

Return of Organization Exempt From Income Tax

2005

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning , **2005**, and ending ,

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type. See specific instructions.

Quechua Benefit
 30203 SW Burkhalter Rd
 Hillsboro, OR 97123

D Employer Identification Number
 31-1682324

E Telephone number

F Accounting method: Cash Accrual
 Other (specify) ▶

H and I are not applicable to section 527 organizations.
H (a) Is this a group return for affiliates? . . . Yes No
H (b) If 'Yes,' enter number of affiliates ▶
H (c) Are all affiliates included? Yes No
 (If 'No,' attach a list. See instructions.)
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site: ▶ www.quechuabenefit.org

J Organization type (check only one) 501(c) 3 ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **72,170.**

I Group Exemption Number . . . ▶

M Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

REVENUE	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1 a	72,170.	
	b Indirect public support	1 b		
	c Government contributions (grants)	1 c		
	d Total (add lines 1a through 1c) (cash \$ 72,170. noncash \$)	1 d		72,170.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5		
	6a Gross rents	6 a		
	b Less: rental expenses	6 b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6 c		
7 Other investment income (describe)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	8 a			
	b Less: cost or other basis and sales expenses	8 b		
	c Gain or (loss) (attach schedule)	8 c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8 d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here. <input type="checkbox"/>	a Gross revenue (not including \$ of contributions reported on line 1a)	9 a		
	b Less: direct expenses other than fundraising expenses	9 b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9 c		
10a Gross sales of inventory, less returns and allowances	10 a			
	b Less: cost of goods sold	10 b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10 c		
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		72,170.	
EXPENSES	13 Program services (from line 44, column (B))	13		66,157.
	14 Management and general (from line 44, column (C))	14		2,457.
	15 Fundraising (from line 44, column (D))	15		812.
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17		69,426.
NET ASSETS	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		2,744.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		116,591.
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		119,335.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ <u>3,150.</u> non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22	3,150.	3,150.		
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc.	25	0.	0.	0.	0.
26 Other salaries and wages	26	9,000.	9,000.		
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	1,494.		1,494.	
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	24,315.	24,315.		
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize):					
a See Statement 1	43a	31,467.	29,692.	963.	812.
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g _____	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	69,426.	66,157.	2,457.	812.

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B) Program services**? Yes No
 If 'Yes,' enter **(i)** the aggregate amount of these joint costs \$ _____; **(ii)** the amount allocated to Program services \$ _____; **(iii)** the amount allocated to Management and general \$ _____; and **(iv)** the amount allocated to Fundraising \$ _____.

Part IV Balance Sheets (See Instructions)

Note: <i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.</i>		(A) Beginning of year		(B) End of year
A S S E T S	45 Cash — non-interest-bearing	99,341.	45	102,085.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts			
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts			
	49 Grants receivable			
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			
	51 a Other notes & loans receivable (attach sch.)			
	b Less: allowance for doubtful accounts			
	52 Inventories for sale or use	1,000.	52	1,000.
	53 Prepaid expenses and deferred charges		53	
	54 Investments — securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments — land, buildings, & equipment: basis	16,250.		
	b Less: accumulated depreciation (attach schedule)	Statement 2	16,250.	55 c
56 Investments — other (attach schedule)		56		
57 a Land, buildings, and equipment: basis				
b Less: accumulated depreciation (attach schedule)				
58 Other assets (describe ▶ _____)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	116,591.	59	119,335.	
L I A B I L I T I E S	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ▶ _____)		65	
66 Total liabilities. Add lines 60 through 65	0.	66	0.	
N E T A S S E T S O R F U N D B A L A N C E S	Organizations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund	116,591.	71	119,335.
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	116,591.	73	119,335.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	116,591.	74	119,335.	

BAA

Form 990 (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	72,170.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	72,170.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	72,170.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	69,426.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	69,426.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	69,426.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Mario Pedroza 30203 SW Burkhalter Rd Hillsboro, OR 97123	President 0	0.	0.	0.
Mike Safley 11785 SW River Road Hillsboro, OR 97123	Secretary 0	0.	0.	0.
Russell Grattan 38106 NE 211th Ave Amboy, WA 98601	Director 0	0.	0.	0.

Part VI Other Information (continued)	Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	<input type="checkbox"/>	<input type="checkbox"/>
82b _____ N/A		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84a Did the organization solicit any contributions or gifts that were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input type="checkbox"/>	<input type="checkbox"/>
84b _____ N/A		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	<input type="checkbox"/>	<input type="checkbox"/>
85a _____ N/A		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<input type="checkbox"/>	<input type="checkbox"/>
85b _____ N/A		
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members.	<input type="checkbox"/>	<input type="checkbox"/>
85c _____ N/A		
d Section 162(e) lobbying and political expenditures.	<input type="checkbox"/>	<input type="checkbox"/>
85d _____ N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	<input type="checkbox"/>	<input type="checkbox"/>
85e _____ N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e).	<input type="checkbox"/>	<input type="checkbox"/>
85f _____ N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<input type="checkbox"/>	<input type="checkbox"/>
85g _____ N/A		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<input type="checkbox"/>	<input type="checkbox"/>
85h _____ N/A		
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	<input type="checkbox"/>	<input type="checkbox"/>
86a _____ N/A		
b Gross receipts, included on line 12, for public use of club facilities	<input type="checkbox"/>	<input type="checkbox"/>
86b _____ N/A		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	<input type="checkbox"/>	<input type="checkbox"/>
87a _____ N/A		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<input type="checkbox"/>	<input type="checkbox"/>
87b _____ N/A		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____ 0. ; section 4912 ▶ _____ 0. ; section 4955 ▶ _____ 0.	<input type="checkbox"/>	<input type="checkbox"/>
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
89b _____ X		
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ _____ 0.		<input type="checkbox"/>
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		<input type="checkbox"/>
▶ _____ 0.		
90a List the states with which a copy of this return is filed ▶ <u>None</u>		
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	<input type="checkbox"/>	<input type="checkbox"/>
90b _____ 0		
91a The books are in care of ▶ <u>Mario Pedroza</u> Telephone number ▶ <u>503-640-4717</u> Located at ▶ <u>PO Box 896, Hillsboro OR</u> ZIP + 4 ▶ <u>97123</u>		
b 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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
91b _____ X		
If 'Yes,' enter the name of the foreign country ▶ _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
c At any time during the calendar year, did the organization maintain an office outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
91c _____ X		
If 'Yes,' enter the name of the foreign country ▶ _____		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check here. N/A ... ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 92 _____ N/A		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies . . .					
94 Membership dues and assessments . . .					
95 Interest on savings & temporary cash invmnts .					
96 Dividends & interest from securities . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop . . .					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory . . .					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					0.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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

Signature of officer: Mario Pedroza, President Date: _____

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: T Matt Bannon Date: _____

Check if self-employed:

Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: Kershaw & Associates, Inc.
1750 SW Harbor Way, Suite 330
Portland, OR 97201

EIN: N/A

Phone no.: (503) 223-1881

Client 2

Quechua Benefit

31-1682324

7/23/08

03:59PM

Statement 1
Form 990, Part II, Line 43
Other Expenses

	(A)	(B)	(C)	(D)
	<u>Total</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
Bank Charges	788.		788.	
Local Dental Supplies	17,879.	17,879.		
Lodging & Meals	727.	727.		
Marketing/Advertising	812.			812.
Office Expenses	175.		175.	
Operating Expenses	11,086.	11,086.		
Total	<u>\$ 31,467.</u>	<u>\$ 29,692.</u>	<u>\$ 963.</u>	<u>\$ 812.</u>

Statement 2
Form 990, Part IV, Line 55b
Investments - Land, Buildings, and Equipment

<u>Category</u>	<u>Basis</u>	<u>Accum. Deprec.</u>	<u>Book Value</u>
Machinery and Equipment	\$ 16,250.	\$ 0.	\$ 16,250.
Total	<u>\$ 16,250.</u>	<u>\$ 0.</u>	<u>\$ 16,250.</u>