



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Return of Organization Exempt From Income Tax

OMB No 1545-0047

## 2014

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).

**Open to Public Inspection**

**A** For the 2014 calendar year, or tax year beginning January 1, 2014, and ending December 31, 20 14

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization Wuqu' Kawoq, S.A.  
 Doing business as Maya Health Alliance  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
Post Office Box 91  
 City or town, state or province, country, and ZIP or foreign postal code  
Bethel, Vermont 05032

**D** Employer identification number  
20-8741625

**E** Telephone number  
(802) 234-6285

**G** Gross receipts \$

**F** Name and address of principal officer Russell W. Rohloff, Treasurer  
13 North Road, Bethel, Vermont 05032

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ www.wuqukawoq.org

**H(c)** Group exemption number ▶ N/A

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 2007 **M** State of legal domicile VT

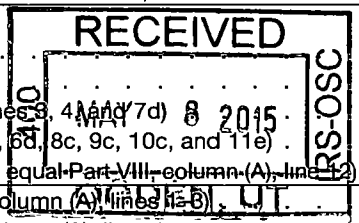
### Part I Summary

**1** Briefly describe the organization's mission or most significant activities: 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.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>8</u>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>8</u>
<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<u>5</u>	<u>1</u>
<b>6</b> Total number of volunteers (estimate if necessary)	<u>6</u>	<u>16</u>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>\$0</u>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>\$0</u>

		Prior Year	Current Year
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<u>\$334,349</u>	<u>\$589,130</u>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>\$0</u>	<u>\$0</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>\$58</u>	<u>\$65</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>\$0</u>	<u>\$0</u>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>\$338,839</u>	<u>\$589,195</u>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 13-15)	<u>\$15,750</u>	<u>\$0</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>\$0</u>	<u>\$0</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>\$72,241</u>	<u>\$166,313</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>\$0</u>	<u>\$0</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>\$266,422</u>	<u>\$368,787</u>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>\$354,413</u>	<u>\$535,100</u>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>(\$15,574)</u>	<u>\$54,095</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<u>\$128,388</u>	<u>\$232,050</u>
	<b>21</b> Total liabilities (Part X, line 26)	<u>\$20,775</u>	<u>\$10,600</u>
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	<u>\$107,613</u>	<u>\$211,450</u>



### 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**

Signature of officer: Russell W. Rohloff Date: MAY 13, 2015

Type or print name and title: RUSSELL W. ROHLOFF, TREASURER AND REGISTERED A-COUNT

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check  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

SCANNED JUN 11 2015

921

4

**Part 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:  
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 \$ \$141,857 including grants of \$ \$0) (Revenue \$ \$0)  
**Medical Clinic Services:** We are currently providing primary, chronic, and complex care patient medical services to local communities from our seven community health hubs that we operate and several partner organization sites. This past year included providing primary care to 15,000 patients, chronic care to 250 patients, and complex care to 250 patients. Primary care focuses on providing day-to-day care to Guatemalans who have no access to health services and providing education on preventative medicine and life style changes. Chronic health care includes programs for diabetes, hypertension, heart disease, cancer, kidney disease, epilepsy, arthritis and similar conditions. We integrate standard-of-care clinical excellence with culturally and linguistically nuanced approaches. Complex care is handled through a comprehensive medical network that allows us to leverage medical and philanthropic resources. We have effectively facilitated treatment for congenital heart disease, end-stage kidney disease, and cancer. We also maintain partnerships with the Guatemalan Ministry of Health and ten other non-governmental organizations providing similar or complementary services in Guatemala. All services are provided without charge.

4b (Code: ) (Expenses \$ \$21,325 including grants of \$ \$0) (Revenue \$ \$0)  
**Maternal/Child Health Programs:** We are providing comprehensive services in about 100 communities within Guatemala and providing specific services at our seven community health centers. This includes monitoring children for health and growth parameters, providing medical services as required, providing a variety of universal nutritional and micronutrient supplements to all children from 6 months of age onward, and providing appropriate nutritional and nutrient supplements to pregnant and lactating women within our community service base. We also focus on educating child caregivers about breastfeeding, complementary foods, common childhood illnesses, hygiene, and clean water through our community-based nutritional education classes. We maintain a close working relationship with ACOTCHI, a 100-member strong cooperative of Maya midwives. At the present time we estimate that we are providing care for 3,000 children and 700 women on an ongoing basis. All services are provided without charge.

4c (Code: ) (Expenses \$ \$14,427 including grants of \$ \$0) (Revenue \$ \$0)  
**Women's Health Programs:** 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 other cancers that commonly affect women. We recognize the women have diverse medical needs and our program contains the provision of a robust primary care element. We have also developed specific expertise in the screening, diagnosis, referral, and treatment of cervical cancer, which is the leading cause of death in Guatemalan women. our obstetrics initiatives focus on the reduction of maternal mortality through high-quality prenatal care, midwife education, and using appropriate technology that can be field implemented to make childbirth safer. The foundation of our women's health education program is health classes offered in the Mayan language integrated with our child nutritional initiatives and partnership with midwifery cooperatives. Currently we are serving about 2,500 women on an annual basis. All services are provided without charge.

4d Other program services (Describe in Schedule O.)  
 (Expenses \$ \$77,532 including grants of \$ \$0) (Revenue \$ \$0)

4e Total program service expenses **\$255,141**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> 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 . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20 a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
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 <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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 <b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2a</b>	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	<input type="checkbox"/>	<input type="checkbox"/>
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>4a</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 checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>Guatemala</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<input type="checkbox"/>	<input type="checkbox"/>
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>6a</b>	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? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6b</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"/>
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>7a</b>	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? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:	<input type="checkbox"/>	<input type="checkbox"/>
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:	<input type="checkbox"/>	<input type="checkbox"/>
<b>11a</b>	Gross income from members or shareholders . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>11b</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"/>
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>13b</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 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>13c</b>	Enter the amount of reserves on hand . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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: a The governing body? b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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; 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, state of incorporation does not require filing
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, VT 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 Chair	6	✓		✓				\$0	\$0	\$0
(2) Patrick Jennings Board Secretary	3	✓		✓				\$0	\$0	\$0
(3) Russell Rohloff Board Treasurer	10	✓		✓				\$0	\$0	\$0
(4) Patrick O'Brien Board Member	1	✓		✓				\$0	\$0	\$0
(5) Laura Hennon Board Member	10	✓						\$0	\$0	\$0
(6) Michelle McCarthy Board Member	2	✓						\$0	\$0	\$0
(7) Mark Doerr Board Member	4	✓						\$0	\$0	\$0
(8) Thomas Melvin Board Member	4	✓						\$0	\$0	\$0
(9) Anne Kraemer-Diaz Executive Director	60	✓			✓			\$50,000	\$0	\$0
(10) Peter Rohloff Medical Director	55	✓						\$0	\$0	\$0
(11) Yessenia Carilu Ramirez Tepaz Program Staff	15							\$0	\$0	<\$10,000
(12) Glenda Angelica Gomez Hernandez Water Program Coordinator	24							\$0	\$0	<\$10,000
(13) Mayra Marleny Lacan Coty Social Worker	12							\$0	\$0	<\$10,000
(14) Catarina Salas Social Worker	15							\$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) Silvia Poz Program Staff	20							\$0	\$0	<\$10,000
(16) Irene Yolanda Xuya Cuxil Program Staff	40							\$0	\$0	<\$10,000
(17) Merida Isabel Coj Sajvin Program Staff	6							\$0	\$0	<\$10,000
(18) Jessica Carolina Raquéc Teleguario Program Staff	28							\$0	\$0	<\$10,000
(19) Sandy Marisol Mux Xocop Staff Nurse, Diabetes Program Coordinator	40							\$0	\$0	<\$10,000
(20) German Obispo Aqijay Guitz Data Manager, Comm. Clinic Coordinator	42							\$0	\$0	<\$10,000
(21) Maxbeny Waleska Marlene Lopez Guatemalan Medical Director	16							\$0	\$0	\$21,500
(22) Karyn Rosibel Choy Garcia Program Staff	12							\$0	\$0	<\$10,000
(23) Jose Fredrico Cali Jiatz Patient Care Coordinator	36							\$0	\$0	<\$10,000
(24) Jorge Maria Cristal Program Staff	10							\$0	\$0	<\$10,000
(25) Juan Alfredo Melendez Cherec Guatemalan Accountant	20							\$0	\$0	<\$10,000
<b>1b Sub-total</b>								\$50,000	\$0	\$106,300
<b>c Total from continuation sheets to Part VII, Section A</b>								\$0	\$0	\$0
<b>d Total (add lines 1b and 1c)</b>								\$50,000	\$0	\$106,300

**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
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		✓
<b>4</b> 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? If "Yes," complete Schedule J for such individual		✓
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		✓

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> \$0					
	<b>b</b> Membership dues . . . . .	<b>1b</b> \$0					
	<b>c</b> Fundraising events . . . . .	<b>1c</b> \$51,165					
	<b>d</b> Related organizations . . . . .	<b>1d</b> \$0					
	<b>e</b> Government grants (contributions)	<b>1e</b> \$0					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> \$537,965					
	<b>g</b> Noncash contributions included in lines 1a-1f \$	\$12,888					
	<b>h Total.</b> Add lines 1a-1f . . . . .		\$589,130				
	<b>Program Service Revenue</b>	<b>2a</b> None		<b>Business Code</b>			
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue .		\$0	\$0	\$0	\$0	\$0	
<b>g Total.</b> Add lines 2a-2f . . . . .			\$0				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		\$65	\$65	\$0	\$0
	<b>4</b> Income from investment of tax-exempt bond proceeds		\$0	\$0	\$0	\$0	
	<b>5</b> Royalties . . . . .		\$0	\$0	\$0	\$0	
	<b>6a</b> Gross rents . . . . .	(i) Real	\$0	\$0			
		(ii) Personal	\$0	\$0			
		<b>b</b> Less: rental expenses	\$0	\$0			
		<b>c</b> Rental income or (loss)	\$0	\$0			
	<b>d</b> Net rental income or (loss) . . . . .		\$0	\$0	\$0	\$0	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	\$0	\$0			
		(ii) Other	\$0	\$0			
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	\$0	\$0			
		<b>c</b> Gain or (loss) . . . . .	\$0	\$0			
	<b>d</b> Net gain or (loss) . . . . .		\$0	\$0	\$0	\$0	
	<b>8a</b> Gross income from fundraising events (not including \$ <u>51,165</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b> \$0					
		<b>b</b> Less: direct expenses . . . . .	\$0				
		<b>c</b> Net income or (loss) from fundraising events . . . . .		\$0	\$0	\$0	
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b> \$0					
<b>b</b> Less: direct expenses . . . . .		\$0					
<b>c</b> Net income or (loss) from gaming activities . . . . .			\$0	\$0	\$0		
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> \$0						
	<b>b</b> Less: cost of goods sold . . . . .	\$0					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		\$0	\$0	\$0		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> None	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue . . . . .	\$0	\$0	\$0	\$0		
	<b>e Total.</b> Add lines 11a-11d . . . . .		\$0				
	<b>12 Total revenue.</b> See instructions. . . . .		\$589,195	\$65	\$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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	\$0	\$0		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	\$0	\$0		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	\$0	\$0		
<b>4</b> Benefits paid to or for members . . . . .	\$0	\$0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	\$50,000	\$12,500	\$25,000	\$12,500
<b>6</b> 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
<b>7</b> Other salaries and wages . . . . .	\$106,300	\$106,300	\$0	\$0
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	\$0	\$0	\$0	\$0
<b>9</b> Other employee benefits . . . . .	\$5,893	\$0	\$5,893	\$0
<b>10</b> Payroll taxes . . . . .	\$4,120	\$0	\$4,120	\$0
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	\$0	\$0	\$0	\$0
<b>b</b> Legal . . . . .	\$0	\$0	\$0	\$0
<b>c</b> Accounting . . . . .	\$0	\$0	\$0	\$0
<b>d</b> Lobbying . . . . .	\$0	\$0	\$0	\$0
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	\$0			\$0
<b>f</b> Investment management fees . . . . .	\$0	\$0	\$0	\$0
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	\$0	\$0	\$0	\$0
<b>12</b> Advertising and promotion . . . . .	\$32,088	\$0	\$2,147	\$29,941
<b>13</b> Office expenses . . . . .	\$6,348	\$3,809	\$2,539	\$0
<b>14</b> Information technology . . . . .	\$1,420	\$1,420	\$0	\$0
<b>15</b> Royalties . . . . .	\$0	\$0	\$0	\$0
<b>16</b> Occupancy . . . . .	\$58,016	\$58,016	\$0	\$0
<b>17</b> Travel . . . . .	\$14,894	\$11,170	\$3,724	\$0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	\$0	\$0	\$0	\$0
<b>19</b> Conferences, conventions, and meetings . . . . .	\$0	\$0	\$0	\$0
<b>20</b> Interest . . . . .	\$0	\$0	\$0	\$0
<b>21</b> Payments to affiliates . . . . .	\$0	\$0	\$0	\$0
<b>22</b> Depreciation, depletion, and amortization . . . . .	\$0	\$0	\$0	\$0
<b>23</b> Insurance . . . . .	\$880	\$0	\$880	\$0
<b>24</b> 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.)				
<b>a</b> Medical Clinic Services	\$141,857	\$141,857	\$0	\$0
<b>b</b> Maternal/Child Health Programs	\$21,325	\$21,325	\$0	\$0
<b>c</b> Women's Health Programs	\$14,427	\$14,427	\$0	\$0
<b>d</b> San Lucas Toliman Programs	\$69,450	\$69,450	\$0	\$0
<b>e</b> All other expenses <u>Water Programs</u>	\$8,082	\$8,082	\$0	\$0
<b>25</b> Total functional expenses. Add lines 1 through 24e	\$535,100	\$448,356	\$44,303	\$42,441
<b>26</b> 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	\$69,119	<b>1</b>	\$133,449
	<b>2</b> Savings and temporary cash investments . . . . .	\$0	<b>2</b>	\$0
	<b>3</b> Pledges and grants receivable, net . . . . .	\$0	<b>3</b>	\$12,067
	<b>4</b> Accounts receivable, net . . . . .	\$0	<b>4</b>	\$0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	\$0	<b>5</b>	\$0
	<b>6</b> 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	<b>6</b>	\$0
	<b>7</b> Notes and loans receivable, net . . . . .	\$0	<b>7</b>	\$0
	<b>8</b> Inventories for sale or use . . . . .	\$4,500	<b>8</b>	\$0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	\$0	<b>9</b>	\$0
	<b>10a</b> Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	<b>10a</b> \$105,748		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> \$21,491	<b>10c</b>	\$84,257
	<b>11</b> Investments—publicly traded securities . . . . .	\$1,683	<b>11</b>	\$2,277
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	\$0	<b>12</b>	\$0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	\$0	<b>13</b>	\$0
	<b>14</b> Intangible assets . . . . .	\$0	<b>14</b>	\$0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	\$0	<b>15</b>	\$0
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	\$128,388	<b>16</b>	\$232,050	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	\$20,755	<b>17</b>	\$10,600
	<b>18</b> Grants payable . . . . .	\$0	<b>18</b>	\$0
	<b>19</b> Deferred revenue . . . . .	\$0	<b>19</b>	\$0
	<b>20</b> Tax-exempt bond liabilities . . . . .	\$0	<b>20</b>	\$0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	\$0	<b>21</b>	\$0
	<b>22</b> 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	<b>22</b>	\$0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	\$0	<b>23</b>	\$0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	\$0	<b>24</b>	\$0
	<b>25</b> 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	<b>25</b>	\$0
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	\$20,755	<b>26</b>	\$10,600
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	\$69,119	<b>30</b>	\$133,449
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	\$53,086	<b>31</b>	\$84,257
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	\$6,183	<b>32</b>	\$14,344
<b>33</b> Total net assets or fund balances . . . . .	\$107,633	<b>33</b>	\$221,450	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	\$128,388	<b>34</b>	\$232,050	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	\$589,195
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	\$535,100
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	\$54,095
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	\$107,633
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	\$0
<b>6</b>	Donated services and use of facilities	<b>6</b>	\$0
<b>7</b>	Investment expenses	<b>7</b>	\$0
<b>8</b>	Prior period adjustments	<b>8</b>	\$0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	\$59,722
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	\$221,450

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>c</b> 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		
<b>3a</b> 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>b</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.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

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

**2014**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization <b>Wuqu' Kawoq, S.A. d/b/a Maya Health Alliance</b>	Employer identification number <b>20-8741625</b>
---	---

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	\$157,445	\$417,205	\$260,789	\$334,291	\$589,130	\$1,758,860
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	\$0	\$0	\$0	\$0	\$0	\$0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	\$0	\$0	\$0	\$0	\$0	\$0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	\$0	\$0	\$0	\$0	\$0	\$0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	\$0	\$0	\$0	\$0	\$0	\$0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	\$157,445	\$417,205	\$260,789	\$334,291	\$589,130	\$1,758,860
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	\$0	\$0	\$0	\$0	\$0	\$0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .	\$0	\$0	\$0	\$0	\$0	\$0
<b>c</b> Add lines 7a and 7b . . . . .	\$0	\$0	\$0	\$0	\$0	\$0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						\$1,758,860

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 . . . . .	\$157,445	\$417,205	\$260,789	\$334,291	\$589,130	\$1,758,860
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	\$0	\$0	\$28	\$58	\$65	\$151
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .	\$0	\$0	\$0	\$0	\$0	\$0
<b>c</b> Add lines 10a and 10b . . . . .	\$0	\$0	\$28	\$58	\$65	\$151
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .	\$0	\$0	\$0	\$0	\$0	\$0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	\$0	\$0	\$0	\$0	\$0	\$0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	\$157,445	\$417,205	\$260,817	\$334,349	\$589,195	\$1,759,011
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	99 %
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .	<b>16</b>	99 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	<1 %
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	<1 %
<b>19a 33 1/3% support tests—2014.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support tests—2013.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		



**Part IV** Supporting Organizations

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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.		
<b>b</b> Did the activities described in (a) 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.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
Section 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	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013 . . . . .			
e Excess from 2014 . . . . .			



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization: Wugu' Kawoq, S.A. d/b/a Maya Health Alliance; Employer identification number: 20-8741625

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II containing questions 1-9 regarding conservation easements, including purpose, monitoring, and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III containing questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- |  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ ..... %
  - b Permanent endowment ▶ ..... %
  - c Temporarily restricted endowment ▶ ..... %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes    | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 3b  Yes  No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		\$6,000		\$6,000
b Buildings		\$23,304	\$1,721	\$21,583
c Leasehold improvements		\$0	\$0	\$0
d Equipment		\$39,488	\$19,770	\$19,718
e Other		\$36,956	0	\$36,956
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>\$84,257</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to 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 end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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





**Part XIII** Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2014**

**Open to Public Inspection**

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

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

Wuqu' Kawog, S.A. d/b/a Maya Health Alliance

Employer identification number

20-8741625

**Part I** 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 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.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America Guatemala	0	0	Program Services	Community Water Devel.	\$8,082
(2) Central America Guatemala	1	0	Program Services	Maternal/Child Health	\$21,325
(3) Central America Guatemala	3	0	Program Services	Medical Clinics	\$141,857
(4) Central America Guatemala	1	0	Program Services	San Lucas Toliman	\$69,450
(5) Central America Guatemala	0	0	Program Services	Women's Health	\$14,427
(6) Central America Guatemala	0	15	Guatemalan Staff	All Programs Above	\$106,300
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					<b>\$361,441</b>
<b>b</b> Total from continuation sheets to Part I . . . . .					<b>\$0</b>
<b>c Totals</b> (add lines 3a and 3b)					<b>\$361,441</b>

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▲

3 Enter total number of other organizations or entities . . . . . ▲

**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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 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  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* . . . . .  Yes  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  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  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  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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . .  Yes  No

**Part V** Supplemental Information

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

For Part I: Wuqu' Kawoq, S.A. is registered with the Guatemala Ministry of Government as a legal corporation as of June 9, 2010. The registration is included under record no. 3002, request 51100903390. Our Guatemalan NIT identification is 7328594-3. We are registered as a not-for-profit organization.

For Part I: The costs presented for each of the programs include only basic program costs. The salaries of the Guatemalan staff that are employed in the various programs are broken out separated. Wuqu' Kawoq, S.A. is in full compliance with Guatemalan policies and regulations governing employees, taxation, and related corporate registrations.

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047



Name of the organization <b>Wuqu' Kawog, S.A. d/b/a Maya Health Alliance</b>	Employer identification number <b>20-8741625</b>
---	---

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Seattle Gala (event type)	Champaign Gala (event type)	Other (total number)	(add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	\$33,340	\$15,526	\$2,299	\$51,165
	<b>2</b> Less: Contributions . . . . .	\$0	\$0	\$0	\$0
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	\$33,340	\$15,526	\$2,299	\$51,165
Direct Expenses	<b>4</b> Cash prizes . . . . .	\$0	\$0	\$0	\$0
	<b>5</b> Noncash prizes . . . . .	\$0	\$0	\$0	\$0
	<b>6</b> Rent/facility costs . . . . .	\$12,500	\$6,540	\$0	\$19,040
	<b>7</b> Food and beverages . . . . .	Included Above	Included above	\$0	\$0
	<b>8</b> Entertainment . . . . .	\$0	\$0	\$0	\$0
	<b>9</b> Other direct expenses . . . . .	\$3,419	\$0	\$0	\$3,419
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				\$22,459
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				\$28,706	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					

- 9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_
- a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No
- b** If "No," explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No
- b** If "Yes," explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

**Wuqu' Kawoq, S.A. d/b/a/ Maya Health Alliance**

Employer identification number

**20-8741625**

**Part III: Item 4d: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS, Other Program Services**

**Clean Water Development:** In most communities where Wuqu' Kawoq works, there is no access to clean water. As a result, many children, pregnant women, and elderly suffer from frequent water-borne infections or diseases. Since our programs are aimed at providing a holistic, integrated approach to patient care, we have always stressed a components of promoting clean water as an effective tool for increasing the health and wellness of the communities we serve. In 2009 we partnered with several NGO's and the University of Illinois chapter of Engineers without Borders to install individual, biosand filters inside each residence. This system is a simple, effective technology that can be manufactured cheaply using local materials and trained Guatemalan staff. To date we have installed over 1500 biosand filters in about ten core communities that we serve. Our current effort is continued monitoring of treatment effectiveness, education on the use and cleaning of the filter units, replacement of failed units, and installation of new units as needs are identified. All services are provided without charge.

**Expenses: \$8,082 Including Grants of \$0 Revenue \$0**

**San Lucas Toliman Health Promoters:** We are currently working in collaboration on a macro-level to provide consultation, guidance, and training to a group of 30 health promoters who are working in 19 communities in the municipality of San Lucas Toliman. As part of the partnership we also take their referrals for complex care cases. All services are provided without charge.

**Expenses: \$69,450 Including Grants of \$0 Revenue \$0**

**Part VI: Section A: GOVERNING BODY AND MANAGEMENT, Item 2: The current Board of Director's Treasurer and Registered Agent,**

**Russell W. Rohloff, is the father of the Medical Director, Dr. Peter Rohloff.**

**PART VI, SECTION A: GOVERNING BODY AND MANAGEMENT, Item 4: The Board of Directors completed a revision to the corporation's bylaws and filed them, as required, with the Vermont Secretary of State's Office.**

**PART VI, SECTION B: POLICIES, Item 11b: The Board of Directors has a policy regarding circulation, review, and filing of the annual 990 supporting documentation. In summary, all documents are prepared by the Board Treasurer with input from the Executive and Medical Directors, circulated electronically to all Board Members and Directors, and reviewed by an independent party for accuracy of the financial information. The Board reviews the description of the organization section for accuracy. Comments, additions, and corrections are**

**transmitted via email, incorporated by the Treasurer, and maintained in the permanent records of the organization. All final documents**

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

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

Employer identification number

Wuqu' Kawog, S.A. d/b/a Maya Health Alliance

20-8741625

are placed in an electronic file accessible to all Board members, and the documents are made available to the public on the organization's website.

PART VI, SECTION B: POLICIES, Item 12c: The Conflict of Interest policy is provided to every board member and director when elected or appointed. They are to read and acknowledge receipt and understanding of the policy. The policy is reviewed annually and members are required to disclose any real or perceived conflicts of interest related to the services of the corporation. At the present time, no Board member has any interest in, or receives any compensation for services on behalf of the corporation. Only the Executive Director is a paid U.S. employee. Signed documentation is maintained in the records of the Board Secretary.

PART VI, SECTION B: POLICIES, Item 15a and 15b: At the present time, none of the board members or the Medical Director receive compensation for their services to the corporation. The Board authorized bringing on a paid Executive Director on October 1, 2013. The Board has established a detailed job descriptions for this position, clear policies regarding responsibilities, communication, and authority to act on behalf of the organization, and has completed surveys of salaries paid for similarly sized NGO's doing business overseas. There is a formal procedure for annual performance review, and we utilize several on-line salary tracking sites to evaluate salary adjustments. Currently all Guatemalan employees are interviewed by the Executive Director, and recommendations for hiring made to the Board of Directors. Salary and benefit packages are formalized at a regular scheduled meeting of the Board of Directors and approved by a simple majority. Employment terms and compensation are then formalized in a written employment contract and executed by both parties. Compensation, additional tax payments, accounting, and employee benefits for Guatemalan employees are provided in strict accordance with applicable Guatemalan regulations and labor policies.

PART VI, SECTION C: DISCLOSURE, Item 19: Governing documents including articles of incorporation, board policies, federal not-for-profit authorization letter, and specific state and federal tax documents are made available in hard or electronic format to organizations or individuals who formally request them. Annual financial statements and Federal 990 documentation are available on our website, and on several philanthropic giving websites with which we are registered. Specific financial documents are made available to legitimate public requests forwarded to the Board. Transmittal of requested information is recorded in the permanent Board records.

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**Wuqu' Kawoq, S.A. d/b/a/ Maya Health Alliance**

Employer identification number

**20-8741625**

**Part VII: SECTION A: OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES (additional listings:**

**Romina Laura Alvizuers Rosales, Program Staff 14 hours per week Reportable Compensation \$0 Estimated Total Compensation <\$10,000**

**Regelio Coroxon Chopen, Program Staff, 12 hours per week Reportable Compensation \$0 Estimated Total Compensation <\$10,000**

**NOTE: Employee compensation and benefits for all Guatemalan employees is strictly administered under the laws and regulations of the Guatemalan Tax Office. Wuqu' Kawoq, S.A. is a registered Guatemalan corporation and not-for-profit organization.**

**Part IX: STATEMENT OF FUNCTIONAL EXPENSES, Item 24: For the purposes of tracking specific program services, we have included expenses for our primary areas of services. These expenses include only direct program expenses including supplies, medicines, materials, and related program expenses. Salaries for Guatemalan staff and administrators are included in Part IX, Item 7.**

**Part X: BALANCE SHEET, Item 10a and 10b: No significant changes have occurred to land or buildings owned by the corporation in Guatemala for use by program staff. We continue to upgrade medical and telecommunications equipment and staff vehicles. Depreciation of assets has been developed and tracked in accordance with Federal Publication 946, How to Depreciate Property.**

**Part XI: RECONCILIATION OF NET ASSETS, Item 9: We have reported a larger change in net assets or fund balances from previous years to reflect a significant inventory of medications currently stored in our five clinic buildings, and to reflect surplus fund balances remaining in designated special funds.**

**Part XII: FINANCIAL STATEMENTS AND REPORTING, Item 2b: All Guatemalan accounting records have received a qualified audit by an independent accountant. The Board of Directors continues to transfer its financial records into an accounting database and software to allow a compilation review, and other required levels of financial auditing in 2014 by a CPA. This was scheduled to occur in 2013 and then again in 2014, but was unable to be completed due to delays in getting financial records and corporate registration completed in Guatemala.**