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orn	1990 (2009) People of Pe	ru Project	20-0285	378 Page <b>2</b>
	t III Statement of Program S			<u> </u>
1	Briefly describe the organization's mi Medical, education			
	Medical, education	or children		
	Dath			<del></del> -
2	the prior Form 990 or 990-EZ?	ignificant program services during the year wh		Yes 🕅 No
	If "Yes," describe these new services			J 100 EJ 110
3		ig, or make significant changes in how it condu	ucts any program services?	Yes 🛛 No
4	If "Yes," describe these changes on the			
•		ements for each of the organization's three land nizations and section 4947(a)(1) trusts are req		
		ses, and revenue, if any, for each program sen	· · · · · · · · · · · · · · · · · · ·	
4a	(Code ) (Expenses \$	516026. including grants of \$	431830.)(Revenue\$	552141.
	Dedicated in the r	elief of human suffering	ng caring for child	ren
	education for self	help, and planting the	e seeds of hope in T	quitos.
	Peru Providing Cri	sis Center for girls	s soud of hope in i	74400,
				· · · · · · ·
4b	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	
	-			
77.5	Control of the second	<del> </del>	<del></del>	
		<del></del>		
4c	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·			
				· · · · · · · · · · · · · · · · · · ·
		<u> </u>		
4d	Other program services (Describe in	•	VPavanua *	,
4e	(Expenses \$  Total program service expenses ▶	including grants of \$ 516026.	)(Revenue \$	)
<del></del> -	. Jun. p. og. um service expenses	310020.		Form <b>990</b> (2009)

Par	t IV Checklist of Required Schedules	200.	310	raye J
•	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		3.5	
	complete Schedule A	1	<u>X</u>	<del>                                     </del>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			,,
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	l	x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	-		<del>                                     </del>
•	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			1
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	1		
	Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		<del>                                     </del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			<del>  '`</del>
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	-		
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV			X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9		_ ^
10	If "Yes," complete Schedule D. Part V	40		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		<u> </u>
•••	VII, VIII, IX, or X as applicable		x	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11		<u> </u>
_	Schedule D, Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's separate of consolidated infancial statements for the tax year include a footbole that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain a separate, independent audited financial statements for the tax year? If "Yes," complete scriedie b, Fart X			-
12, .	Schodule D. Pade VI. VIII. and VIIII	12	<del></del>	X
12A		12	L	1 A
144	Mark Resemble to Cohed to D. De to VI Miles of Miles			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	l x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	<del>  ^</del>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144	<u> </u>	
b	harmon and manner and an artist of the United States Of Mark 11	446		X
15	·	14b	<del> </del>	<del>  ^</del>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	45	v	
46	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X	1
16		40		v
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	<del> </del>	X
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	╁───	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<del>                                     </del>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes " complete Schedule G. Part III	10		x

20

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			ł
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			1
	current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes,"			ĺ
	complete Schedule J	23	X	
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? If "Yes," answer lines			1
	24b through 24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	ı		
		28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1		
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family			
	member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		<u> X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ļ		
	<u>conservation</u> contributions? If "Yes," complete Schedule M	30		X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? if "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	1		
	If "Yes," complete Schedule N, Part II	32		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ł		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	1		1
	III, IV, and V, line 1	34	X	ļ
35	is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		l	
	Schedule R, Part V, line 2	. 35	ļ	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<b> </b>	<u> X</u>
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? If "Yes," complete Schedule R, Part VI	37	ļ	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part IV, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	1	X

Ľ	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable	_		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X ]	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the surp of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		Χ
ь	If "Yes" has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 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)?	4a	- 1	Х
b	If. Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing recuirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	l Sa	- 1	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	1		
	Prohibited Tax Shelter Transaction?	5c	1	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1 1	1	
_	and services provided to the payor?	7a		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1,5	-	
٠	required to file Form 8282?	<sub>7-</sub>		Х
a		/c	1	-22
		-		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1 1	ŀ	v
	benefit contract?	7e		X
	Did the organization, during the year pay premiums, directly or indirectly, on a personal benefit contract?	71.	- X	
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g-		••
	For contributions of cars boats, airplanes, and other vehicles did the organization file a Form 1098-C as required?	7h	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization,	_ 1	i	v
	have excess business holdings at any time during the year?	8	ţ	Х
9	Sponsoring organizations maintaining donor advised funds.	. 1	1	v
a	Did the organization make any taxable distributions under section 4966?	_9a		<u> X</u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	I	Х
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	_		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	<b>-</b>		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
2a	Section 4947(a) 1) non-exempt charitable trusts is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
		Fc	rm 990	(2009

	· 1	ernance, Management, and Disclosure For each "Yes" response to lines 2 through 75 below, and		No"	
1.		inse to line 8a 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruc	tions	1	
ecu	on A. Governing	Body and Management	1	Yes	No
	F-13				
13		er of voting members of the governing body			
b		er of voting members that are independent			
2		director trustee, or key employee have a family relationship or a business relationship with	1	1	
	any other officer	r, director trustee, or key employee?	2	X	
3		ation delegate control over management duties customarily performed by or under the direct			
	supervision of o	ifficers, directors or trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organiza	ation make any significant changes to its organizational documents since the pnor Form 990 was filed?	4		X
5	Did the organize	ation become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organi	ization have members or stockholders?	6		Х
7a	Does the organi	ization have members, stockholders, or other persons who may elect one of more members			
	of the governing	g body?	7a		X
b	Are any decision	ns of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organiz	ation contemporaneously document the meetings held or written actions undertaken during			
	the year by the				
a	The governing	pody?	8a	x	
b	" "	with authority to act on behalf of the governing body?	8ъ	Х	
		per, director trustee, or key employee listed in Part VII, Section A, who cannot be reached	- <del></del> -		
		ion's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti		(This Section B requests information about policies not required by the Internal Revenue Code.)			
	i	,		Yes	No
10a	Does the omani	zation have local chapters, branches, or affiliates?	10a		Х
		e organization have written policies and procedures governing the activities of such chapters,			
-		anches to ensure their operations are consistent with those of the organization?	10b		
11		ation provided a copy of this Form 990 to all members of it's governing body before filing the form?	11	Х	<del></del>
	_	edule O the process, if any used by the organization to review this Form 990	''		1
		zation have a written conflict of interest policy? If "No", go to line 13	12a		Х
	+	·	120		
U	rise to conflicts?	ectors or trustees, and key employees required to disclose annually interests that could give	425	х	
•			12b		ļ
C	1	zation regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			"
4.0	l l	edule O how this is done	12c		X
	٠ ١	zation have a written v/histleblower policy?	13	<del> </del>	X
	- 1	zation have a written document retention and destruction policy?	-14		. ^
1-5-	-Didathe-process	for determining compensation of the following persons include a review and approval by visiting the following of the followin		<del></del>	-
	. 1	sons, comparability data and contemporaneous substantiation of the deliberation and decision?	 	۱	- <del>-</del> -
	-	n's CEO, Executive Director, or top management official?	15a		
b		key employees of the organization?	15b	X	ł
	If Yes" to line	5a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organiza	tion invest in, contribute assets to, or participate in a joint venture or similar arrangement	}	1	1.
	with a taxable e	htity during the year?	16a	1	X
b	If "Yes," has the	organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation	n joint venture arrangements under applicable federal tax law, and taken steps to safeguard	,	r	1
	the organization	s exempt status with respect to such arrangements?	16b		X
Secti	on C Disclosure				
17	List the states w	th which a copy of this Form 990 is required to be filled   □ □			
18	Section 6104 re	guires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
		plic inspection, Indicate how you make these available. Check all that apply			
	Own website	1 ()			
19	_	edule O whether (and if so how), the organization makes it governing documents conflict of interest			
		cal statements available to the public			
20		physical address, and telephone number of the person who possesses the books and records of the			
20		Sandra Cpp 4110 Eaton Caldwell ID 83605 208-459-	852	2	
	organization -	position opp 4110 pacon cardwell in 03003 266 433			
			orm S	190	(2009
		· · · · · · · · · · · · · · · · · · ·	01/11 3		(200

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

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. Use Schedule J-2 if additional space is needed.
- 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 scurrent key employees. See instructions for definition of "key employee."
- List the organization's fivecument 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

(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee	lnstitutional trustee	eck Officer	≅ Key employee	a employee	S Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
laine Robisor.								_		_
rector	1	Х			<u> </u>	ļ		0	0	0
Rachel Rebison	_				ļ					^
Director		Х						0	0	0
Gerryl Tschoep										^
rector	1	Х			<b> </b>	ļ	<u> </u>	0	0	00
Barry Stertzel		,,			l	1			C	^
Director	1	X		<u> </u>	<u> </u>	ļ		0	0	0
ulio David Bo								0	_	
ice Fres	4.0,_	X	y.	X						٠٠٠٠ ياليوسو سيوب
Sandra Opp			·	-		-		12024	C	0
Secretary Paul Opp	15	Х		X	×		<u> </u>	13034.	<u> </u>	
raul Opp		,,			ļ.,	,		42543.	o	0
Sam Sullins	60	Х		X	X	X	-	42343.		U
oam Sullians Olrector	1	$\mathbf{x}$				1	1	0	0	0
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Average   Position Check at that apply   Recortable   Recortable   Compensation   Check at that apply   Recortable   Recor	Part VII	Section A. Officers, Directors (A)	(B)			(C	)			(D)	(E)		(F)
Tb=Total = vs =		Name and tille	hours per			1				compensation from the organization	compensation from related organizations	comp comp orga	ount of other pensatio om the anization I related
Tb=Total = vs =		!	-										
Tb=Total = vs =											<del> </del>		
1b = total = vg   1b = total	<del></del>											<del>  -</del>	
1b = total = vg   1b = total						_							
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation—  from the organization ▶    Yes   N	<del></del>				<u> </u>					-			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation—  from the organization ▶    Yes   N													<del></del>
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation—  from the organization ▶    Yes   N				<u> </u>		-	-						
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation—  from the organization ▶    Yes   N							L		L			_	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation—  from the organization ▶    Yes   N													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation—  from the organization ▶    Yes   N													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation—  from the organization ▶    Yes   N									_			<del> </del>	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation—  from the organization ▶    Yes   N			-										
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation—  from the organization ▶    Yes   N													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation—  from the organization ▶    Yes   N	<del></del>	<del>                                     </del>		<u> </u>	-	<del> </del>			-				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation—  from the organization ▶    Yes   N						L			ļ				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation—  from the organization ▶    Yes   N													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation—  from the organization ▶    Yes   N						ļ	$\vdash$						
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation—  from the organization ▶    Yes   N	 1 handratal			<u> </u>	<u> </u>					55537.		<del> </del>	
Did the organization list anyformer officer, director or frustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual											<del></del>		<u>_</u>
Did the organization list anyformer officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	from the o	rganization 🕨											1
Individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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  (A) [B] (C)	employee	on line 1a? If 'Yes," complete	Schedule J f	for suc	h indi	vidua	el .					3	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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  (A) [B] (C)		1	-									١	
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  (A) (B) (C)											• • • •	-1 -	1 1
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A) (B) (C)			"Yes," comp	olete S	chedu	le J	ior s	uch pe	erso	n	<del></del>	. 5	
compensation from the organization (A) (B) (C)			omnensate	d indei	nende	nt co	nntra	ctors	that	received more than	\$100,000 of	<del></del> -	
				o mac <sub>i</sub>	pende		3170						
Name and business address Description of services Compensation		1											
		Name and busine	ess address						<del> </del>	Description of	services	Ccmp	ensation
						_							
1			<del></del>										

Form	990 (2	2009)	Pecple of Peru Project		<del></del> _	20-0285	378 Page 9
Part	VIII	S	atement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512 513, or 514
SS	1a	Fede	rated campaigns 1a				
Contributions, gifts, grants and other similar amounts	ь	Mem	bership dues 1b				
s, g	C	Fund	raising events 1c				
g z	ď		ed organizations 1d				
I S	е	(contri	nment grants buttons) . 1e	_			
utio er s	ſ		er contributions gifts and similar amounts				
탈	a		uded above	<del>-</del>			
ard		include	d in thes 1a-1'	1 550141			
	h	Tota	Add lines 1a-1f	552141.			
Program Service Revenue			Business Code	٦	1		1
Še	2a _		<del> </del>				
e	b _			+		<del>                                     </del>	<del> </del>
eΣ	C -				<del></del>		
S۳				·			
graı	-	All ol	ner program service revenue .	<del>                                     </del>		<del></del>	· · · · · · · · · · · · · · · · · · ·
Pro	g		. Add lines 2a-21	<del></del>			
	3	Inves	tment income (including dividends, interest, and				
		othe	similar amounts)				
	4	lncom	from investment of tax exempt bond proceeds				
	5	Roya	lties	·			
			(ı) Real (ıı) Personal	<del></del>			
	6a		s Rents	<del></del>			
	ь	Less i	ses	_			
	С	or 'ios	Income	<del></del>		1	1
	ď		ental income or (loss)	<u></u>		L	
	7a		(i) Securities (ii) Other	<u></u>			
	1		rost or other	_			
	b	tasıs	and sales				
	١.	expen	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
	C		or (loss)	$\neg$	1		
	Į- · · · ·		gain or (loss)		<u> </u>		the second
<b>9</b>	-0a-		ncome from fundraising events				
Other Revenue			It butions reported on line 1c)				
Şe	1		Part IV, line 18 . a				
er F	ь		direct expenses b	<del></del>			
ĕ	c		ricome or (loss) from fundraising events .		1		
	9a		s income from gaming				
		activ	ries See Part IV, line 19 a				
	b	Less	direct expenses b	<u></u>		•	
	c	Net	ncome or (loss) from gaming activities .			<u> </u>	
	10a	Gros	s sales of inventory less				
		retur	ns and allowances a				
	b	Less	cost of goods sold b	_	ı	1	ſ
		Net	ncome or (loss) from sales of inventory.	• ]		]	1
	<u></u>		Miscellaneous Revenue Business Coda	: 	I	1	1
	11a					<b></b>	
	Þ		ļ				<del> </del>
	C					<del> </del>	<del></del>
	d		ther revenue		L	<u> </u>	<u> </u>
	e		I Add lines 11a-11d ▶	•	<del> </del>	<del> </del>	
	12		Irevenue	550141	}		
DC A	1	See	instructions	55214:.	L	<u> </u>	Form 990 (2009

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) but are not required to complete columns (B), (C) and (D). (B) Program service expenses (C) Management and general expenses (D) Fundraising expenses Do not include amounts reported on lines 6b, (A) Total expenses 7b, 8b, 9b, and 10b of Part VIII Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 431830. 431830. Benefits paid to or for members Compensation of current officers, directors, 55577 55577 trustees, and key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages . . . . . . . Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits Payroll taxes 4979 4979. 10 Fees for services (non-employees) 11 Management Legal 1039. 1039. Accounting Lobbying Professional fundraising services. See Par IV line 17 Investment management fees g 54. 54. 12 Advertising and promotion 3149. 3149. 13 Office expenses Information technology 14 15 Royalties Occupancy 16 15456. 7283 8173. 17 18 --- Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings .  $18\overline{33}$ . 1833. 19 <u>633</u> Interest 633. 20 21 Payments to affiliates 0298. 10298. 22 Depreciation, depletion, and amortization 2296. 2296 23 Insurance 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 200.200. Equipment Rental Bank Hees 1942. 1942 Webside 363. 363. 280. Storage 280. ď Utilities 84. 84. All other expenses f Total functional expenses. Add lines 1 through 24f 13937. 530013. 516026. 25 Joint costs | Check here ▶ | | if following SOP 98-2 Complete this line only if the organization reported in dolumn (B) joint costs from a combined educational pampaign and fundraising solicitation

US990S10

Pai	ťΧ.	Balance Sheet			
•			(A)		(B)
			Beginning of year	,	End of year
	1	Cash - non-interest-pearing	32868.	1	92821.
	2	Sayings and lemporary cash investments		2	
	3	Pletiges and grants receivable, net		3	
	4	Acquints receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
	Į	employees and highest compensated employees. Complete Part II of Sch. L.		5	
	6	Receivables from other disqualified persons (as defined under section			
	 	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	,		
		Part II of Schedule L		6	·
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ď	9	Prepaid expenses and deferred charges		9	
	10a	Lard, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 65833.			
	b	Less accumulated depreciation . 10b 23226.		10c	42507.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV line 11		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	32868.	16	135428.
	17	Accounts payable and accrued expenses		17	23.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<del></del>
S	21	Estrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
del		employees, highest compensated employees, and disqualified		1 . 1	
		persons Complete Part II of Schedule L		22	<u> </u>
	23	Sebured mortgages and notes payable to unrelated third parties	<del></del>	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	23
	26	Total liabilities Add lines 17 through 25		26	23.
hani barran .		Organizations that follow SFAS 117, check-here			
8	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Complete lines'27 through 29, and lines 33 and 344		1 - 1	عدا دامه الاقتالات هامشاها في سمد
anc	27	Unrestricted net assets		27	
83	28	Temporarily restricted net assets		28	
5	29	Permanently restricted net assets		29	L
Fu		Organizations that do not follow SFAS 117, check here			
ò		and complete lines 30 through 34.	40.60	1 .	1 00001
Net Assets or Fund Balances	30	Capital stock or trust principal or current funds	4262.	30	92821.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u></u>
Let.	32	Retained earnings, endowment accumulated income, or other funds	40.60	32	02021
4	33	Total net assets or fund balances	4262.	33	92821.
	34	Total liabilities and net assets/fund balances .	4262.	34	92844.

Form 990 (2009)

Par	XI, Financial Statements and Reporting			
1	Accounting method used to prepare the Form 990 X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked. Other," explain in Schedule O		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	l	lх
b	Were the organization's financial statements audited by an independent accountant?	2b	-	X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	- <u></u> -	$\vdash$	<u> </u>
	audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		ŀ
	If the organization changed either its oversight process or selected process during the tax year, explain in	1	1	
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	!	1	
	the Single Audit Act and OMB Circular A-133?	. 3a		Χ
ь	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	3ь	1	
		Form	990	(2009
		,,,,		•

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Employer identification number People of Peru Project 20-0285378 Part I : Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year . 2 Aggregate contributions to (during year) . Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements . b Total acreage restricted by conservation easements . . 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 ... . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, reporting of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 ...

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule D (Form 990) 2009

required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . .

b Assets included in Form 990, Part X

Pa	rt III	Organiz (continued	-	Collections of Art,	Historical Treasures	s, or Other Similar A	ssets	
3	Using the	<del></del>	<del></del>	and other records, chec	k any of the following that	are a significant use of	rts collection	tems
	_	that apply)	o doquiomon, dococoion	, and other records, once	at any or the lonothing the	are a significant use of	to concentration	itoms
а	<u> </u>	exhibition			d Loan or exchang	e programs		
b	$\vdash$	arly research	•		e Other	c programa		
c	H	-	ture generations		a [] Other		<del></del>	
4			<del>-</del>	ctions and explain how t	hey further the organizate	an's avamet sumasa in E	and VIV	
5					nistorical treasures, or oth			
ŭ	_	=	-	part of the organization's	·		Tyes	∏ No
Pa	rt IV		and Custodial Arra		elete if organization answer	rod ' Voe" to Form 990		
		or reported	d an amount on Form 99	0, Part X, line 21			raitiv, inte	·,
1a				or other intermediary for	r contributions or other as	sets not included		
		990, Part X?					Yes	∐ No
b	If "Yes," e	xplain the ari	rangement in Part XIV ar	nd complete the following	ı table			
							Amou	ınt
С	Beginning	balance				1c		
		during the ye				1d	<del></del>	<del>_</del> _
е		ons during the	•			1e		
f	•	alance						<del></del>
				m 990, Part X, line 21?			. Yes	X No
			rangement in Part XIV		<del> </del>			
Pa	rt V	Endowr	nent Funds. Comp	lete if organization answ	rered "Yes" to Form 990,	Part IV, line 10.		
			(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four y	ears back
1a	Beginning	of year						
	balance				_			
b	Contributi	ons			<del></del>		<u></u>	
c	Net invest	tment earn-	1					
	ings, gain	s, and losses						
d	Grants or sch	nolarships						
0	Other exp	enditures						
	for facilities	es and						
	programs							
f	Administra	ative						
	expenses							
9	End of ye	ar balance						
. 2	Provide th	ne estimated.	percentage of the year e	end balance held as	د مینید. و مینیده	and property of the second of the second		~+
a	Board des	signated or q	uasi-endowment	_00.0 %				-
b	Permaner	nt endowmer	nt ▶ 0.00%					
С	Term end	iowment >	0.00%					
3a	Are there	endowment	funds not in the possess	ion of the organization th	nat are held and administ	ered for the organization	by	Yes No
	(i) unrela	ated organiza	ations .				3a(l)	
	(ii) relate	d organization	ons				3a(ii)	
b				isted as required on Sch	edule R?		3b	-
4				organization's endowmer				
Pa	rt VI			ngs, and Equipmer		Part X, line 10		
		escription of		(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Boo	k value
				basis (investment)	basis (other)	Depreciation	\.,	
1a	Land							
	Buildings				31,700.	1,698.	30	,002.
		d improveme	ents			2,000.	T	<u></u>
	Equipmen	•			34,133.	21,528.	12	,605.
	Other .	.,			31,133.	21,020.	1	,
		1a through	1e (Column (d) should o	qual Form 990, Part X, o	olumn (B) line 10(c) \		1 42	,607.
. 544		u unough	- Condim (a) should e	quair oill 950, Falt A, C	Country (D), mile 10(C) ).		tule D /Form	

_	dule D (Form 990) 2009 People of Peru Project		0285378	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financia	al State	ements	
ì	Total revenue (Form 990, Part VIII, column (A), line 12)	1	55	2,141.
2 ·	Total expenses (Form 990, Part IX, column (A), line 25)	. 2	53	0,013.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2	2,128.
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6	i ]	
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net) Add lines 4 through 8	9	)	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		2,128.
	Reconciliation of Revenue per Audited Financial Statements With Revenu			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		· <del></del>	
a	Net unrealized gains on investments			
b	Donated services and use of facilities		_	
c	Recoveries of prior year grants			
d	Other (Describe in Part XIV)	<del>-</del>		
	<del></del>		ا موا	
e	·		2e	
3		•	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on lines			
a	Investment expenses not included on Form 990, Part VIII, line 7b		_	
Þ	Other (Describe in Part XIV)		٦.١	
C	Add lines 4a and 4b	•••	4c	
5	Total revenue Add lines 3 and 4c (This should equal Form 990, Part I, line 12)	<u> </u>	5	
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expen	ses pe	er Return_	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities		_	
b	Prior year adjustments			
С	Other losses		_	
d	Other (Describe in Part XIV)			
е	Add lines 2a through 2d		2е	
3	Subtract line 2e from line 1	-	3	
4	Amounts included on Form 990, Part IX, line 25, but not on linet			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)		-	<del></del>
.,c	Add lines 4a and 4b		. 4c	
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)		5	
Pa	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV,	lines 11	and 2b. Part V	/. line 4:
	X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to pro			
	A, mile 2, retrivi, mile 6, retrivii, miles 24 and 45, and retriviii, miles 24 and 45 viles complete tins part to pre	, , , u.c. u.i.	y additional line	, manon
			<del> </del>	
		,		

#### Schedule F (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Statement of Activities Outside the United States**

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

Attach to Form 990.

► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

People of Peru Project

Employer identification number 20-0285378

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .... No For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed.) (a) Region (b) Number of (c) Number of (f) Total (d) Activities cond-(e) If activity listed in offices in the employees or expenditures in ucted in region (by (d) is a program agents in region region type) (i.e., fundraising, service, describe region program services, specific type of grants to recipients service(s) in region located in the region) 431830 516,026. South America Health and education Services 516,026.

### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization People of Peru Project	Employer identification number 20-0285378
Part I Questions Regarding Compensation	· · · · · · · · · · · · · · · · · · ·
	Yes No
1 a Check the appropriate box(es) if the organization provided any of the following to or for a person li	isted in Form 990, Part VII,
Section A, line 1a Complete Part III to provide any relevant information regarding these items	
First-class or charter travel Housing allowance or residence	e for personal use
Travel for companions Payments for business use of po	ersonal residence
Tax indemnification and gross-up payments Health or social club dues or infl	tiation fees
Discretionary spending account Personal services (e.g., maid, c.	hauffeur, chef)
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding pa	ayment or reimbursement
or provision of all of the expenses described above? If "No," complete Part III to explain	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by a	\
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the	organization's CEO/
Executive Director Check all that apply	
Compensation committee Written employment contract	
Independent compensation consultant Compensation survey or study	
Form 990 or other organizations  Approval by the board or compe	ensation committee
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the a related organization	tiling organization or
a Receive a severance payment or change-of-control payment?	4a X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in	Part III
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	y compensation
contingent on the revenues of	
a The organization?	X
b Any related organization?	5b X
If "Yes" to line 5a or 5b, describe in Part III	والوافي يعمأ المائد اليم العاملة الدالساسيوس
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	y compensation
contingent on the net earnings of	
a The organization?	X
b Any related organization?	6b X
If `Yes" to line 6a or 6b, describe in Part III	· · ·
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-	fixed payments not
described in lines 5 and 6? If ``Yes," describe in Part III	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was	s subject to the initial
contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described	ın Regulations

section 53 4958-6(c)?

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990.

▶ See separate instructions.

Open to Public Inspection

Schedule R (Form 990) 2009 Direct controlling Direct controlling (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related Employer identification number 20-0285378entity entity NA Public charity status (if section 501(c)(3)) End-of-year assets ^ Exempt Code section Total income (Complete if the organization answered 'Yes' on Form 990, Part IV, line 33) ਉ 501c3 Legal domicile (state Legal domicile (state or foreign country) or foreign country) Primary activity Primary activity <u>@</u> <u>e</u> 20-4935029Crisis Center For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. Identification of Related Tax-Exempt Organizations Name, address, and EIN of related organization Name, address, and EIN of disregarded entity Identification of Disregarded Entities tax-exempt organizations during the tax year) Project Iquitos People of Peru of Peru Name of the organization Iquitos Peru People Part I Part II

People of Peru Project Schedule R (Form 990) 2009

Identification of Related Organizations Taxable as a Partnership

Part III

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or

20-0285378

Page 2

Percentage 0.00 0.00 0.00 0.00 0.00 0.00 General or managing 0.00 Schedule R (Form 990) 2009 Yes No ownership partner? (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it 6 Code V-UBI amount in box 20 of Schedule (Form 1065) Share of end-ofyear assets Disproportionate allocations? ĝ (f) Share of total income Ξ Yes Share of end-ofyear assets Type of entity (C corp, S corp, or trust) Share of total income (d) Direct controlling Predominant income (related, unrelated, excluded from tax under sections entity 512-514) Identification of Related Organizations Taxable as a Corporation or Trust had one or more related organizations treated as a corporation or trust during the tax year ) (c)
Legal domicile
(state or
foreign country) ' Direct controlling entity more related organizations treated as a partnership during the tax year) 9 Primary activity (c) Legal domicile foreign country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV

æ é

# Form **4562**

## Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009

Department of the T Internal Revenue Se			eparate instructions.	► Attach to yo			Attachment Sequence No 67			
Name(s) show	n on return	· — — · · · · · · · · · · · · ·		ctivity to which thi		Identifying number				
	cople of Peru Project People of Peru Activities									
Part I	Election To Expense	Certain Property					20-0285378			
			omplete Part V before yo	ou complete Part	I.					
			er limit for certain busine			1	250,000.			
2 Total cost	of section 179 property	y placed in servic	e (see instructions)			. 2				
3 Threshold	cost of section 179 pro	perty before red	uction in limitation (see i	nstructions)		3	800,000.			
			If zero or less, enter -0			4	<u> </u>			
5 Dollar limit	ation for tax year Sub	otract line 4 from	line 1 If zero or less, en	iter -0- If married	I					
filing sepai	rately, see instructions					5				
6	(a) Description of proj	perty	(b) Cost (busi	ness use only)	(c) Elec	ted cost				
						<u> </u>	-			
7 Listed prop	erty Enter the amou	nt from line 29			7					
8 Total elect	ed cost of section 179	property Add ar	mounts in column (c), lin	es 6 and 7		8				
9 Tentative of	leduction Enter thesi	maller of line 5 or	line 8			9	<del>-</del>			
10 Carryover	of disallowed deduction	n from line 13 of	your 2008 Form 4562			10				
11 Business ii	11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)									
<b>12</b> Section 17	9 expense deduction	Add lines 9 and	10, but do not enter mor	e than line 11		12				
13 Carryover	of disallowed deduction	n to 2010 Add I	ines 9 and 10, less line 1	12 ▶ 1	3					
	ise Part II or Part III be	elow for listed pro	perty Instead, use Part	V						
Part II	Special Depreciation	Allowance and C	Other Depreciation (Do r	not include listed	property) (Se	e instructions)				
14 Special de	preciation allowance f	or qualified prope	erty (other than listed pro	perty) placed in	service		1			
during the	tax year (see instruction	ons)				14	6,582.			
15 Property si	ubject to section 168(f	)(1) election		-		15				
	eciation (including AC	RS)	<u> </u>			16				
Part III	MACRS Depreciation	(Do not include l	isted property) (See inst	ructions)						
			Section A				·			
17 MACRS de	eductions for assets pl	aced in service ir	n tax years beginning be	fore 2009	-	17	1,902.			
18 If you are e	electing to group any a	issets placed in s	ervice during the tax yea	ar		_				
into one or	more general asset a	ccounts, check h	ere			<b>&gt;</b>				
	Section B-Ass		rvice During 2009 Tax Y	ear Using the G	eneral Depre	iation System				
(a) Classific	ation of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only - see instructions)	(d) Recovery	(e) Convention	(f) Method	(g) Depreciation deduction			
19a 3-year pi	roperty -	_				İ				
b 5-year p	roperty		6,581.	5	HY	200 DB	1,316.			
c 7-year p	roperty	_				<u> </u>				
d 10-year	property	_								
e 15-year	property									
f 20-year	property									
g 25-year	property			25 yrs		S/L				
h Resident	tial rental			27 5 yrs	MM	S/L				
property				27 5 yrs.	MM	S/L				
i Nonresid	lential real			39 yrs	MM	S/L				
property	·				MM	S/L				
	Section C-Asset	s Placed in Serv	ice During 2009 Tax Ye	ar Using the Alte	ernative Depre	eciation System	m			
20a Class life	)	_ [				S/L				
b 12-year				12 yrs		S/L				
c 40-year				40 yrs	MM	S/L				
Part IV	Summary (See instruc	tions)								
21 Listed pr	operty Enter amount	from line 28		••••		21	498.			
22 Total. A	dd amounts from line	12, lines 14 throu	igh 17, lines 19 and 20 ii	n column (g), and	ine 21					
Enter he	re and on the appropr	ate lines of your	return Partnerships and	d S corporations		ons 22	10,298.			
			during the current year,				-			
	f the basis attributable				23					

Part V List

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, completenty

24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A-Deprecia	tion and Other Infor	mation (Ca	ution: Se	e the inst			ls for pa				<del></del>			
24a Do you have	evidence to support t	he busn/inv	estment u	se claime	ed?	X Yes	No	24 b If	"Yes," ::	s the ev	idence w	ntten?	X Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busn / investmen use percentage	t Co	(d) ost or er basis	(e) Basis for depr (busn /investment use only)		(f) Recovery period	(g) Method/ Convention		(h) Depreciation deduction		(i Elec sectio	ted n 179	
25 Special depreci	ation allowance for q	ualified liste	d property	y placed	n servi	e during	the tax	year					-	
and used more	than 50% in a qualifi	ed business	use (see	instruction	ons)					. 25				
26 Property used n	nore than 50% in a q	ualified busi	iness use											
Laptop	05/06/2008			802			802.	5	2001			257.		
Pauls Lapt	11/10/2008	100.09	%	752	2.		752.	5	2001	DBHY		241.		
		0.09	%					1	<u> </u>		<u></u>			
27 Property used 5	50% or less in a quali	fied busines	s use										<b></b> -	
		0.09							S/L-				_	
		0.09	%						S/L-				_	
	İ	0.09	%					<u></u>	S/L-				_	
28 Add amounts in	i column (h), fines 25	through 27	Enter he	ere and o	n line 2	1, page	1			28	ļ	498.	<u>.                                    </u>	
29 Add amounts in	column (ı), line 26	Enter here a	and on line	e 7, page	1						<u> </u>	29		
			Section	B-Inform	ation o	n Use of	f Vehicl	es						
Complete this section	on for vehicles used l	by a sole pro	oprietor, p	artner, o	r other '	more tha	an 5% d	owner," or	related	person	If you p	rovided		
vehicles to your em	ployees, first answer	the questio	ns in Sect	tion C to	see if yo	ou meet	an exce	eption to co	ompletin	g this s	ection fo	r those v	ehicles	
			(a	)	(	b)		(c)	(0	i)	(4	B)	(f	)
30 Total business/	investment miles driv	en during	Vehic	cle 1	Veh	ıcle 2	Vel	hicle 3	Vehi	cle 4	Veh	ıcle 5	Vehicle 6	
the year (do no	t include commuting	miles)												
31 Total commutin	ig miles driven during	the year					<u> </u>				L			
32 Total other pers	sonal (noncommuting	<b>)</b> )										l		
miles driven		.												
33 Total miles driv	en during the year	Add										1		
lines 30 throug	h 32 .									_				
34 Was the vehicle	e available for persor	nal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
use during off-o	duty hours?													
35 Was the vehicle	e used primarily by a					1		1	•		1	1 1	, )	
more than 5%	owner or related pers	son? .		<u> </u>		ļ <u></u> .							ļ	112 =-12
use?	cle available for pers	·	pro energed						£ 4 44.	، وحد		y- y	. 4y	
Answer these ques	Section C- tions to determine if persons (see instructi	-Questions you meet ar ons)	for Emplo	n to com	o Provi pleting	i <b>de Vehi</b> Section I	cles for B for ve	r <b>Use by T</b> hicles use	heir Em d by em	ployee:	s s wh <b>are</b> r	ot more	than 5%	·
	n a written policy sta										-		Yes	No
	rees?													
38 Do you maintai	in a written policy sta	tement that	prohibits	personal	use of v	ehicles,	except	commutin	ig, by yo	ur emp	loyees?		1	
See the instruc	tions for vehicles use	ed by corpoi	rate office	rs, direct	ors, or 1	l% or mo	ore own	ers						
39 Do you treat al	l use of vehicles by e	mployees a	s persona	l use?							-			
40 Do you provide	more than five vehic	cles to your	employee	s, obtain	ınforma	ition fron	n your e	employees	about t	he use				
of the vehicles,	, and retain the inform	nation recei	ved?											
41 Do you meet th	ne requirements cond	erning qual	ified autoi	mobile de	emonstr	ation use	e? (See	instructio	ns )		•		1	
Note: If your a	nswer to 37, 38, 39,	40, or 41 is	"Yes," do	not comp	olete Se	ction B f	or the c	covered ve	hicles					
Part VI An	nortization													
(a)		(b)			(c)		(d)		(e			<b>(f)</b>		
		Date ar	mortization Amortizable					Amortiza period			ortization for			
·		be	egins		am	ount		sect	ion	percent		th	is year	
42 Amortization of	f costs that begins du	ring your 20	009 tax ye	ar (see II	nstructio	ons)								
	<del></del>		<u> </u>											
43 Amortization of	f costs that began be	fore your 20	009 tax ye	ar							43			
	ounts in column (f)	-			to repo	rt					44			_
												Form	4562	(2009

7% DEE SPAINHOWER 18772 WAGNER RD CALDWELL ID 83607-9216



024551

#### DECLARATION

.Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Sandra (Dp 2/6/11
Signature of officer dr trustee Date

Secretary / Treasurer

Tatle