECT 11,540. 233. 1,016. 689. 94. ALLYMIA PROJECT С d All other expenses 710,722. 467,278. 224,958. 18,486. Total functional expenses. Add lines 1 through 24e 25 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)

Form **990** (2022)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			211,489.	1	131,242.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantia l (contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			53,657.	8	54,136.
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	2,857. 2,857.			
	b	Less: accumulated depreciation	. 10b	2,857.	0.	10c	0.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	3,265.	15	3,185.		
	16	Total assets. Add lines 1 through 15 (must ed			268,411.	16	188,563.
	17	Accounts payable and accrued expenses			294.	17	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
ja de		controlled entity or family member of any of th				22	
_	23	Secured mortgages and notes payable to unre			146 160	23	120 400
	24	Unsecured notes and loans payable to unrelat			146,160.	24	138,480.
	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on line	es 17-24	i. Complete Part X	2 070		2 550
		of Schedule D			2,979. 149,433.	25	2,559. 141,039.
	26	Total liabilities. Add lines 17 through 25			149,433.	26	141,039.
တ္		Organizations that follow FASB ASC 958, ch	neck her	e 🗀			
nce	07	and complete lines 27, 28, 32, and 33.				07	
a <u>la</u>	27					27	
d B	28					28	
Ë		Organizations that do not follow FASB ASC	958, cn	eck here X			
Net Assets or Fund Balances	00	and complete lines 29 through 33.	0		0.	00	0.
şţ	29	Capital stock or trust principal, or current fund			0.	29	0.
SSE	30	Paid-in or capital surplus, or land, building, or			118,978.	30	47,524.
et A	31	Retained earnings, endowment, accumulated			118,978.	31	47,524.
ž	32			<u> </u>	268,411.	32 33	188,563.
	33	Total liabilities and net assets/fund balances			ZUU, #11.	ა ა	Form 990 (2022)

Pai	t 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		8,3					
2	Total expenses (must equal Part IX, column (A), line 25)	2	71	0,7	22.				
3	Revenue less expenses. Subtract line 2 from line 1	3			63. 78.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
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	09.				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	4	7,5	24.				
Pai	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: X Cash Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<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								
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	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 on Scho	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?								
b									
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2022)				

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		QUEC	HOW RENEET.	Д'				1-1682324					
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.						
The	organi	ization is not a private found	ation because it is: (For lines 1 through 12, cl	heck only	one box.)							
1		A church, convention of ch					I)(A)(i).						
2		A school described in sect				` ` ` ` `	, , , ,						
3	一	A hospital or a cooperative				/h)/1\/A\/ii	i)						
4	П	A medical research organiz					•	the hospital's name					
-	ш	city, and state:	anon oporatoa in col	njanotion with a noopital	docomboa	occur	11 17 0(B) (1)(A)(III)1 Ento	ino noopital o namo,					
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	od by a go	vernmental unit describ	ed in					
5	ш	= :		nege of university owned	or operat	ed by a go	verninentaj unit describ	eu III					
_		section 170(b)(1)(A)(iv). (C	,				, <u>, , , , , , , , , , , , , , , , , , </u>						
6	37	A federal, state, or local go	=										
7	X												
		section 170(b)(1)(A)(vi). (C											
8	Щ	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college					
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or					
		university:											
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, an	d gross receipts from					
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment					
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.					
		See section 509(a)(2). (Co		,		·	, ,	•					
11		An organization organized	•	vely to test for public sat	fetv. See	section 50)9(a)(4).						
12		An organization organized	·		-			purposes of one or					
		more publicly supported or											
		lines 12a through 12d that						SHOOK WID BOX OII					
а		Type I. A supporting orga					-	aivina					
а			· ·	·		-							
		the supported organization			тпајотку с	n trie direc	tors or trustees or the si	apporting					
		organization. You must o											
b			· ·					=					
		control or management o			ame perso	ns that coi	ntrol or manage the sup	ported					
		organization(s). You mus											
С			grated. A supportin	g organization operated	in connect	tion with, a	and functionally integrate	ed with,					
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.						
d			/ integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organi	zation(s)					
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	uirement and an attenti	veness					
		requirement (see instruct	ions) . You must cor	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III						
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
g		ride the following information						-					
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orgain your govern	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other					
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					

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.)

Sed	ction A. Public Support	<u></u>	<u>·</u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	• •	• •	• •	•	•	
	membership fees received. (Do not						
	include any "unusual grants.")	404,709.	778,647.	700,760.	358,672.	527,904.	2770692.
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	404,709.	778,647.	700,760.	358,672.	527,904.	2770692.
	The portion of total contributions		·				
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1155481.
6	Public support. Subtract line 5 from line 4.						1615211.
	etion B. Total Support						1015211.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
		404,709.	778,647.	700,760.	358,672.	527,904.	2770692.
	Amounts from line 4 Gross income from interest,	101,703	770,047.	700,700	330,072.	327,304.	2770032.
0	dividends, payments received on						
	· · ·						
	securities loans, rents, royalties,	2.	1.				3.
_	and income from similar sources	۷.					<u></u>
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	2 200		655	2.	2 774	6 920
	assets (Explain in Part VI.)	2,389.		655.	۷.	3,774.	6,820. 2777515.
	Total support. Add lines 7 through 10		`				509,501.
	Gross receipts from related activities,	•	,			12	509,501.
13	First 5 years. If the Form 990 is for th	_					
800	organization, check this box and store ction C. Computation of Publi						
	•			. (0)		44	E0 1E 0/
	Public support percentage for 2022 (li		•	(,,		14	58.15 % 48.22 %
	Public support percentage from 2021					15	
16a	33 1/3% support test - 2022. If the c	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the c	•		•		,	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts			•	•	VI how the organiz	ation
	meets the facts-and-circumstances te	_					
b	10% -facts-and-circumstances test	•					10% or
	more, and if the organization meets the				•		
	organization meets the facts-and-circu		,				
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	·
						Schedule A	(Form 990) 2022

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k) Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						<u></u>
	ction B. Total Support	Т	1		T	1	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						<u> </u>
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						<u> </u>
	Add lines 10a and 10b						<u> </u>
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	-			•	. , . , .	
Sec	check this box and stop here ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I			column (fl)		15	%
	Public support percentage from 2021					16	
	ction D. Computation of Inves					1 .~ 1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	organization did r				33 1/3%, and line 1	
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qua l ifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not chock a	hay on line 14 10	a or 10h chock th	nie hov and ean inc	etructione	

232023 12-09-22

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b			
3a	1		
3a			
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b	3a		
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b			
4a	3b		
4a			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3c		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	4a		
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b 9c	4b		
5a 5b 5c 6 7 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b 9c			
5b 5c 6 7 8 9a 9b 9c	4c		
5b 5c 6 7 8 9a 9b 9c			
5b 5c 6 7 8 9a 9b 9c			
5b 5c 6 7 8 9a 9b 9c			
5c 6 7 8 9a 9b 9c	5a		
5c 6 7 8 9a 9b 9c			
6 7 8 9a 9b			
7 8 9a 9b	30		
7 8 9a 9b			
7 8 9a 9b			
7 8 9a 9b	6		
9a 9b 9c	U		
9a 9b 9c			
9a 9b 9c	7		
9a 9b 9c	Ω		
9b 9c	0		
9b 9c			
9c	9a		
9c	Ωh		
	ฮม		
10a	9с		
10a			
IUa	10-		
	iua		
10b	10b		

Schedule A (Form 990) 2022

- 4	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
<u>Sec</u>	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
Sec				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	ī		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction		
2	Activities Test. Answer lines 2a and 2b 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	•		
1	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	OL		
^	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
Ŋ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

3b Schedule A (Form 990) 2022

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

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 (<i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).	-		

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

e Excess from 2022

QUECHUA BENEFIT 31-1682324

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
CASS AND OLD DOG GALLOWAY	87,500.	31,950.
DALE CANTWELL AND PAMELA RAY	218,509.	162,959.
JAMES AND MARY ANDERSON	78,000.	22,450.
LEFT HAND FOUNDATION	150,000.	94,450.
LYNN EDENS	757,500.	701,950.
MICHELLE LETTUNICH/KRIS WIGGER	71,325.	15,775.
MIKE AND JULIE SAFLEY	181,497.	125,947.
Total Excess Contributions to Schedule A, Part II, Line 5		1,155,481.

Schedule B

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Name of the organization

QUECHUA BENEFIT

Employer identification number

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) a contributor, during	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), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributions is checked, enter h purpose. Don't cor	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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 g requirements of Schedule B (Form 990).					

Name of organization Employer identification number

QUECHUA BENEFIT

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	LYNN EDENS 321 HARDSCRABBLE RD NORTH SALEM, NY 10560-1011	\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	DALE CANTWELL AND PAMELA RAY 1531 PRESERVE DR FREDERICK, CO 80504-8499	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution			
3	MIKE AND JULIE SAFLEY 11785 SW RIVER RD HILLSBORO, OR 97123-9313	\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	CASS AND OLD DOG GALLOWAY PO BOX 255 MC COY, CO 80463-0255	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution			
5	JAMES B ANDERSON 77900 COON CREEK RD ARMADA, MI 48005-1905	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution			
6	BOB AND CLAUDIA HEY 168 E. 1700TH RD BALDWIN CITY, KS 66006-7180	\$ 15,642.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

OTTECHTIA	BENEETT

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
7	THE DENVER FOUNDATION 1009 N GRANT ST DENVER, CO 80203-2900	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
8	MICHELL Y CIA., S.A. AV. JUAN DE LA TORRE 101 AREQUIPA, AREQUIPA, PERU 4001	\$\$1,920.	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 ZI P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

QUECHUA BENEFIT

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
		 \$	
(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
453 11-15-			Schedule B (Form 990) (20

Name of organization Employer identification number OUECHUA BENEFIT 31-1682324 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2022)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Name of the organization

OHECHHA BENEFIT

Employer identification number 31-1682324

OMB No. 1545-0047

Pai	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	острых и иле
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us	ed on l y
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose con	nferring
	impermissible private benefit?	
Pai	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Par	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		historically important land area
	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	
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
	Number of conservation easements on a certified historic structure included in (a)	2c
d	And the second s	
_	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the or	ganization during the tax
	year	
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?	Yes No
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations.	
Ü	start and volunteer reduced to membering, inspecting, rianding or violations, and emercing conser-	valion dating the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
•	,g,g	n caccinicate daming and year
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)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense sta	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement	
	organization's accounting for conservation easements.	
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, 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 furth	nerance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and ball	ance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	_
2	If the organization received or held works of art, historical treasures, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
<u>b</u>	Assets included in Form 990, Part X	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022

Par	t III	Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, o	r Other	r Sim	lar Asset	S (continu	ed)
3	Using	g the organization's acquisition, accession	on, and other record	s, check	any of the t	following that	make si	gnifica	nt use of its		
	colle	ction items (check all that apply):									
а		Public exhibition	d	ı 🔲 L	_oan or exc	hange progra	am				
b		Scholarly research	е	(Other						
С		Preservation for future generations									
4	Provi	de a description of the organization's co	llections and explair	n how the	ey further th	ne organizatio	n's exen	npt pui	pose in Parl	XIII.	
5	Durin	g the year, did the organization solicit o	r receive donations o	of art, his	torical treas	sures, or othe	er similar	assets			
	to be	sold to raise funds rather than to be ma								Yes	No_
Par	t IV	Escrow and Custodial Arrang		ete if the	organizatio	n answered '	'Yes" on	Form 9	990, Part I V,	line 9, or	
		reported an amount on Form 990, Par	t X, line 21.								
1a		organization an agent, trustee, custodi		-					_	_	
	on Fo	orm 990, Part X?							L	Yes	No
b	I f "Y∈	es," explain the arrangement in Part XIII	and comp l ete the fol	llowing ta	able:			_			
								<u> </u>		Amount	
	_	nning balance							С		
		ions during the year							d		
		butions during the year							_		
		ng balance							<u>f</u>		
		ne organization include an amount on Fo						ity? .	L	Yes	No No
		es," explain the arrangement in Part XIII.									
Par	ιv	Endowment Funds. Complete i								Lastana	anna bank
			(a) Current year	(७) ₽	rior year	(c) Two year	rs dack	(a) 1111	ee years back	(e) Four y	ears back
		nning of year balance									
b		ributions									
С		nvestment earnings, gains, and losses									
		ts or scholarships									
е		r expenditures for facilities									
		programs									
f		nistrative expenses									
g		of year balance		<u> </u>							
2		de the estimated percentage of the curr	-		, column (a)) he i d as:					
		d designated or quasi-endowment		_%							
b		anent endowment	%								
С			%								
2-	-	percentages on lines 2a, 2b, and 2c show		tion that	ara bald ar	ad administar	ad for th				
Sa		nere endowment funds not in the posse nization by:	SSION OF THE ORGANIZA	illon inal	are neiu ai	iu auminister	eu ioi iii	E		Γv	es No
	-	•								3a(i)	50 110
		Inrelated organizations								3a(ii)	
h		es" on line 3a(ii), are the related organiza									
		ribe in Part XIII the intended uses of the								. [30]	
Par		Land, Buildings, and Equipm		WITHOUT TO	11145.						
		Complete if the organization answered), Part IV.	line 11a. S	See Form 990	, Part X,	line 10	_		
		Description of property	(a) Cost or o			or other		ccumu		(d) Book	va l ue
		_ 555	basis (investr			(other)		preciat		(- , 2001)	
1a	Land		<u> </u>	•		·					
		ings									
		ehold improvements									
		oment				2,857.		2,	857.		0.
		r				-					
		lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1	0c.)					0.

Schedule D (Form 990) 2022

	(Form 990) 2022 QUECHUA BEN	EFIT	31	1-168232 4 Page
Part VII	Investments - Other Securities.			
(-) Decerie	Complete if the organization answered "Yes"		•	
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-ot-year market value
	al derivatives			
	held equity interests			
Other				
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(G) (H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
(1)	X-7	(-)	(-)	,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. <i>(Colu</i> Part X	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	_
	(a) Description of liability			(b) Book value
_				
(1) Fed	eral income taxes			
(1) Fed	leral income taxes EDIT CARDS			2,559
(1) Fed				2,559
(1) Fed (2) CR				2,559
(2) CR				2,559

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

Schedule D (Form 990) 2022

(8)

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

2,559.

Pai	rt XI Reconciliation of Revenue per Audited Financial S	Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
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			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	, , , , , , , , , , , , , , , , , , , ,	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
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	Statements With Expense		
Pa	rt XII Reconciliation of Expenses per Audited Financial		s per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part I		<u> </u>	
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:	1 - 1		
a	Donated services and use of facilities			
b	Prior year adjustments	l l		
C	Other losses	l l		
d	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·		
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ا ما		
	Investment expenses not included on Form 990, Part VIII, line 7b			
a	Other (Describe in Part VIII.)	415		
b	Other (Describe in Part XIII.)		40	
b c	Add lines 4a and 4b			
b c 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lin			
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lines Table 11 Supplemental Information.	ne 18.)	5	t XI
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lines Table 11 Supplemental Information.	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,
b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	t XI,

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employer identif	ication number
QUECHUA BENEFIT					31-168232	2.4
Part I General Infor	mation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answered "	res" on
Form 990, Part I\			<u> </u>			
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ants and other a	assistance,	
the grantees' eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes X No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and ot	ner assistance outs	ide the
	ne following Part	L line 3 table ca	an be duplicated if additional space is r	haadad)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		e specific type	investments
		in the region	recipients located in the region)		(s) in the region	in the region
SOUTH AMERICA -					PREVENTATIVE	
ARGENTINA, BOLIVIA,			GRANTS ARE MADE TO QUECHA	MEDICINE, E		
BRAZIL, CHILE,	0	0	BENEFIT PERU WHO THEN	EMPOWERMENT	AND OTHER	215 275
COLUMBIA, ECUADOR,	· · · · · · · · · · · · · · · · · · ·	0	PROVIDES SERVICES.	SERVICES.		215,275.
3 a Subtotal	0	0				215,275.
b Total from continuation						, · · ·
sheets to Part I	0	0				0.
c Totals (add lines 3a						
1.01.)	. ^	. ^				1 01E 07E

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

Schedule F (Form 990) 2022

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. Schedule F (Form 990) 2022 Part II

QUECHUA BENEFIT

(i) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2022
(h) Description of noncash assistance					Schedi
(g) Amount of noncash assistance	0				▲ ▲
(f) Manner of cash disbursement	WIRE TRANSFER				
(e) Amount of cash grant	214,484.				foreign country, raion 501(c)(3) equi
(d) Purpose of grant	TO ENABLE QUECHUA BENEFIT PERU TO PROVIDES SERVICES.				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. Enter total number of other organizations or entities
(c) Region	SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,				ns listed above that are roor for which the grantee or entities
(b) IRS code section and EIN (if applicable)					recipient organization nization by the IRS, o other organizations o
1 (a) Name of organization					 2 Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for which 3 Enter total number of other organizations or entities

QUECHUA BENEFIT

Schedule F (Form 990) 2022 QUECHUA BENEFIT

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2022
(g) Description of noncash assistance					Sched
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

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

Schedule F (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization						Employer ide	ntification number	
QUECHUA BENEFIT							31-1682324	
Part I Fundraising Activities. required to complete this part	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not	
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitate f Solicitate g Special or oral agreement with any individual art VII) or entity in connection with previouals or entities (fundraisers) pursu-	tion of tion of fundra (inc l uc	non-g gover aising of ling of ona l fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itro l of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
Total								
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from reg	gistration	

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

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022 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

		of fundraising event contributions and gr	•	,	events with gross receip	
			(a) Event #1	(b) Event #2	(c) Other events	T
			, ,			(d) Total events
			EDU BEND	FARM EVENT	2	(add col. (a) through
4			(event type)	(event type)	(total number)	- col. (c))
une						
Revenue	1	Gross receipts	27,690.	57,291.	9,737.	94,718.
ш						
	2	Less: Contributions				
	_	Cross income (line 1 minus line 2)	27,690.	57,291.	9,737.	94,718.
	3	Gross income (line 1 minus line 2)	21,090.	31,291	9,737.	94,710.
	4	Cash prizes				
	-					
	5	Noncash prizes				
ses						
Sens	6	Rent/facility costs		2,429.	,	2,429.
Direct Expenses	1					0.004
ect	7	Food and beverages		9,984.	,	9,984.
₫	Ι.			157		157
	8	Entertainment	1	157. 3,141.	1,560.	157. 5,561.
	9	Other direct expenses		•		18,131.
	10	Net income summary. Subtract line 10 from I				76,587.
Pa	rt l	Gaming. Complete if the organization				70,307.
		\$15,000 on Form 990-EZ, line 6a.	anoworda 100 on 1011	1000, 1 art 14, 1110 10, 01	roported more than	
		· · · · · · · · · · · · · · · · · · ·	() 5:	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
ever						
ď	1	Gross revenue				
S	2	Cash prizes				
use						
Direct Expenses	3	Noncash prizes				
t E						
)ire	4	Rent/facility costs				
_						
	5	Other direct expenses			N 0/	
		Voluntaar lahar	Yes%			
	6	Volunteer labor	L No	No	No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	-	Direct expense cannually rivide integr				
	8	Net gaming income summary. Subtract line 7	r from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
a	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	I f "	No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
b	I f "	Yes," explain:				
2320	82 10)-27-22			Sche	dule G (Form 990) 2022

Schedule G (Form 990) 2022

Scn	edule G (Form 990) 2022 QUECHUA BENEFIT 31-	-1002324	Page 3
11	Does the organization conduct gaming activities with nonmembers?	. Yes	No No
	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:		
а	The organization's facility	13a	%
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
u	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
		<u></u>	

chedule () (Form 390). QUECHUA BENEFIT 31-1682324 Page 4 Part IV Supplemental Information (continued)

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

QUECHUA BENEFIT

Employer identification number 31-1682324

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
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
VILLAGE, ELEMENTARY SCHOOL AND HEALTH CENTER ARE UNDER WAY.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 AND YEAR-END FINANCIAL STATEMENTS REVIEWED WITH PRINCIPAL OFFICER
AND THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 12C:
ON AN ANNUAL BASIS THE BOARD OF DIRECTORS ARE REQUIRED TO NOTE ANY CONFLICT
OF INTEREST THAT THEY MAY HAVE WITH THE ORGANIZATION.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE POSTED ON THE
ORGANIZATION'S WEBSITE AND COPIES ARE PROVIDED UPON REQUEST.

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

Schedule O (Form 990) 2022

14481218 781409 5014

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Open to Public Inspection

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

2022

OMB No. 1545-0047

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2022 $\begin{array}{l} \text{Employer identification number} \\ 31-1682324 \end{array}$ Ŷ × entity? Direct controlling Yes 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 organizations during the tax year. Direct controlling entity End-of-year assets N/A status (if section 501(c)(3)) Public charity Total income Exempt Code ਉ section ਭ N/A Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) PERU For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CONTINUATIONS SERVICES AND OPERATES A CHILDREN'S VILLAGE AND PROVIDES FREE MEDICAL Primary activity Primary activity QUECHUA BENEFIT Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity YANAHUARA, AREQUIPA, PERU QUECHUA BENEFIT PERU Name of the organization PERU 310 STREET Part I Part II

232161 09-14-22 LHA

Schedule R (Form 990) 2022 QUECHUA BENEFIT

31-1682324

Page 2

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.

(k)	General or Percentage managing ownership partner? Yes No								
(i)	General or managing partner?								
(1)	Code V-UBI Ger amount in box ma 20 of Schedule Pa K-1 (Form 1065) Ye								
(h)	Disproportionate allocations?								
(6)	Share of end-of-year assets								
(t)	Share of total income								
(ə)	Predominant income (related, unrelated, excluded from tax under sections 512-514)								
(p)	Direct controlling entity								
(၁)	Legal domicile (state or foreign country)								
(q)	Primary activity								
(a)	Name, address, and EIN of related organization								

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. Part IV

ion ((13) silled 3/2 No			
(i) Section 512(b)(13) controlled entity?			
96.04 ×			
(h) Percentage ownership			
Per			
(g) Share of end-of-year assets			
(g) Share and-of-y asset			
(f) Share of total income			
(f) lare of t			
(e) Type of entity (C corp. S corp, or trust)			
(e) Se of e or trus			
(C O			
olling			
(d) contr entity			
(d) Direct controlling entity			
(c) Legal domicile (state or foreign country)			
ʻity			
(b) Primary activity			
, rimar			
π π			
<u>Z</u> c			
(a) Name, address, and EIN of related organization			
(a) dress, a organ			
e, adc elated			
Nam of r			

Schedule R (Form 990) 2022

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

Note: Complete line 1 if any entity is listed in Dorte II III or IV of this school-in					\vdash	Ι.
 Note: Complete line in any entity is listed in ratis in, in, or iv or this schedule. During the tax year, did the organization engage in any of the following transaction. 	s with one or more re	re. transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?		2 2 2	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	A			1 a	×	I
b Gift, grant, or capital contribution to related organization(s)				1p	×	
c Gift, grant, or capital contribution from related organization(s)				10	×	
d Loans or loan quarantees to or for related organization(s)				19	×	
				4	×	1
				<u>p</u>	1	
f Dividends from related organization(s)				¥	×	
				- 7	 	
				<u>5</u>	4 >	
h Purchase of assets from related organization(s)				=	4 ∶	-1
i Exchange of assets with related organization(s)				; =	×	-
j Lease of facilities, equipment, or other assets to related organization(s)				1	×	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
	ınization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ę	×	l
Sharing of facilities acrimment mailing lists or other assets with relate	inn(s)			÷	×	1
	(e) Ind			‡.	: >	
 Sharing of paid employees with related organization(s) 				၀	4	
p Reimbursement paid to related organization(s) for expenses				1 ₀	×	-
q Reimbursement paid by related organization(s) for expenses				19	×	
				÷	×	
Other transfer of cash or property from related organization(s)				\$	×	
If the answer to any of the above is "Yes," see the instructions for infor	ho must complete th	s line, including covered r	mation on who must complete this line, including covered relationships and transaction thresholds.			
(a)	(b)	(c)	(b)	70		
וימוויס טו ופומוסט טוקמו ובמווטו	type (a-s)	Alliodilt illvolved	Metriod of determining amount myorved	Dayloy!		
(1) QUECHUA BENEFIT PERU	В	214,484.	CASH			
(2)						
						1
(3)						J
(4)						I
(9)						
(9)						
232163 09-14-22			Schedule	Schedule R (Form 990) 2022	390) 202	Ŋ

Page 4

Schedule R (Form 990) 2022

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.

(j) (k) General or Percentage managing partner? Yes No		
General or managing partner?		
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		
(h) Disproportionate allocationss Yes No		
(g) Share of end-of-year assets Y		
(f) Share of total income		
(e) Are all Portions sec. Dougs:2 Orgs:2 Ves No		
Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(c) Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN of entity		

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM	FORM 990 PAGE 10			•			066	•	•	•	•	•	•	
Asset No.	Description	Date Acquired	Method	Life	C Line No. v	Unadjusted Cost Or Basis	Bus 8 % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT													
	1 SAMSUNG TABLET	08/01/16	SL	5.00	16	180.				180.	180.		.0	180.
	2 5 TABLETS AND ACCESSORIES	08/15/16	SL	5.00	16	1,057.				1,057.	1,057.		0.	1,057.
	3 нр гартор	08/16/16	SL	5.00	16	300.				300.	300°		0	300.
	SERVER AND ROUTER FOR MOBILE 4 HEALTH	09/15/16	SL	5.00	16	730.				730.	730.		0.	730.
	5 BOOKKEEPING LAPTOP	01/03/17	SL	5.00	16	.065				590.	.065		0	.065
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					2,857.				2,857.	2,857.		0	2,857.
	* GRAND TOTAL 990 PAGE 10 DEPR					2,857.				2,857.	2,857.		0	2,857.
22811	228111 04-01-22					(D) - Asset disposed	peso		*	ITC, Salvage,	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ercial Revital	ization Deducti	on, GO Zone

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Department of the Treasury Internal Revenue Service

Power of Attorney and Declaration of Representative

► Go to www.irs.gov/Form2848 for instructions and the latest information.

OMB	No.	1545-	0150
For	RS	Use	Only

For	IRS	Use	On	ly

Received by: Telephone

Part I Power of Attorney			Telephone
Caution: A separate Form 2848 must be completed for each taxpaye	er. Form 284	8 will not be honored for any	Function
purpose other than representation before the IRS.			Date / /
1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.		T=	
Taxpayer name and address		Taxpayer identification number	(s)
		31-1682324	
QUECHUA BENEFIT			
11785 SW RIVER RD.			
HILLSBORO, OR 97123		Daytime telephone number	Plan number (if applicable)
house an ainte the fallering representative/a) as attenue./a) in fact		<u> (503) 703-6020</u>	
hereby appoints the following representative(s) as attorney(s)-in-fact: 2 Representative(s) must sign and date this form on page 2, Part II.			
Name and address		CAF No.	0200-37266R
SANG AHN		PTIN	P00540880
121 SW SALMON ST., #1100		Telephone No.	(503) 227-0581
PORTLAND, OR 97204		Fax No.	(503) 274-7611
Check if to be sent copies of notices and communications	X		Telephone No. Fax No.
Name and address		CAF No.	0315-05120R
BLAINE BRADFORD		PTIN	P01905033
121 SW SALMON ST., #1100		Telephone No.	(503) 227-0581
PORTLAND, OR 97204		Fax No.	(503) 274-7611
Check if to be sent copies of notices and communications		Check if new: Address X	Telephone No. Fax No.
Name and address		CAF No.	
		PTIN	
		Telephone No.	
		Fax No.	
(Note: IRS sends notices and communications to only two representatives.)		Check if new: Address	Telephone No. Fax No.
Name and address		CAF No.	
		PTIN	
		Telephone No.	
(Note: IRS sends notices and communications to only two representatives.)		Check if new: Address	Telephone No Fax No
to represent the taxpayer before the Internal Revenue Service and perform the following ac			
3 Acts authorized (you are required to complete line 3). Except for the acts describ inspect my confidential tax information and to perform acts I can perform with representative(s) shall have the authority to sign any agreements, consents, or representative to sign a return).	ed in line 5b n respect to or similar doo	 I authorize my representativ the tax matters described be cuments (see instructions for 	e(s) to receive and low. For example, my line 5a for authorizing a
Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift,		Tax Form Number	Year(s) or Period(s) (if applicable)
Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec.	(1040, 9	941, 720, etc.) (if applicable)	(see instructions)
4980H Shared Responsibility Payment, etc.) (see instructions)			
INFORMATION RETURNS	990		1022 THRU 2026
4 Specific use not recorded on the Centralized Authorization File (CAF). If the power of	attornev is fo	nr a specific use not recorded on	CAE check
5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my			
for more information): X Access my IRS records via an Intermediate Service Prov		ro(o) to portorn the tenenting act	
Authorize disclosure to third parties; Substitute or add representative(s);	·—	ın a return;	
		·	
Other acts authorized:			

b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.

List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b):

6 Retention/revocation of prior power(s) of attorney. The filling of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you do not want to revoke a prior power of attorney, check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

7 Taxpayer declaration and signature. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, l certify! have the legal authority to execute this form on behalf of the taxpayer.

▶ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.

CO-EXECUTIVE DIRECTOR

Title (if applicable)

QUECHUA BENEFIT

Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:

DALE CANTWELL

- a Attorney a member in good standing of the bar of the highest court of the jurisdiction shown below.
- b Certified Public Accountant a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
- c Enrolled Agent enrolled as an agent by the IRS per the requirements of Circular 230.
- **d** Officer a bona fide officer of the taxpayer organization.
- e Full-Time Employee a full-time employee of the taxpayer.
- f Family Member a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
- g Enrolled Actuary enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
- h Unenrolled Return Preparer Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.
- k Qualifying Student or Law Graduate receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
- r Enrolled Retirement Plan Agent enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).
 - ► IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. Bar, license, certification, Designation Licensing jurisdiction (State) or other registration, or Insert above licensing authority (if applicable) enrollment number Signature Date letter (a-r). (if applicable) В OREGON 9963 В OREGON 16433

Form **2848** (Rev. 1-2021)

TAX RETURN FILING INSTRUCTIONS

OREGON FORM CT-12

FOR THE YEAR ENDING

December 31, 2022

Pre	pared	For:
-----	-------	------

Quechua Benefit 11785 SW River Rd. Hillsboro, OR 97123

Prepared By:

McDonald Jacobs, P.C. 520 SW Yamhill St., Ste 500 Portland, OR 97204

Amount of Tax:

Balance due of \$320

Make Check Payable To:

Oregon Department of Justice

Mail Tax Return To:

Charitable Activities Section Oregon Department of Justice 100 SW Market Street Portland, Oregon 97201-5702

Return must be received by:

As soon as possible

Special Instructions:

The report should be signed and dated by an authorized individual(s).

Form CT-12

For Oregon Charities
For Accounting Periods Beginning in:

2022

Charitable Activities Section Oregon Department of Justice

100 SW Market Street Portland, OR 97201-5702 Email: charitable@doj.state.or.us Website: https://www.doj.state.or.us VOICE (971) 673-1880 TTY (800) 735-2900 FAX (971) 673-1882 You can now file reports and pay by credit card using our online form at https://justice.oregon.gov/ paymentportal/Account/Login

Line-by-line instructions for completing the annual report form can be found on our website.

Registration #: 27659 Organization Name: QUECHUA BENEFIT Address: 11785 SW RIVER RD. City, State, Zip: HILLSBORO, OR 97123 Phone: 503-703-6020 Fax: Email: STEVEQQUECHUABENEFIT.ORG Period Beginning: 01/01/22 Period Ending: 12/31/22 Phone: 503-703-6020 Fax: Email: STEVEQQUECHUABENEFIT.ORG Period Beginning: 01/01/22 Period Ending: 12/31/22 Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements. Jerophysical Statements of the fundraising firm that relates to solicitations in Oregon? If yes, check the type of solicitations; If yes, also write the name of the fundraising firm(s) here: Chocked or			re	eport form can be found	on our website.								
Cross Through Incorrect Items and Correct Here: (See instructions for change of name or accounting period.) Registration #: 27659 Organization Name; QUECHUA BENEFIT Address: 11785 SW RIVER RD. City, State, 2p; HILLSBORO, OR 97123 Phone: 503-703-6020 Fax: Email: STEVE&QUECHUABENEFIT.ORG Period Beginning: 03/101/22 Period Ending: 12/31/22 Did a certified public accountant audit your financial records? - If yea, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report of financial statements. Let organization a party to a contract with a fundraising firm that relates to solicitations in Oregon? If yea, check the type of solicitations: In person; Indirect mait; advertising; wending machine; telephone; or other solicitations. Yes X No If yea, also write the name of the fundraising firm(s) hare: Order of whore aciditations*, attach an explanation.) Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any operament agreement, directors, trustees, or key employees ever signed a voluntary agreement with any operament agreement, directors, trustees, or key employees ever signed a voluntary agreement with any operament agreement, directors, trustees, or key employees ever signed a voluntary agreement with any operament agreement, or direct mail: any court or administrative agency regarding or accompanient or action. See instructions. But organization or early of the organization aremed its articles of incorporation, bylaws, or trust documents, or accompanient or action. See instructions or revocation letter from the Internal Revenue Service relating to its tax-evenupt status? If yes, attach a copy of the amended document or letter. See Tax Title 8 agreement or accompanisation or revocation in the Internal Revenue Service relating to the same companisation or evenue and	Se	ction I. General Info	rmation										
Crganization Name; QUECHUA BENIEFT Address: 1785 SW RIVER RD . City, State, Zip; HILLSBORO, OR 97123 Phone: 503-703-6020 Fax: Email: STEVEQUUECHUABERIFIT.ORG Period Beginning: 01/01/22 Period Ending: 12/31/22 2. Did a certified public accountant audit your financial records? - If yee, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements. 3. Is the organization a party to a contract with a fundraising firm that relates to solicitations in Oregon? If yee, check the type of solicitations:	1.				Cross Through (See instructions fo	Incorrect Ite or change of na	ems and Correct me or accounting pe	Here:					
Email: STEVEGQUECHUABENIFTT.ORG Period Beginning: 01/01/22 Period Ending: 12/31/22			Organization Name: QUECHUA BENEFIT Address: 11785 SW RIVER RD.										
statements, accompanying notes, schedules, or other documents supplementing the report or financial statements. Yes No					Email: STEVE@QUECHUABENEFIT.ORG								
the type of solicitations; drect mail; advertising; vending machine; telephone; or other solicitations. Yes X No If yes, also write the name of the fundraising firm(s) here: (If you oheoked "other solicitations", attach an explanation.) 4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions. 5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination or revocation letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter. 6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) 7. Provide contact information for the person responsible for retaining the organization's records. Name	2.	Did a certified public acco	untant audit y g notes, sche	our financial records? - li dules, or other document	f yes, attach a copy of th ts supplementing the rep	e auditor's rep oort or financial	ort, financial statements.	Yes	X No				
In-person; direct mail; advertising; vending machine; telephone; or other solicitations. Yes X No If yes, also write the name of the fundraising firm(s) here:	3.	ls the organization a party	to a contract	with a fundraising firm th	nat relates to solicitations	s in Oregon? If	yes, check						
If yes, also write the name of the fundraising firm(s) here:	1	, may 1							[e =]				
chocked "other colicitations", attach an explanation.) 4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions. 5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination or revocation letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter. 6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) 7. Provide contact information for the person responsible for retaining the organization's records. Name Position Phone Mailing Address & Email Address CHAD COLTON CHAIR PERSON (503) 703-6020 11785 SW RIVER RD., HIILLSBORO, OR 97123 8. List of Officers, Directors, Trustees and Key Employees - List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing this section. (Oregon law requires a minimum of three directors for nonprofit public benefit corporations.) (A) Name, mailing address, daytime phone number (Crompensation inferts \$0 if position unpaid) Name: SEE STATEMENT 1 Address: Phone: Name: Address: Phone: Name: Address: Phone: Phone:		in-person; direct	mail; 🔲 ad	vertising; Uvending n	nachine; L telephone;	or other so	olicitations.	Yes	X No				
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions. 5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination or revocation letter from the internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter. 6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) 7. Provide contact information for the person responsible for retaining the organization's records. Name		If yes, also write the name	of the fundra	ising firm(s) here:			(If you						
with any government agency or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions. 5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OFI did the organization receive a determination or revocation letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter. 6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) 7. Provide contact information for the person responsible for retaining the organization's records. Name													
OR did the organization receive a determination or revocation letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) Provide contact information for the person responsible for retaining the organization's records. Name		Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency or been a party to legal action in any court or administrative agency regarding Yes No charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such											
Signature of the person of the person responsible for retaining the organization's records. Name		OR did the organization re	eceive a deter	mination or revocation le	tter from the Internal Rev	aws, or trust do venue Service r	cuments, elating to	Yes	X No				
7. Provide contact information for the person responsible for retaining the organization's records. Name						s on how to clo	se	7	W N.				
Name Position Phone Mailing Address & Email Address CHAD COLTON CHAIR PERSON (503) 703-6020 11785 SW RIVER RD., HIILLSBORO, OR 97123 8. List of Officers, Directors, Trustees and Key Employees · List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing this section. (Oregon law requires a minimum of three directors for nonprofit public benefit corporations.) (A) Name, mailing address, daytime phone number and email address (B) Title & average weekly hours devoted to position (enter \$0 if position unpaid) Name: SEE STATEMENT 1 Address: Phone: Name: Address: Phone: Name: Address: Phone:		your registration.)					L	Yes	INO LAL				
EHAD COLTON CHAIR PERSON CHA	7.	Provide contact informati	on for the pers	son responsible for retain	ing the organization's re	cords.							
8. List of Officers, Directors, Trustees and Key Employees - List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing this section. (Oregon law requires a minimum of three directors for nonprofit public benefit corporations.) (A) Name, mailing address, daytime phone number and email address (B) Title & average weekly hours devoted to position (enter \$0 if position unpaid) Name: SEE STATEMENT 1 Address: Phone: Name: Address: Phone: Name: Address: Phone:	Γ	Name		Position	Phone	Mai	ling Address & Email	Address					
if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing this section. (Oregon law requires a minimum of three directors for nonprofit public benefit corporations.) (A) Name, mailing address, daytime phone number and email address (B) Title & average weekly hours devoted to position Name: SEE STATEMENT 1 Address: Phone: Name: Address: Phone: Name: Address: Phone:	d	HAD COLTON		CHAIR PERSON	(503) 703-6020	11785 SW RI	VER RD., HIILLSBO	ORO,OR 9	7123				
if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing this section. (Oregon law requires a minimum of three directors for nonprofit public benefit corporations.) (A) Name, mailing address, daytime phone number and email address (B) Title & average weekly hours devoted to position Name: SEE STATEMENT 1 Address: Phone: Name: Address: Phone: Name: Address: Phone:													
Name: SEE STATEMENT 1 Address: Phone: Name: Address: Phone: Name: Address: Phone: Name: N	8.	if they did not receive co same compensation info a minimum of three dir-	mpensation. A rmation, the p ectors for no	Attach additional sheets in Thrase "See IRS Form" manning profit public benefit co	if necessary. If an attache nay be entered in lieu of corporations.)	ed IRS form inc	cludes substantially t section. (Oregon la	he aw require	es				
Address: Phone: Name: Address: Phone: Name: Address: Phone: Name: Address: Phone:			(A) Name, mai	ling address, daytime ph and email address	one number		average weekly hours devoted to	Compe (enter	sation \$0 if				
Phone: Name: Address: Phone: Name: Address: Phone:		Name: SEE S	TATEMEN	T 1									
Name: Address: Phone: Name: Address: Phone:		Address:											
Address: Phone: Name: Address: Phone:		Phone:											
Phone: Name: Address: Phone:	Γ	Name:		Respective WHENCE									
Name: Address: Phone:		Address:											
Address: Phone:		Phone:											
Address: Phone:													
Phone:		an indicated who received							-				
Form Continued on Page 2													
				Form Cor	ntinued on Pa	ae 2							

Sec	ction II. F	Fee Calculation				
9.	Form 990-	enue t I, Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a o PF. For 990-N filers or others, see the CT-12 instructions for how to calculate to planation if Total Revenue is \$0.)	on tal revenue.	638,359.		
10.		ee	ne revenue fee is d	etermined by the	10.	300.
		ount on Line 9 Revenue Fee				
	\$0 \$25,000 \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,00	- \$499,999 \$200 - \$999 999 \$300	l:			
	(From Part 990-EZ; or see the CT- is \$0 or a n	Part III, Line 22 (end of year) on Form 990; Line 21 on Form Part III, Line 6 on Form 990-PF. For 990-N filers or others, -12 instructions to calculate. Attach explanation if amount negative number)	7,524.			
12.	(Generally, 24B on For filers or oth	Assets Used to Conduct Charitable Activities	0.			
13.		Subject to Net Assets or Fund Balances Fee	1	3. 0.		
14.		ts or Fund Balances Feeultiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$2,000. Ro			14.	0.
15.	Are you fil	ling this report late? X Yes No			15.	20.
	(If yes, the	late fee is a minimum of \$20. You may owe more depending on how late the repnal information or contact the Charitable Activities Section at (971) 673-1880 to describe the contact the Charitable Activities Section at (971) 673-1880 to describe the contact the Charitable Activities Section at (971) 673-1880 to describe the contact the Charitable Activities Section at (971) 673-1880 to describe the contact the Charitable Activities Section at (971) 673-1880 to describe the contact the Charitable Activities Section at (971) 673-1880 to describe the contact the Charitable Activities Section at (971) 673-1880 to describe the contact the Charitable Activities Section at (971) 673-1880 to describe the contact the Charitable Activities Section at (971) 673-1880 to describe the contact the Charitable Activities Section at (971) 673-1880 to describe the contact the Charitable Activities Section at (971) 673-1880 to describe the contact the Charitable Activities Section at (971) 673-1880 to describe the contact the Charitable Activities Section at (971) 673-1880 to describe the contact the Charitable Activities Section at (971) 673-1880 to describe the contact the	ort is. See Instruc	tion 15		
16.	Total Amo (Add Lines	ount Due 10, 14, and 15. Make check payable to the Oregon Department of Justice.)			16.	320.
	except that filed a 990 Such organics, then a copy if a	copy of the organization's federal 990 or other return and all supporting at Form 990 & 990EZ filers do not need to attach o copy of their Schedi D-N, but had Total Revenue of \$50,000 or more, or Net Assets or Fund Eanizations may be required to complete certain AS forms for Oregon pumark any such return as "For Oregon Purposes Only." If your organizat available.	ule B. Also, if the Balances of \$10 urposes only. If t	e organization did not file 0,000 or more, see the in: he attached return was n	with th structio ot filed	e IRS or ns. with the
Plea		Under penalties of penury/i declare that am an officer/director of the accompanying forms, schedules and a to the best of	organization.	have examined this return	n, includ	ding all
Her		Signature of officer Date	12-18-2	-114		TIVE D
		DALE CANTWELL 11	.785 SW R	IVER RD., HI	LLSB	ORO, OR
			dress	•		
D-1-1		Pho	one			
	arer's Only	Preparer's Signature Saug Mm Date	12/28/2023 e	<u>(503</u> Phone) 22	27-0581
		SANG AHN 52 Preparer's name (printed) Add	0 SW YAM	HILL ST., ST	<u> 50</u>	0, PORTL

Line-by-line instructions for completing the annual report form can be found at https://www.doj.state.or.us/charitableactivities/annual-reporting-for-charities/file-your-annual-report. If you click the appropriate link for this year's form, the instructions are included in that document. If you would like us to send a copy of the instructions, please call us at 971-673-1880 or send an email to charitable@doj.state.or.us.

From: DoNotReply@doj.state.or.us
Sent: Thursday, May 4, 2023 9:04 AM

To: Mail; charitable@doj.state.or.us; rory.oneill@doj.state.or.us

Subject: Extension Request Approval for Quechua Benefit, A NonProfit Corporation

Registration Number: 27659

EIN: 311682324

Requestor Name: Sang Ahn

Requestor Email: mail@mcdonaldjacobs.com Relation to Charity: CPA Day time Phone: 503-227-0581

Date Submitted: Thursday, May 4, 2023 8:46 AM

We recently reviewed the CT-12/CT-12F/CT-12S extension request you submitted for the fiscal year beginning 1/1/2022 and ending 12/31/2022. Thank you for your submission.

Your extension has been accepted and the new due date is 11/15/2023.

***** CONFIDENTIALITY NOTICE *****

This e-mail may contain information that is privileged, confidential, or otherwise exempt from disclosure under applicable law. If you are not the addressee or it appears from the context or otherwise that you have received this e-mail in error, please advise me immediately by reply e-mail, keep the contents confidential, and immediately delete the message and any attachments from your system.

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 27659 | 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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For th	e 2022 calendar year, or tax year beginning and	enaing		
В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre	QUECHUA BENEFIT			
	Name chang	Doing business as		31-16823	24
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final	11785 CW RIVER RD		(503) 70	
	termii ated			G Gross receipts \$	662,641.
	Amer returr	ded HILLSBORO, OR 97123		H(a) Is this a group re	eturn
	App l ition	F Name and address of principal officer: CHAD COLTON		for subordinates	
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
<u></u>	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Websi			H(c) Group exemption	
		f organization: X Corporation Trust Association Other	L Year	of formation: 1998 n	🖊 State of legal domicile: OR
P	art I	Summary			
a	, 1	Briefly describe the organization's mission or most significant activities: \underline{FINA}			SOCIAL
Activities & Governance	[SERVICE PROGRAMS IN THE HIGHLANDS REGION	OF PEF	₹Ŭ.	
rn	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
Š	3			3	9
9	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
Se	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5
ŧ	6	Total number of volunteers (estimate if necessary)			9
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	<u></u> b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)		358,672.	527,904.
ë	9	Program service revenue (Part VIII, line 2g)		0.	8,000.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		45,308.	102,455.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		403,980.	638,359.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		192,734.	214,484.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Š	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		119,818.	168,178.
Expenses	2 16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
Ž	b ا	Total fundraising expenses (Part IX, column (D), line 25)		000 200	200 060
ш	¹ 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		278,376.	328,060.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		590,928.	710,722.
_	19	Revenue less expenses. Subtract line 18 from line 12		-186,948.	-72,363.
Sor			Ве	ginning of Current Year	End of Year
sset	ਰੂ 20	Total assets (Part X, line 16)		268,411.	188,563.
Net Assets or	21	Total liabilities (Part X, line 26)		149,433.	141,039.
Ž	∄ 22 art II	Net assets or fund balances. Subtract line 21 from line 20		118,978.	47,524.
					. Longe of a december 19 of the first
		alties of perjury, I declare that I have examined this return, including accompanying schedule:			/ knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh I	non preparer	las any knowledge.	
O:-		Signature of officer		I Date	
Sig		DALE CANTWELL, CO-EXECUTIVE DIRECTOR		2410	
He	re	Type or print name and title			
				Date Check C	PTIN
Pai	d	Print/Type preparer's name SANG AHN Preparer's signature		if self-employ	
	parer	Firm's name MCDONALD JACOBS, P.C.			3-0900579
	only	Firm's address 520 SW YAMHILL ST., STE 500		THIH SEIN 3	<u> </u>
J 3 C	. Only	PORTLAND, OR 97204		Phone no (5	03) 227-0581
Ma	ıv the I	RS discuss this return with the preparer shown above? See instructions		I i none no. ()	X Yes No
ivia	ا ⊃انە ر			<u></u>	<u></u> 163 NO

Form	990 (2022) QUECHUA BENEFIT	31-1682324	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: FINANCES AND OPERATES SOCIAL SERVICE PROGRAMS IN THE H	IIGHLANDS REGIO	N
	OF PERU.		
	Did the organization undertake any significant program services during the year which were not listed on the	^	
2	prior Form 990 or 990-EZ?		X No
_	If "Yes," describe these new services on Schedule O.	• 🗔	▼
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servic If "Yes," describe these changes on Schedule O.	es?Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses, a	nd
	revenue, if any, for each program service reported.	2.0	004 .
4a	(Code:) (Expenses \$ 467, 278. including grants of \$ 214, 484.) (<u>094.</u>)
	QUECHUA BENEFIT PROVIDED DIRECT FINANCIAL SUPPORT TO A PROGRAMS, CHILDREN EDUCATION AND DISASTER RELIEF PROGR		
	THE COLCA VALLEY AND HIGHLAND REGION OF PERU, AND PROV		T1/
	SUPPORT THROUGH QUECHUA BENEFIT PERU, IT'S COMPANION C		
	ESTABLISHED AS A PERUVIAN NONPROFIT.	MGANIZATION	
	BUINDHIDHID AD A THROVIAN NONIKOTIT.		
	IT ORGANIZES ANNUAL MEDICAL MISSIONS TO THE REGION BY	ASSEMBLING	
	VOLUNTEER MEDICAL PERSONNEL FROM MANY MEDICAL DISCIPLI		
	TRAVEL AROUND THE REGION AND PROVIDE MEDICAL CARE FROM		
	SEVERAL TIMES DURING EACH YEAR THE ORGANIZATION OPERAT		
	DENTAL, OPTOMETRY, AND MEDICAL CLINICS IN THE REGION.		ON
	HAS COMPLETED CONSTRUCTION OF THE CASA CHAPI CHILDREN'	S VILLAGE,	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		·	
	(Code:) (Expenses \$ including grants of \$) (١
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$,
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses 467,278.		
		Form	90 (2022)

Form 990 (2022) 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? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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,	Ť		
•	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? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ü	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	۴		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
				x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	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	X	
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
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
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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes."			
. •	complete Schedule G, Part III	19		X
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		T
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
	Gonesia gotorimon or right or and by some in the rest Complete Schedule I, Parts Fahlu II			

232003 12-13-22

Form **990** (2022)

Form 990 (2022) QUECHUA BENEFIT
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а				
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	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	- 31		
32	, , , , , , , , , , , , , , , , , , ,	32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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	33		
5 4	Part V. line 1	34	Х	
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>55a</u>		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		├
00	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	55		<u> </u>
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	"		
00		38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	Silver is a second of contained a respective of free to day line in the rate v		Yes	No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	INO
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Enter the minor of terms with a second of the second of th			
C	(gambling) winnings to prize winners?	1c		
	gameing, minings to pite without	_	000	(2022)

232004 12-13-22

Form **990** (2022)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	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		
6a	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?	<u>7a</u>		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			.,
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	BT /	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
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? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources against	-		
Ь	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZ.G		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Ves " complete Form 6069			

Form **990** (2022)

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 9 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c on Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? X a The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed OR Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records CHAD COLTON - (503) 703-6020

Form **990** (2022)

97123

11785 SW RIVER RD., HILLSBORO,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not cl , unle:	Posi heck i	more son i	l than o s both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) CHAD COLTON	5.00									
CHAIRPERSON		Х		Х				0.	0.	0 .
(2) JANICE CLINGMAN	3.00	l								_
TREASURER	F 00	Х		Х		_		0.	0.	0
(3) CHUCK GULOTTA	5.00	٠,,		37						_
SECRETARY	25.00	Х		Х	_	_		0.	0.	0
(4) MICHAEL SAFLEY	25.00							0.	_	^
CO-DIRECTOR (5) DALE CANTWELL	20.00	Х			_	-		0.	0.	0
CO-DIRECTOR	20.00	Х						0.	0.	0
(6) LYNN EDENS	3.00	Ĥ						0.	<u> </u>	0
BOARD MEMBER	3.00	х						0.	0.	0
(7) KRIS WIGGER	3.00							•	•	
BOARD MEMBER	3100	х						0.	0.	0.
(8) IAN TIPPETS	3.00									
BOARD MEMBER		Х						0.	0.	0
(9) BRUNO FRANCO	3.00									
BOARD MEMBER		Х						0.	0.	0
		-								
		1								

Form 990 (2022)

<u> </u>	Section A. Officers, Directors, Trus	1	oloy	ees,			ghes	st C			$\overline{}$		
	(A)	(B)		(C) Position				(D)	(E)		(F		
	Name and title	Average hours per		not c	heck	more	than o		Reportable compensation	Reportable compensation		Estim amou	
		week					is both or/trus		from	from related		oth	
		(list any	sctor						the	organizations	- -	compe	nsation
		hours for related	or dir	8			ated		organization	(W-2/1099-MISC	′	from	
		organizations	ustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organi and re	
		below	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	ь	1000 NEO)			organiz	
		line)	Indiv	Instit	Officer	Key e	Highe	Former					
							_						
											+		
							\vdash				+		
											十		
											\dashv		
					_		┢				+		
							┢				+		
1b	Subtotal	1							0.	C	, 		0.
С	Total from continuation sheets to Part VI								0.	().		0.
<u>d</u>	Total (add lines 1b and 1c)								0.	().		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			_
	compensation from the organization												0
_	Did the consciention list and for	dina akan kansak						la tau	L t t l			Ye	es No
3	Did the organization list any former officer			•	•	•		_	· · · · · · · · · · · · · · · · · · ·	•		3	х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3	122
•	and related organizations greater than \$150	•							· ·	•		4	Х
5	Did any person listed on line 1a receive or a												
	rendered to the organization? If "Yes." com											5	Х
Sec	ction B. Independent Contractors												
1	Complete this table for your five highest co	-								•	nsatio	n from	
	the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin T		ear.			
	(A) Name and business	address	NT	ONE	,				(B) Description of s	ervices	Cor	(C) npensa	ntion
			11/)INI				_	2000111211011011011	-			
								\dashv					
								_					
								\dashv					
2	Total number of independent contractors (i	naludina but n	at lin	nited	d to	thos	se lic	ted	ahove) who received mo	ore than			
_	\$100,000 of compensation from the organi	•	J. 411			(.54					
		· · · · · · · · · · · · · · · · · · ·									F	orm 99	0 (2022)

232008 12-13-22

Form 990 (2022) QUECHUA BENEFIT
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		Check ii Concadie o contains a response c	or note to any in	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
						business revenue	from tax under
							sections 512 - 514
tt st	1	Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
e, e		Fundraising events1c					
ifts		Related organizations 1d					
nig Big		Government grants (contributions) 1e					
Sir		All other contributions, gifts, grants, and					
E L			527,904.				
έĘ							
ont of		Noncash contributions included in lines 1a-1f	9,065.	505 004			
<u>5</u> <u>E</u>		Total. Add lines 1a-1f		527,904.			
			Business Code				
Ð	2	HEALTHY COMMUNITIES	900099	8,000.	8,000.		
- ķ							
ie se							
m S							
Jra Be		d					
Program Service Revenue							
₾		All other program service revenue		0 000			
		Total. Add lines 2a-2f		8,000.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	_	_ ``	(11) 1 01001101				
	6						
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		Less: cost or other basis					
ø		and sales expenses 7b					
Ĭ,							
Revenue		. ,					
Æ		l Net gain or (loss)					
her	8	Gross income from fundraising events (not					
ŏ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	94,718.				
		Less: direct expenses 8b	18,131.				
		Net income or (loss) from fundraising events	-	76,587.			76,587.
		Gross income from gaming activities. See		,			,
	9						
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b	6,151.				
		Net income or (loss) from sales of inventory		22,094.	22,094.		
		, ,	Business Code				
ns	44	MISCELLANEOUS INCOME	900099	3,774.			3,774.
e e	11		700077	3,1120			3,,,=•
lan		·					
Miscellaneous Revenue		•					
lisi		All other revenue		<u> </u>			
		Total. Add lines 11a-11d		3,774.			
	12	Total revenue. See instructions		638,359.	30,094.	0.	80,361.

232009 12-13-22

Form **990** (2022)

Part X Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses **(D)** Fundraising (A) Total expenses (B) Program service expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 214,484. 214,484. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 145,242. 145,242. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,321. 7,321. Other employee benefits 9 15,615. 15,615. 10 Payroll taxes Fees for services (nonemployees): Management Legal 104. 4,176. 4,280. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 172,269. 145,971. 19,860. 6,438. Advertising and promotion 12 72,134. 65,436. 4,122. 2,576. 13 Office expenses 6,724. 1,604. 5,120 Information technology 14 Royalties 15 18,000. 18,000. Occupancy 16 3,227. 2,500. 490. 237. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 11. 11. 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 2,602. 2,602. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 36,257. 4,021. 26,554. 5,682. FUNDRAISING EXPENSE PICOTANI WATER PROJECT 11,540. 11,540. 233. 1,016. 689. 94. ALLYMIA PROJECT С d All other expenses 710,722. 467,278. 224,958. 18,486. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2022)

5014___1

Check here

if following SOP 98-2 (ASC 958-720)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			211,489.	1	131,242.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial con	tributor, or 35%			
		controlled entity or family member of any of the	nese persons	s		5	
	6	Loans and other receivables from other disqu	alified perso	ns (as defined			
		under section 4958(f)(1)), and persons describ	n 4958(c)(3)(B)		6		
ts	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			53,657.	8	54,136
ĕ	9	B ::				9	
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	2,857. 2,857.			
	b	Less: accumulated depreciation	10b	2,857.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	3,265.	15	3,185.		
	16	Total assets. Add lines 1 through 15 (must e			268,411.	16	188,563.
	17	Accounts payable and accrued expenses			294.	17	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su					
jab.		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to uni			146 160	23	120 400
	24	Unsecured notes and loans payable to unrela		Г	146,160.	24	138,480.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24). C	complete Part X	2 070		2 550
		of Schedule D		Г	2,979.		2,559. 141,039.
	26	Total liabilities. Add lines 17 through 25			149,433.	26	141,039.
Ñ		Organizations that follow FASB ASC 958, o	heck here				
uce		and complete lines 27, 28, 32, and 33.					
ala	27					27	
d B	28	Net assets with donor restrictions				28	
Ë		Organizations that do not follow FASB ASC	, 958, cneck	nere 21			
or F	20	and complete lines 29 through 33.	ľ	0.	29	0.	
əts	29	Capital stock or trust principal, or current fun Paid-in or capital surplus, or land, building, or			0.	30	0.
\ss(30	Retained earnings, endowment, accumulated			118,978.	31	47,524.
Net Assets or Fund Balances	31 32			118,978.	32	47,524.	
Ž		Total liabilities and net assets/fund balances			268,411.	33	188,563.
	33	Total liabilities and het assets/fund balances			200,411.	UU	Form 990 (2022

Form **990** (2022)

1 0111	1000 (2022) QUICHT BEHELT II	~ _		- 1	age	_
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			<u>359.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			722.	
3	Revenue less expenses. Subtract line 2 from line 1	3		-72,363.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	18,	978.	
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			909.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		<u>47,</u>	524.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				<u>L</u>	
			_	Ye	s No	_
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	1	<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					
b	b Were the organization's financial statements audited by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,					
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		20	;		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	1	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		31	,		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		QUEC	HOW REMELT.	Τ'				1-1682324
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of ch					I)(A)(i).	
2		A school described in sect				` ` ` `	, , , ,	
3		A hospital or a cooperative				/h)/1\/A\/ii	i)	
4	\Box	A medical research organiz					•	the hospital's name
•	ш	city, and state:	ation operated in col	ijanotion with a noopital	accombca	occur	11 17 (6) (1)(7)(11)1 Emoi	ino noopital o namo,
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	od by a go	vernmental unit describe	ad in
5	ш	= :		nege of university owned	or operat	ed by a go	verninentaj unit describi	50 III
_		section 170(b)(1)(A)(iv). (C	• •				, ,	
6	37	A federal, state, or local gov	=					
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental i	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	Щ	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i x) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	or
		university:						
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, an	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con		,		·	, ,	,
11		An organization organized a	•	vely to test for public sat	etv. See	section 50)9(a)(4).	
12	一	An organization organized a	· ·		-			purposes of one or
-		more publicly supported or						
		lines 12a through 12d that						SHOOK THO DOX OH
а		Type I. A supporting orga	- ·				=	aivina
а			•	•		-		= =
		the supported organization			majority C	i the direc	tors or trustees or the st	apporting
		organization. You must o	· ·					
b			· ·					=
		control or management o			ame perso	ns that coi	ntro l or manage the sup	oorted
		organization(s). You mus						
С			grated. A supportin	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
	_	its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.	
d			/ integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attenti	veness
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g		ride the following information						•
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) I s the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	, ,	` '	
	membership fees received. (Do not						
	include any "unusual grants.")	404,709.	778,647.	700,760.	358,672.	527,904.	2770692.
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	404,709.	778,647.	700,760.	358,672.	527,904.	2770692.
	The portion of total contributions	,		•	,	•	
Ĭ	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1155481.
6	Public support. Subtract line 5 from line 4.						1615211.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	404,709.	778,647.	700,760.	358,672.	527,904.	2770692.
8	Gross income from interest.		,	, , , , , , , , ,	, , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2.	1.				3.
9	Net income from unrelated business						<u></u>
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,389.		655.	2.	3,774.	6,820.
11	Total support. Add lines 7 through 10	2/3031		0331	2.	3,771	2777515.
	Gross receipts from related activities,	etc (see instruction	nne)			12	509,501.
	First 5 years. If the Form 990 is for the	,	,				303,3011
10	organization, check this box and stor			_			
Se	ction C. Computation of Publi						
	Public support percentage for 2022 (I			:olumn (fl)		14	58.15 %
	Public support percentage from 2021		•	(,,		15	48.22 %
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
k	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	· ·				*	
172	10% -facts-and-circumstances test						
	and if the organization meets the fact	•					
	meets the facts-and-circumstances te					vinew and organiz	
ŀ	10% -facts-and-circumstances test	•		, , ,			
	more, and if the organization meets the	_					
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization						· · · · · · · · · · · · · · · · · · ·
			, , , ,	, , , =-, =-	,		(Form 990) 2022

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

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

Sec	ction A. Public Support	ciow, picase comp	Sictor art II.				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(G) =	((5) = = = =	(4,7 = = = 1	(-,	(-/
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
L	Unrelated business taxable income						
L							
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, co l umn (f), c	livided by line 13,	co l umn (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedu l e A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did r				33 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization			·		•	

232023 12-09-22

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	100	140
1		
2		
3a		
3b		
0-		
3c		
4a		
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4b		
4c		
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10a		
10b		

232024 12-09-22

	Addition 1000/2022 Solution Parish		- 10	ige o
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
<u>Sec</u>	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	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		163	140
•	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	4		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	tion B. All Type in Supporting Organizations		v	N
	Did the considering and ideas and of its constant and an arrival in the last devictible fifth and the fifth		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Sec</u>	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see installation)	struction	s).	
2	Activities Test. Answer lines 2a and 2b 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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	·· ·· ·· ·· · · · · · · · · · · · · ·			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22 Schedule A (Form 990) 2022

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

3b

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

QUECHUA BENEFIT

31-1682324

Organization type (check one):						
Filers of	f:	Section:				
Form 990 or 990-EZ		X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	90-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: O	nly a section 501(c)(covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	l Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.				
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year				
answer	"No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 I requirements of Schedule B (Form 990).				

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2**

Name of organization Employer identification number

OUECHUA BENEFIT	31-1682324

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- - \$\$000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
2		- - \$\$0,021.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		_ \$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* \$ 30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		- \$\$40,000.	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
6		_ \$15,642.	Person X Payroll

Daga 2

Name of organization

Employer identification number

OTTECTITA	DENIERT
OUECHUA	DENELT.

31-1682324

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 25,000.	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
8		\$ 51,920.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

QUECHUA BENEFIT

31-1682324

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	I 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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2022) Page 4 Name of organization Employer identification number OUECHUA BENEFIT 31-1682324 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2022) 223454 11-15-22

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Name of the organization

OUECHUA BENEFIT

Employer identification number 31-1682324

Pai	rt I Organizations Maintaining Donor Advised Funds or Other Sim	nilar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		·
	(a) Donor advised f	unds ((b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised fund	ds
	are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any o	other purpose conferr	ing
	impermissible private benefit?		
Pai	rt II 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 a histo	orically important land area
		Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	on in the form of a co	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure included in (a)		2c
d	Number of conservation easements included in (c) acquired after July 25,2006, and not of biotoxic attricture listed in the National Register.		
3	historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terr	ningted by the organi	Zation during the toy
3	year	minated by the organi.	zation during the tax
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	
Ū			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and		
		· ·	g ,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enfor	cing conservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	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		
	balance sheet, and include, if applicable, the text of the footnote to the organization's fin	nancial statements tha	at describes the
	organization's accounting for conservation easements.	011 0	
Pai	rt III Organizations Maintaining Collections of Art, Historical Treas	ures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue		
	of art, historical treasures, or other similar assets held for public exhibition, education, or		nce of public
_	service, provide in Part XIII the text of the footnote to its financial statements that descril		
b			
	art, historical treasures, or other similar assets held for public exhibition, education, or re	search in furtherance	of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar asset		orovide
	the following amounts required to be reported under FASB ASC 958 relating to these ite		Φ.
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2022
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Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or O	ther Si	milar Assets	(continue	a)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that ma	ake signif	icant use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	change program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's	exempt	purpose in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other si	imilar ass	ets		
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?			Yes	No
Par	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered "Ye	s" on For	m 990, Part I V,	line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets	not incl	uded		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fe						Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Par	t XIII			
Par	rt V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990, Part IV,	line 10.			
		(a) Current year	(b) Prior year	(c) Two years b	ack (d)	Three years back	(e) Four yea	ars back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) he l d as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	<u></u> %						
С	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered	for the			
	organization by:						Ye	s No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions l isted as requir	ed on Schedu l e R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	rt VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Pa	art X, l ine	10.		
	Description of property	(a) Cost or o basis (investr	, ,	t or other (other)	(c) Accu depred		(d) Book va	alue
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment			2,857.		2,857.		0.
<u>e</u>	Other							
Total	I. Add lines 1a through 1e. <i>(Column (d) must</i> e	gual Form 990. Part	X. column (B). line 1	0c.)				0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 QUECHUA BENE	FIT	31-1682324	Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	lue
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	.lue
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	Description	(b) Book val	ue
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line		
1. (a) Description of liability		(b) Book val	ue
(1) Federal income taxes			
(2) CREDIT CARDS		2,	<u>559.</u>

<u>1</u>	(a) Description of liability	(b) Book value
(1)) Federal income taxes	
(2)	CREDIT CARDS	2,559.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (h) must equal Form 990 Part X col. (R) line 25.)	2,559.

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

Schedule D (Form 990) 2022

Pai	rt XI Reconciliation of Revenue per Audited Financial S	tatements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
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			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	1		
е	Add lines 2a through 2d	<u></u>	2e	
3	Subtract line 2e from line 1		3	
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			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line			
Pa	rt XII Reconciliation of Expenses per Audited Financial S	Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 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			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
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			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
c 5				
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.			
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line	2 18.)	5	t XI,
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.	e 18.) d 4; Part IV, lines 1b and 2b; Part	5	t XI,
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	e 18.) d 4; Part IV, lines 1b and 2b; Part	5	t XI,
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	e 18.) d 4; Part IV, lines 1b and 2b; Part	5	t XI,
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	e 18.) d 4; Part IV, lines 1b and 2b; Part	5	t XI,
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	e 18.) d 4; Part IV, lines 1b and 2b; Part	5	t XI,
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	e 18.) d 4; Part IV, lines 1b and 2b; Part	5	t XI,
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	e 18.) d 4; Part IV, lines 1b and 2b; Part	5	t XI,
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	e 18.) d 4; Part IV, lines 1b and 2b; Part	5	t XI,
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	e 18.) d 4; Part IV, lines 1b and 2b; Part	5	t XI,
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	e 18.) d 4; Part IV, lines 1b and 2b; Part	5	t XI,
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	e 18.) d 4; Part IV, lines 1b and 2b; Part	5	t XI,
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	e 18.) d 4; Part IV, lines 1b and 2b; Part	5	t XI,
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	e 18.) d 4; Part IV, lines 1b and 2b; Part	5	t XI,
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	e 18.) d 4; Part IV, lines 1b and 2b; Part	5	t XI,
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	e 18.) d 4; Part IV, lines 1b and 2b; Part	5	t XI,
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	e 18.) d 4; Part IV, lines 1b and 2b; Part	5	t XI,
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	e 18.) d 4; Part IV, lines 1b and 2b; Part	5	t XI,
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	e 18.) d 4; Part IV, lines 1b and 2b; Part	5	t XI,
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	e 18.) d 4; Part IV, lines 1b and 2b; Part	5	t XI,
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	e 18.) d 4; Part IV, lines 1b and 2b; Part	5	t XI,
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	e 18.) d 4; Part IV, lines 1b and 2b; Part	5	t XI,
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	e 18.) d 4; Part IV, lines 1b and 2b; Part	5	t XI,
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	e 18.) d 4; Part IV, lines 1b and 2b; Part	5	t XI,

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** QUECHUA BENEFIT 31-1682324 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (f) Total (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (a) Region employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors of service(s) in the region recipients located in the region) in the region in the region SOUTH AMERICA -EDUCATION, PREVENTATIVE ARGENTINA, BOLIVIA, GRANTS ARE MADE TO QUECHA MEDICINE, ECONOMIC BRAZIL, CHILE, BENEFIT PERU WHO THEN EMPOWERMENT AND OTHER COLUMBIA, ECUADOR PROVIDES SERVICES, SERVICES. 215,275. 0 0 215,275. 3 a Subtotal **b** Total from continuation 0 sheets to Part I Totals (add lines 3a 215,275.

232071 10-17-22

and 3b)

13011218 781409 5014

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 QUECHUA BENEFIT

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

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2022
(h) Description of noncash assistance						Schedi
(g) Amount of noncash assistance	•0				A A	
(f) Manner of cash disbursement	214,484. WIRE TRANSFER				ecognized as a tax ivalency letter	
(e) Amount of cash grant	214,484.				oreign country, r ion 501(c)(3) equ	
(d) Purpose of grant	TO ENABLE QUECHUA BENEFIT PERU TO PROVIDES SERVICES.				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	
(c) Region	SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,				is listed above that are in for which the grantee in entities	
(b) IRS code section and EIN (if applicable)					recipient organizatior nization by the IRS, oother organizations o	S
1 (a) Name of organization					 Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for whic 3 Enter total number of other organizations or entities 	

QUECHUA BENEFIT

Schedule F (Form 990) 2022

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.

Schedule F (Form 990) 2022 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of recipients cash grant (b) Region (a) Type of grant or assistance

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

Schedule F (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization							ntification number	
	BENEFIT					31-1682		
Part I Fundraising Activities required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not	
1 Indicate whether the organization rais	sed funds through any of the followin	g activ	ities.	Check all that apply.				
a Mail solicitations	e Solicitat	tion of	non-g	overnment grants				
b Internet and email solicitations	f Solicitat	tion of	gover	nment grants				
c Phone solicitations	g 🔙 Special	fundra	aising	events				
d In-person solicitations								
2 a Did the organization have a written of					tees,	or		
key employees listed in Form 990, P				=		Yes		
b If "Yes," list the 10 highest paid indiv		ant to	agreei	ments under which th	ne fur	ndraiser is to be)	
compensated at least \$5,000 by the	organization.							
		(iii)	Did		(v)	Amount paid	(-1) A	
(i) Name and address of individual	(ii) Activity	(iii) fundr have c	ustody	(iv) Gross receipts	to (c	or retained by)	(vi) Amount paid to (or retained by)	
or entity (fundraiser)		or con	ntro l of utions?	from activity		fundraiser ted in col. (i)	organization	
		Yes	No					
		103	110	1				
Total								
3 List all states in which the organization			utions	or has been notified	it is e	exempt from reg	gistration	
or licensing.								
							-	

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

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022 QUECHUA

Part II Fundraising Events. Complete if the 31-1682324 Page 2 QUECHUA BENEFIT

	11 (1	of fundraising event contributions and gro	•		· · · · · · · · · · · · · · · · · · ·	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			EDU BEND	FARM EVENT	2	col. (c))
<u>e</u>			(event type)	(event type)	(total number)	(-)/
Revenue	1	Gross receipts	27,690.	57,291.	9,737.	94,718.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	27,690.	57,291.	9,737.	94,718.
	4	Cash prizes				
õ	5	Noncash prizes				
xpense	6	Rent/facility costs		2,429.		2,429.
Direct Expenses	7	Food and beverages		9,984.		9,984.
	8	Entertainment		157.		157.
	9	Other direct expenses	1	157. 3,141.	1,560.	157. 5,561.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			18,131.
П	11 ort I					76,587.
Pa	ar t i	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$10,000 0111 0111 000 EZ, III10 0a.	() D:	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
eve						
	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct [4	Rent/facility costs				
_	5	Other direct expenses				
	Ť		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
			, , , ,			
9	Ent	ter the state(s) in which the organization condu	ıcts gaming activities: _			
		he organization licensed to conduct gaming ac		states?		Yes No
b) [f "	No," explain:				
	_					
		ere any of the organization's gaming licenses re	·	erminated during the tax y	ear?	Yes No
		· '				
	_					

Schedule G (Form 990) 2022 232082 10-27-22

Schedule G (Form 990) 2022 QUECHU	A BENEFIT 31	L-1682324 Page 3
11 Does the organization conduct gaming activitie	s with nonmembers?	Yes No
	tee of a trust, or a member of a partnership or other entity formed	
		Yes No
13 Indicate the percentage of gaming activity cond		
		140-1
		13b 9
14 Enter the name and address of the person who	prepares the organization's gaming/special events books and records:	
Name		
Address		
15a Does the organization have a contract with a th	ird party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue re	eceived by the organization \$ and the amoun	t
of gaming revenue retained by the third party	\$	
c If "Yes," enter name and address of the third pa	arty:	
Name		
Address		
Address		
40 Coming manager information.		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employ	ee Independent contractor	
Birector/officer Employ	ee independent contractor	
A NA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
17 Mandatory distributions:		
·	make charitable distributions from the gaming proceeds to	
retain the state gaming license?		Yes No
b Enter the amount of distributions required unde	er state law to be distributed to other exempt organizations or spent in the	е
organization's own exempt activities during the	tax year \$	
Part IV Supplemental Information. Pro	ovide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. A	Iso provide any additional information. See instructions.	
	· · · · ·	
-		

Part IV Supplemental Information (continued)	Schedule (From 980) QUECHUA BENEFIT 31-1682324 Page 4 Part V Supplemental Information (contrasted)	Part IV Supplemental Information (continued)	Schedule G	i (Form 990)	QUECHUA BENEFIT	31-1682324 P	age 4
			Part IV	Supplemental Info	mation _(continued)		
			-				

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

QUECHUA BENEFIT

Employer identification number 31-1682324

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
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
VILLAGE, ELEMENTARY SCHOOL AND HEALTH CENTER ARE UNDER WAY.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 AND YEAR-END FINANCIAL STATEMENTS REVIEWED WITH PRINCIPAL OFFICER
AND THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 12C:
ON AN ANNUAL BASIS THE BOARD OF DIRECTORS ARE REQUIRED TO NOTE ANY CONFLICT
OF INTEREST THAT THEY MAY HAVE WITH THE ORGANIZATION.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE POSTED ON THE
ORGANIZATION'S WEBSITE AND COPIES ARE PROVIDED UPON REQUEST.

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

Schedule O (Form 990) 2022

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

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.

n to Form 990.

2022 Open to Public Inspection

OMB No. 1545-0047

 $\begin{array}{l} \text{Employer identification number} \\ 31-1682324 \end{array}$ Go to www.irs.gov/Form990 for instructions and the latest information.

(g) Section 512(b)(13) controlled Ŷ × entity? Direct controlling Yes 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 organizations during the tax year. Direct controlling entity End-of-year assets N/A status (if section 501(c)(3)) Public charity Total income Exempt Code ਉ section ਭ N/A Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) PERU SERVICES AND OPERATES A CHILDREN'S VILLAGE AND PROVIDES FREE MEDICAL Primary activity Primary activity QUECHUA BENEFIT Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity YANAHUARA, AREQUIPA, PERU QUECHUA BENEFIT PERU PERU 310 STREET Part I Part II

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2022

QUECHUA BENEFIT Schedule R (Form 990) 2022

31-1682324

Page 2

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.

(j) (k) General or Percentage managing ownership partner?		
(j) General or managing partner? Yes No		
Code V-UBI amount in box 20 of Schedule F.1 (Form 1065)		
rtionate ions?		
(h) Dispropo allocat Yes		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
(c) Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

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. Part IV

	1	ı .	1	ı	ı
tion (13) olled ity?					
Secl Secl 512(b contra enti					
Percentage (5/12(b)/13) controlled entity?					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Type of entity (C corp., S corp, or trust)					
(d) Direct controlling entity					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of related organization					

Schedule R (Form 990) 2022

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

Notes Complete interpretation of the property				*	\perp
 Note: Complete line in any entity is listed in ratis if, in, or iv or this sociedure. During the tax year, did the organization engage in any of the following transaction. 	s with one or more rel	re. transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?		201
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)					×
: (S)				5	×
Section of sections of sections of sections of sections of sections (s)				7	×
				2	1 :
e Loans or loan guarantees by related organization(s)				1 e	4
f Dividends from related organization(s)				#	×
g Sale of assets to related organization(s)				19	×
				÷	×
				ij	×
				=	\$
 j Lease of facilities, equipment, or other assets to related organization(s) 				÷	∢
b I noted of facilities continuous or other accepts from related examplestica(s)				÷	×
				₹ .	1 2
 Performance of services or membership or fundraising solicitations for related organization(s) 	ınization(s)			=	× :
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ē	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1h	×
o Sharing of paid employees with related organization(s)				9	×
p Reimbursement paid to related organization(s) for expenses				5	×
Reimbursement paid by related organization(s) for expenses				19	×
r Other transfer of cash or property to related organization(s)				÷	×
				5	×
1 1	ho must complete thi	s line, including covered r	elationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction tvoe (a-s)	(c) Amount involved	(d) Method of determining amount involved	ıvolved	
	(a m) and (a				
(1) QUECHUA BENEFIT PERU	В	214,484.	CASH		
(3)					
(4)					
(5)					
(9)					
232163 09-14-22	(Schedule	Schedule R (Form 990) 2022	90) 2022

Schedule R (Form 990) 2022

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.

(k) centage nership				
or Perce				
(j) General managin partner				
(h) (i) (j) (k)				
(h) isproportionate locations? es No				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all Are all 501(c)(3) 0195.2 For Yes No				
le parth der or Yes				
(d) Predominant income (related, unrelated, excluded from tax undersections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2022