

Return of Organization Exempt From Income Tax

2015

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Information about Form 990 and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning <u>January 1</u> , 2015, and ending <u>December 31</u> , 2015		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Wuqu' Kawoq, S.A.</u>	D Employer identification number <u>20-8741625</u>
	Doing business as <u>Maya Health Alliance</u>	E Telephone number <u>(802) 234-6285</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>Post Office Box 91</u>	
	City or town, state or province, country, and ZIP or foreign postal code <u>Bethel, Vermont 05032</u>	G Gross receipts \$ <u>879,670</u>
F Name and address of principal officer: <u>Russell Rohloff, Treasurer, 13 North Road, Bethel, Vermont 05032</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶ <u>N/A</u>
J Website: ▶ <u>www.wuqukawoq.org</u>		L Year of formation: <u>2007</u> M State of legal domicile: <u>VT</u>
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Wuqu' Kawoq is a non-governmental organization committed to facilitating excellence and linguistic competence in medical care delivery in the indigenous highlands of Guatemala. Programs include primary and complex medical care, collaboration with community health workers, and community development.</u>		
	2	Check this box <input type="checkbox"/> 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)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1
	6	Total number of volunteers (estimate if necessary)	6	28
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	\$0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	\$0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	\$589,130	\$879,604
	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)	\$65	\$66
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	\$589,195	\$879,670
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	\$0
14		Benefits paid to or for members (Part IX, column (A), line 4)	\$0	\$0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	\$166,313	\$224,574
16a		Professional fundraising fees (Part IX, column (A), line 11e)	\$0	\$0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>\$13,750</u>		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	\$368,787	\$494,533
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	\$535,100	\$719,107
	19	Revenue less expenses. Subtract line 18 from line 12	\$54,095	\$160,563
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	\$232,050	\$350,177
	22	Net assets or fund balances. Subtract line 21 from line 20	\$10,600	\$52,370
			\$221,450	\$297,807

Part II Signature Block

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.

Sign Here		<u>13 MAY 2016</u>
	Signature of officer	Date
	<u>RUSSELL W. ROHLOFF TREASURER/REGISTERED AGENT</u>	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

Wuqu' Kawoq works at the intersection of health and language in Guatemala's poor and underserved Maya indigenous communities. Through high-quality medical care in Mayan languages, we overcome entrenched barriers to health in rural Guatemala. Through language advocacy, we preserve and revitalize Mayan languages. Through research, we investigate innovative solutions to persistent structural barriers to health for Maya people. Through health education and capacity building, we empower indigenous communities.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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.

4a (Code:) (Expenses \$ 21,631 including grants of \$ 0.00) (Revenue \$ 0.00)

Primary Care: We provide the day-to-day health care for thousands of Guatemalans who do not have access to health services. Our providers teach patients to focus on health and do preventative medicine so that health care does not become focused solely on when they are sick. In this way we are promoting healthy lifestyles. Our providers coordinate care with other specialist care that the patient may need including surgery and treatment. At the current time we are providing care for over 20,000 patients in 11 community based health clinics. Please note that expenses does not include staff salaries.

4b (Code:) (Expenses \$ 33,598 including grants of \$ 0.00) (Revenue \$ 0.00)

General Nutrition: Our nutrition program provides universal nutritional and micronutrient supplementation to all children from 6 months of age onward, and to all pregnant and lactating women in our communities. We also focus on educating child caregivers about breastfeeding, complementary foods, common childhood illnesses, hygiene, and clean water through our community based health education programs and classes. At this time we are currently providing general nutrition monitoring and assistance to over 3,000 children. Please note that expenses does not include staff salaries.

4c (Code:) (Expenses \$ 10,695 including grants of \$ 0.00) (Revenue \$ 0.00)

Women's Health: We define women's health in the broadest sense possible. In addition to high-quality cervical cancer screening and prenatal care, we also offer management of sexually transmitted infections, family planning services, and treatment of all cancers that commonly affect women. We know that women have diverse medical needs, so our program also includes the provision of robust primary care. We have developed specific expertise in the screening, diagnosis, referral, and treatment of cervical cancer, which is the leading cause of death in Guatemala. Our obstetrics initiatives focus on reduction of maternal mortality through high-quality prenatal care, midwife education, and using technology to make childbirth safer. The foundation of our women's health education program is Mayan language women's health classes that, integrated with our child nutrition initiatives, help women have healthier pregnancies, children, and lives. At the present time we serve over 2,500 women. Please note that expenses does not include staff salaries.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 220,099 including grants of \$ 0.00) (Revenue \$ 0.00)

4e Total program service expenses **\$286,023**

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b and corresponding Yes/No columns. Includes sub-questions for various IRS forms and tax compliance issues.

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	✓	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		✓
6	Did the organization have members or stockholders?		✓
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?		✓
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	✓	
8b	Each committee with authority to act on behalf of the governing body?	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		✓

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		✓
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	✓	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	✓	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	✓	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	✓	
13	Did the organization have a written whistleblower policy?	✓	
14	Did the organization have a written document retention and destruction policy?	✓	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	✓	
15b	Other officers or key employees of the organization		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		✓
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **None, the state of incorporation does not require it.**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
Russell W. Rohloff, Treasurer and Registered Agent, 13 North Road, Bethel, Vermont 05032 (802) 234-6285

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Brent Henderson Board of Directors President	6	✓		✓				\$0	\$0	\$0
(2) Mark Doerr Board of Directors Secretary	4	✓		✓				\$0	\$0	\$0
(3) Russell Rohloff Board of Directors Treasurer	15	✓		✓				\$0	\$0	\$0
(4) Patrick Jennings Board Member	4	✓						\$0	\$0	\$0
(5) Thomas Melvin Board Member	2	✓						\$0	\$0	\$0
(6) Patrick O'Brien Board Member	2	✓						\$0	\$0	\$0
(7) Michelle McCarthy Board Member	2	✓						\$0	\$0	\$0
(8) Denna Davis Board Member	2	✓						\$0	\$0	\$0
(9) Anne Kraemer Diaz Executive Director	60	✓				✓	\$55,000	\$0	\$0	\$0
(10) Peter Rohloff Chief Medical Officer	60	✓					\$0	\$0	\$0	\$0
(11) Maxbeny Waleska Marlene Lopez Canu Medical Director	38	✓					\$0	\$0	\$23,300	\$0
(12) Anita Chary Research Director	20	✓					\$0	\$0	\$0	\$0
(13) Merida Isabel Coj Sajvin Director of Complex Care Services	38						\$0	\$0	\$0	<\$10,000
(14) Sandy Marisol Mux Xocop Director Women's Health and Diabetes Services	38						\$0	\$0	\$0	<\$10,000

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) German Obispo Ajquijay Guitz Staff Physician	41							\$0	\$0	<\$10,000
(16) Boris Martinez Staff Physician	35							\$0	\$0	\$12,600
(17) Diego Jose Flores Staff Physician	2							\$0	\$0	<\$10,000
(18) Michel Juarez Staff Physician	5							\$0	\$0	<\$10,000
(19) Enma Coyote Research Nurse and Mobile Health Coordinator	35							\$0	\$0	<\$10,000
(20) Ana Victoria Lopez Sipac de Mateo Special Projects Coordinator	2							\$0	\$0	<\$10,000
(21) Karyn Rosibel Choy Garcia Complex Care Coordinator	10							\$0	\$0	<\$10,000
(22) Glenda Angelica Gomez Hernandez Water Program Coordinator/Administration	38							\$0	\$0	<\$10,000
(23) Irene Yolanda Xuya Cuxil Staff	38							\$0	\$0	<\$10,000
(24) Roselia Quina Accountant	2							\$0	\$0	<\$10,000
(25) Yessenia Carilu Ramirez Tepaz Staff	24							\$0	\$0	<10,000
1b Sub-total								\$55,000	\$0	\$104,413
c Total from continuation sheets to Part VII, Section A								\$0	\$0	\$56,912
d Total (add lines 1b and 1c)								\$55,000	\$0	\$161,325

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **None**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		✓
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
None		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a \$0				
	b	Membership dues	1b \$0				
	c	Fundraising events	1c \$21,100				
	d	Related organizations	1d \$0				
	e	Government grants (contributions)	1e \$0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f \$849,360				
	g	Noncash contributions included in lines 1a-1f: \$	\$9,144				
	h	Total. Add lines 1a-1f	\$879,604				
	Program Service Revenue	2a	None	Business Code			
b							
c							
d							
e							
f		All other program service revenue .	\$0	\$0	\$0	\$0	
g		Total. Add lines 2a-2f	\$0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	\$66	\$0	\$0	\$0	
	4	Income from investment of tax-exempt bond proceeds	\$0	\$0	\$0	\$0	
	5	Royalties	\$0	\$0	\$0	\$0	
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	\$0	\$0	\$0	\$0	
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
d	Net gain or (loss)	\$0	\$0	\$0	\$0		
8a	Gross income from fundraising events (not including \$ <u>\$21,100</u> of contributions reported on line 1c). See Part IV, line 18	a					
		b					
b	Less: direct expenses						
c	Net income or (loss) from fundraising events .	\$0	\$0	\$0	\$0		
9a	Gross income from gaming activities. See Part IV, line 19	a					
		b					
b	Less: direct expenses						
c	Net income or (loss) from gaming activities . .	\$0	\$0	\$0	\$0		
10a	Gross sales of inventory, less returns and allowances	a					
		b					
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory . .	\$0	\$0	\$0	\$0		
Miscellaneous Revenue		Business Code					
11a	None						
b							
c							
d	All other revenue	\$0	\$0	\$0	\$0		
e	Total. Add lines 11a-11d	\$0					
12	Total revenue. See instructions.	\$879,670	\$0	\$0	\$0		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	\$0	\$0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	\$0	\$0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	\$0	\$0		
4 Benefits paid to or for members	\$0	\$0		
5 Compensation of current officers, directors, trustees, and key employees	\$55,000	\$13,750	\$27,500	\$13,750
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	\$0	\$0	\$0	\$0
7 Other salaries and wages	\$161,325	\$161,325	\$0	\$0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	\$0	\$0	\$0	\$0
9 Other employee benefits	\$3,798	\$0	\$3,798	\$0
10 Payroll taxes	\$4,451	\$0	\$4,451	\$0
11 Fees for services (non-employees):				
a Management	\$40,359	\$17,380	\$22,979	\$0
b Legal	\$0	\$0	\$0	\$0
c Accounting	\$0	\$0	\$0	\$0
d Lobbying	\$0	\$0	\$0	\$0
e Professional fundraising services. See Part IV, line 17	\$0			\$0
f Investment management fees	\$0	\$0	\$0	\$0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	\$0	\$0	\$0	\$0
12 Advertising and promotion	\$28,345	\$0	\$28,345	\$0
13 Office expenses	\$89,123	\$63,095	\$26,028	\$0
14 Information technology	\$1,920	\$1,920	\$0	\$0
15 Royalties	\$0	\$0	\$0	\$0
16 Occupancy	\$8,397	\$0	\$8,397	\$0
17 Travel	\$37,520	\$35,037	\$2,483	\$0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	\$0	\$0	\$0	\$0
19 Conferences, conventions, and meetings	\$1,413	\$0	\$1,413	\$0
20 Interest	\$0	\$0	\$0	\$0
21 Payments to affiliates	\$0	\$0	\$0	\$0
22 Depreciation, depletion, and amortization	\$0	\$0	\$0	\$0
23 Insurance	\$1,433	\$0	\$1,433	\$0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Chronic Health Care Programs	\$20,267	\$20,267	\$0	\$0
b Complex Care Programs	\$53,873	\$53,873	\$0	\$0
c Clean Water and Other Community Programs	\$4,531	\$4,531	\$0	\$0
d San Lucas Toliman Health Care Program	\$98,230	\$98,230	\$0	\$0
e All other expenses Other Programs	\$109,122	\$109,122	\$0	\$0
25 Total functional expenses. Add lines 1 through 24e	\$719,107	\$578,530	\$126,827	\$13,750
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	\$133,449	1	\$254,845
	2 Savings and temporary cash investments	\$0	2	\$0
	3 Pledges and grants receivable, net	\$12,067	3	\$0
	4 Accounts receivable, net	\$0	4	\$14,269
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	\$0	5	\$0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	\$0	6	\$0
	7 Notes and loans receivable, net	\$0	7	\$0
	8 Inventories for sale or use	\$0	8	\$0
	9 Prepaid expenses and deferred charges	\$0	9	\$0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a \$110,567		
	b Less: accumulated depreciation	10b \$31,996	\$84,257	10c \$78,571
	11 Investments—publicly traded securities	\$2,277	11	\$2,492
	12 Investments—other securities. See Part IV, line 11	\$0	12	\$0
	13 Investments—program-related. See Part IV, line 11	\$0	13	\$0
	14 Intangible assets	\$0	14	\$0
	15 Other assets. See Part IV, line 11	\$0	15	\$0
16 Total assets. Add lines 1 through 15 (must equal line 34)	\$232,050	16	\$350,177	
Liabilities	17 Accounts payable and accrued expenses	\$10,600	17	\$52,370
	18 Grants payable	\$0	18	\$0
	19 Deferred revenue	\$0	19	\$0
	20 Tax-exempt bond liabilities	\$0	20	\$0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	\$0	21	\$0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	\$0	22	\$0
	23 Secured mortgages and notes payable to unrelated third parties	\$0	23	\$0
	24 Unsecured notes and loans payable to unrelated third parties	\$0	24	\$0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	\$0	25	\$0
	26 Total liabilities. Add lines 17 through 25	\$10,600	26	\$52,370
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	\$133,449	30	\$254,845
	31 Paid-in or capital surplus, or land, building, or equipment fund	\$84,257	31	\$78,571
	32 Retained earnings, endowment, accumulated income, or other funds	\$14,344	32	\$16,761
33 Total net assets or fund balances	\$232,050	33	\$350,177	
34 Total liabilities and net assets/fund balances	\$242,650	34	\$402,547	

Part 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	\$879,670
2	Total expenses (must equal Part IX, column (A), line 25)	2	\$719,107
3	Revenue less expenses. Subtract line 2 from line 1	3	\$160,563
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	\$232,050
5	Net unrealized gains (losses) on investments	5	\$0
6	Donated services and use of facilities	6	\$0
7	Investment expenses	7	\$0
8	Prior period adjustments	8	\$0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	[\$42,438]
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	\$350,177

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
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?
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
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		✓
2b		✓
2c		
3a		✓
3b		