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**Return of Organization Exempt From Income Tax**

**2015**

**Open to Public Inspection**

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

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

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

Department of the Treasury  
Internal Revenue Service

**A For the 2015 calendar year, or tax year beginning January 1, 2015, and ending December 31, 2015**

**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 \$ **879,670**

**F** Name and address of principal officer

**Russell 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)

**H(c)** Group exemption number ▶ **N/A**

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

**J** Website: ▶ **www.wuqukawoq.org**

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

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

**Part I Summary**

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

**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: **13 MAY 2016**

Type or print name and title: **RUSSELL W. ROHLOFF TREASURER / REGISTERED AGENT**

**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

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED JUN 27 2016

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**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 \$ 21,631 including grants of \$ 0.00) (Revenue \$ 0.00)

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

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

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

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

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

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

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

**Part IV Checklist of Required Schedules**

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

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

		Yes	No
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		✓
25a	<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 . . . . .	<b>1a</b>	3
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓
<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 . . . . .	<b>2a</b>	1
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <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>2b</b>	✓
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	
<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)? . . . . .	<b>4a</b>	✓
<b>b</b>	If "Yes," enter the name of the foreign country: ► <u>Guatemala</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<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? . . . . .	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</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? . . . . .	<b>7a</b>	✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	✓
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	✓
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	✓
<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? . . . . .	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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 . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

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 4 columns: Question, Line Number, Yes, No. Rows include questions about voting members, family relationships, management delegation, and documentation of meetings.

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

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

Russell W. Rohloff, Treasurer and Registered Agent, 13 North Road, Bethel, Vermont 05032 (802) 234-6285

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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



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

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

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		✓
5 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> \$21,100				
	<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> \$849,360				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	\$9,144				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶	\$879,604				
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2a</b> None					
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue . . . . .	\$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) . . . . . ▶	\$66	\$0	\$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				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<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				
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses . . . . .				
		<b>c</b> Gain or (loss) . . . . .				
	<b>d</b> Net gain or (loss) . . . . . ▶	\$0	\$0	\$0	\$0	
	<b>8a</b> Gross income from fundraising events (not including \$ <u>\$21,100</u> of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>					
		<b>b</b> Less: direct expenses . . . . . <b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . ▶		\$0	\$0	\$0	\$0	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>						
	<b>b</b> Less: direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . ▶	\$0	\$0	\$0	\$0	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
	<b>b</b> Less: cost of goods sold . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . ▶	\$0	\$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 . . . . . ▶	\$879,670	\$0	\$0	\$0		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<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 . . . . .	\$55,000	\$13,750	\$27,500	\$13,750
<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 . . . . .	\$161,325	\$161,325	\$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 . . . . .	\$3,798	\$0	\$3,798	\$0
<b>10</b> Payroll taxes . . . . .	\$4,451	\$0	\$4,451	\$0
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	\$40,359	\$17,380	\$22,979	\$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 . . . . .	\$28,345	\$0	\$28,345	\$0
<b>13</b> Office expenses . . . . .	\$89,123	\$63,095	\$26,028	\$0
<b>14</b> Information technology . . . . .	\$1,920	\$1,920	\$0	\$0
<b>15</b> Royalties . . . . .	\$0	\$0	\$0	\$0
<b>16</b> Occupancy . . . . .	\$8,397	\$0	\$8,397	\$0
<b>17</b> Travel . . . . .	\$37,520	\$35,037	\$2,483	\$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 . . . . .	\$1,413	\$0	\$1,413	\$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 . . . . .	\$1,433	\$0	\$1,433	\$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> Chronic Health Care Programs . . . . .	\$20,267	\$20,267	\$0	\$0
<b>b</b> Complex Care Programs . . . . .	\$53,873	\$53,873	\$0	\$0
<b>c</b> Clean Water and Other Community Programs . . . . .	\$4,531	\$4,531	\$0	\$0
<b>d</b> San Lucas Toliman Health Care Program . . . . .	\$98,230	\$98,230	\$0	\$0
<b>e</b> All other expenses Other Programs . . . . .	\$109,122	\$109,122	\$0	\$0
<b>25</b> Total functional expenses. Add lines 1 through 24e	\$719,107	\$578,530	\$126,827	\$13,750
<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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	\$133,449	<b>1</b>	\$254,845
	<b>2</b> Savings and temporary cash investments . . . . .	\$0	<b>2</b>	\$0
	<b>3</b> Pledges and grants receivable, net . . . . .	\$12,067	<b>3</b>	\$0
	<b>4</b> Accounts receivable, net . . . . .	\$0	<b>4</b>	\$14,269
	<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 . . . . .	\$0	<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> \$110,567		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> \$31,996	\$84,257	<b>10c</b> \$78,571
	<b>11</b> Investments—publicly traded securities . . . . .	\$2,277	<b>11</b>	\$2,492
	<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 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	\$232,050	<b>16</b>	\$350,177	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	\$10,600	<b>17</b>	\$52,370
	<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 Total liabilities.</b> Add lines 17 through 25 . . . . .	\$10,600	<b>26</b>	\$52,370
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	\$133,449	<b>30</b>	\$254,845
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	\$84,257	<b>31</b>	\$78,571
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	\$14,344	<b>32</b>	\$16,761
<b>33</b> Total net assets or fund balances . . . . .	\$232,050	<b>33</b>	\$350,177	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	\$242,650	<b>34</b>	\$402,547	

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

**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>2a</b>		✓
<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>2b</b>		✓
<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>2c</b>		
<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>3a</b>		✓
<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.	<b>3b</b>		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ 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>
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**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 (Form 990 or 990-EZ).)
- 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 (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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2015.</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—2014.</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—2015.</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—2014.</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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	\$417,205	\$260,789	\$334,291	\$589,130	\$879,604	\$2,481,019
<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 . . . .	\$417,205	\$260,789	\$334,291	\$589,130	\$879,604	\$2,481,019
<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.) . . . .						\$2,481,019

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 . . . .	\$417,205	\$260,789	\$334,291	\$589,130	\$879,604	\$2,481,019
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	\$0	\$28	\$58	\$65	\$66	\$217
<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	\$28	\$58	\$65	\$66	\$217
<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.) . . . .	\$417,205	\$260,817	\$334,349	\$589,195	\$879,670	\$2,481,236
<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 2015 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	99.9 %
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 . . . .	<b>16</b>	99.9 %

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	<1 %
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 . . . .	<b>18</b>	<1 %

- 19a 33 1/3% support tests—2015.** 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 **stop here**. The organization qualifies as a publicly supported organization . ▶
- b 33 1/3% support tests—2014.** 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 **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 or 990-EZ).</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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b 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 <b>Part VI</b> .		

**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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test <b>Answer (a) and (b) below.</b>		
<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 <b>Part VI</b> 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 <b>Part VI</b> 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. <b>Answer (a) and (b) below.</b>		
<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 <b>Part VI</b> .		
<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 <b>Part VI</b> 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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		

**7**  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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013 . . . . .			
<b>e</b> From 2014 . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013 . . . . .			
<b>d</b> Excess from 2014 . . . . .			
<b>e</b> Excess from 2015 . . . . .			



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for lines 2a-2d.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2b.

**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" on 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
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

- 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 on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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 on 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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**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" on 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
<b>1a</b> Land		\$6,000		\$6,000
<b>b</b> Buildings		\$23,304	\$2,318	\$20,986
<b>c</b> Leasehold improvements		\$0	\$0	\$0
<b>d</b> Equipment		\$51,263	\$29,678	\$21,585
<b>e</b> Other		\$30,000	\$0	\$30,000
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				\$78,571

**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or 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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<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" on 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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**Part XIII Supplemental Information.**

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

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

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Area with horizontal dashed lines for supplemental information.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

- ▶ 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).

**2015**

**Open to Public Inspection**

Name of the organization

Employer identification number

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

**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	5	0	Program Services	Primary Care Clinics	\$21,631
(2) Central America Guatemala	0	0	Program Services	Nutritional Services	\$33,598
(3) Central America Guatemala	0	0	Program Services	Women's Health	\$10,695
(4) Central America Guatemala	0	0	Program Services	Chronic Health Care	\$20,267
(5) Central America Guatemala	0	0	Program Services	Complex Health Care	\$53,873
(6) Central America Guatemala	0	0	Program Services	Water/Community Develop.	\$4,531
(7) Central America Guatemala	1	0	Program Services	San Lucas Toliman	\$98,230
(8) Central America Guatemala	0	0	Program Services	Friendship Bridge	\$9,196
(9) Central America Guatemala	0	0	Program Services	Saving Brains	\$31,117
(10) Central America Guatemala	0	0	Program Services	Mobile Health Programs	\$2,885
(11) Central America Guatemala	0	22	Guatemalan Staff	All Programs Above	\$161,325
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	<b>6</b>	<b>22</b>			<b>\$447,348</b>
<b>b</b> Total from continuation sheets to Part I . . . . .	<b>0</b>	<b>0</b>			<b>\$0</b>
<b>c</b> Totals (add lines 3a and 3b)	<b>6</b>	<b>22</b>			<b>\$447,348</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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* . . . . .  Yes  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 separately 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 7328594-2. 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 separately. Wuqu' Kawoq, S.A. is in full compliance with Guatemalan policies and regulations governing employees, taxation, and related corporate registrations.

**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

**2015**

**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 STATEMENT OF PROGRAM SERVICES ACCOMPLISHMENTS, Part 4.d Other Program Services:**

**Chronic Health:** Chronic, non-communicable diseases are the leading causes of death worldwide, and their burden is growing in

**Guatemala.** In our clinical programs, we have developed expertise in the management of many adult and pediatric patients with chronic

diseases such as diabetes, hypertension, heart disease, cancer, kidney disease, epilepsy, rheumatoid arthritis, and other conditions. Our

approach to chronic diseases is to integrate standard-of-care clinical excellence with culturally and linguistically nuanced approaches to

behavior change within rural, marginalized Maya communities. We currently serve over 250 chronic care patients annually.

Expenses: \$ 20,267 including Grants of \$0.00 Revenue: \$0.00

**Complex Care:** We have pioneered a comprehensive medical network, which effectively bridges the urban-rural divide and leverages

medical and philanthropic resources both nationally and internationally. Our sophisticated case management, referral, and accompaniment

system allows us to effectively treat extremely complex conditions, such as congenital heart disease, inborn errors of metabolism, end-stage

kidney disease, and cancer. Our team of case managers all speak Mayan languages and do whatever it takes to overcome the entrenched

structural barriers to health care for indigenous patients. We serve over 350 complex care patients annually.

Expenses: \$ 53,873 including Grants of \$0.00 Revenue: \$0.00

**Clean Water, Sanitation, and Hygiene:** 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 water-borne infections. In our programs, we have found that clean water increases

the overall health and wellness of our communities. Starting in 2009 we began installing biosand filters in our communities. Biosand filters

are proven, highly effective, and simple water purifiers. They are being produced locally using community technicians and local materials.

We have installed over 1,500 household filters since the start of the program.

Expenses: \$ 4,531 including Grants of \$0.00 Revenue: \$0.00

**San Lucas Toliman Health Promoters:** We are working in a collaborative manner on a macro level to provide consultation, guidance, and

training to a group of 30 health promoters in 19 communities in the municipality of San Lucas Toliman. We also partner with them to take

their referral cases for complex care.

Expenses: \$ 98,230 including Grants of \$0.00 Revenue: \$0.00

**Salud para La Vida, Partnership with Friendship Bridge:** Using our women's health program as a base, we partnered with the Microfinance

organization, Friendship Bridge, to provide health services to their female client base. We began a pilot program in 2015 in the Department of

**Solola, Guatemala.** Our focus for the mobile-home visits by nurses were Women's Health, Cervical Cancer Screening, Family Planning,

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

Cat No 51056K

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



Name of the organization <b>Wuqu' Kawoq, S.A. d/b/a Maya Health Alliance</b>	Employer identification number <b>20-8741625</b>
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**Sexually Transmitted Infections, Breast Cancer, Hypertension, and Diabetes.** We visited over 1,000 women and performed 825 cervical cancer screenings in 2015.

Expenses: \$ 9,196 including Grants of \$0.00 Revenue: \$0.00

**Saving Brains, Canada Challenge Grant:** This project is the first to empirically investigate the effect that chronic malnutrition has on child brain development. Through a control and experimental arm, we are testing the effects nutrition education has on growth. Both groups receive growth monitoring, micronutrient supplements, deworming medication, physician visits, and food supplementation. They also undergo two psychological evaluations, the first in the first month of intervention, and the second, after six months of involvement, to determine the timing and progression of developmental milestones. The parents of the children enrolled in the experimental group also receive intensive nutrition education. The project is funded by the Grand Challenges, Canada, presented by the Canadian government to support innovative ideas in global health. We have served 285 children in 2015, with a total of 325 children served since program initiation.

Expenses: \$ 31,117 including Grants of \$0.00 Revenue: \$0.00

**Mobile Health, Reducing Maternal Mortality with Midwives:** This project focuses on preventing unnecessary perinatal death by providing midwives with technology to detect complicated pregnancies early. In the rural areas where we work, midwives are often times the only medical providers available. These midwives are extremely trusted by the community but are generally locked out of the public healthcare system due to linguistic (many are monolingual in a Mayan language) and political barriers. We have created a pictograph based phone application that accompanies the midwives on prenatal, postnatal, and delivery visits and sends data to each patient's electronic medical record that has an embedded alert system to allow fast, emergency response when necessary. It is currently funded by the National Institutes of Health, and we have partnered with doctors at MIT and Emory University to create the application. The goal is to work with 50 midwives, reaching over 200 pregnant women. In 2015 we were in the testing and preparation year and equipped 4 midwives with machines to serve about 20 pregnant women.

Expenses: \$ 2,885 including Grants of \$0.00 Revenue: \$0.00

The program expenses above do not include staff salaries. These are reported as a separate item in Section IX.

**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 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

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

**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).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**Wuqu' Kawoq, S.A. d/b/a/ Maya Health Alliance**

Employer identification number  
**20-8741625**

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 are posted electronically to our website and to other non-profit tracking agencies and organizations where they are immediately accessible to the public. Additional backup documentation is available to interested parties via a formal request to the Treasurer.

**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 report any real or perceived conflicts of interested related to the services and business 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 US employee. Signed documentation is maintained in the records of the Board Secretary.

**PART VI SECTION B POLICIES, Items 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 hired an Executive Director on October 1, 2013. The Board has established a detailed job description 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/or Medical Director, and hiring recommendations made to the Board of Directors. Salary and benefit packages are formalized at a regularly 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

Name of the organization

Employer identification number

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

20-8741625

requests forwarded to the Board. Transmittal of requested information is recorded in the permanent Board records.

**PART VII SECTION A OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES:**

Mayra Marleny Lacan Coty, Social Worker; 12 hours per week; <\$10,000

Catarina Salas, Social Worker; 15 hours per week; <\$10,000

Silvia Poz, Staff; 15 hours per week; <\$10,000

Jessica Carolina Raquec Teleguario, Staff; 28 hours per week; <\$10,000

Rogelio Coroxon Chopen, Staff; 12 hours per week; <\$10,000

Nely Saquec Aju, Staff; 31 hours per week; <\$10,000

Angelica Garcia Sohom, Nutrition Technician; 19 hours per week; <\$10,000

Irma Robles Soto, Nutrition Technician; 15 hours per week; <\$10,000

**PART VIII STATEMENT OF REVENUE:** The statement of revenue includes all USA contributions as well as specific grants or payments made to the organization directly in Guatemala.

**PART IX STATEMENT OF FUNCTIONAL EXPENSES:** The statement of functional expenses reflects accounting for corporate expenses in the USA as well as direct accounting of program and administrative costs in Guatemala. We maintain separate bookkeeping records for USA and Guatemalan accounting.

**PART IX STATEMENT OF FUNCTIONAL EXPENSES; LINE 24e ALL OTHER EXPENSES:** This cost is broken out by the following programs.

Friendship Bridge, \$9,196; Saving Brains, \$31,117; Mobile Health, \$2,885; Primary Care Clinics, \$21,631; General Nutrition Programs, \$33,598; and Women's Health Programs, \$10,695.

**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 separately in Part IX, Item 7.