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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ROSTRO DE CRISTO INC		D Employer identification number 04-3512786
	Doing Business As		E Telephone number
	Number and street (or P O box if mail is not delivered to street address) Room/suite 66 BROOKS DRIVE		
	City or town, state or country, and ZIP + 4 BRAINTREE, MA 02184		G Gross receipts \$ 479,859
F Name and address of principal officer		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.ROSTRODECRISTO.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 1988
			M State of legal domicile MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities ROSTRO DE CRISTO IS A CATHOLIC PROGRAM WHOSE MISSION IS TO PROVIDE SPIRITUAL AND EDUCATIONAL OPPORTUNITIES FOR YOUNG PEOPLE FROM THE UNITED STATES TO LIVE OUT THE GOSPEL OF JESUS CHRIST TOGETHER WITH THE PEOPLE OF ECUADOR			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	5	
	6 Total number of volunteers (estimate if necessary)	6	27	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b			
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		354,236	479,437
	9 Program service revenue (Part VIII, line 2g)		160,880	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		440	422
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		515,556	479,859
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		3,279	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		214,927	219,525
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 0			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		218,694	258,208
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		436,900	477,733
19 Revenue less expenses Subtract line 18 from line 12		78,656	2,126	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)		551,022	555,434
	21 Total liabilities (Part X, line 26)		13,904	16,190
22 Net assets or fund balances Subtract line 21 from line 20		537,118	539,244	

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	2013-07-16 Date			
	EVAN CUTHBERT EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Prnt/Type preparer's name THOMAS P FINUCANE	Preparer's signature	Date 2013-07-16	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name \rightarrow COMPASS BUSINESS SERVICES			Firm's EIN \rightarrow	
	Firm's address \rightarrow 6690 BETA DR STE 120 MAYFIELD VILLAGE, OH 44143			Phone no (440) 684-0539	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

ROSTRO DE CRISTO IS A CATHOLIC PROGRAM WHOSE MISSION IS TO PROVIDE SPIRITUAL AND EDUCATIONAL OPPORTUNITIES FOR YOUNG PEOPLE FROM THE UNITED STATES TO LIVE OUT THE GOSPEL OF JESUS CHRIST TOGETHER WITH THE PEOPLE OF ECUADOR

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

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

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 \$ including grants of \$) (Revenue \$) OFFERING VOLUNTEER AND RETREAT EXPERIENCES TO YOUNG ADULTS FROM THE USA WHILE ALSO MANAGING AND SUPPORTING VARIOUS EDUCATION, HEALTH, AND OTHER SOCIAL SERVICE PROJECTS

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

(Code) (Expenses \$ 444,039 including grants of \$) (Revenue \$) ROSTRO DE CRISTO VOLUNTEERS FROM THE US LIVING WITH AND SERVING THE PEOPLE OF ECUADOR FOR 24 YEARS, ROSTRO DE CRISTO (WHICH MEANS "THE FACE OF CHRIST" IN SPANISH) HAS BEEN PROVIDING VOLUNTEER LAY MISSIONARY EXPERIENCES IN ECUADOR AND PROVIDING SUPPORT TO EDUCATIONAL AND MEDICAL PROJECTS IN ECUADOR ROSTRO DE CRISTO (RDC) OFFERS SHORT-TERM AND YEAR-LONG OPPORTUNITIES TO LIVE SIMPLY AND SERVE IN THE MUNICIPALITY OF DURN AND MT SINAI, BOTH NEAR GUAYAQUIL, ECUADOR IN ADDITION TO A FAITH-FILLED EXPERIENCE OF REFLECTION AND PRAYER, RDC VOLUNTEERS SERVE IN SCHOOLS, MEDICAL CLINICS, DAYCARE AND AFTER-SCHOOL PROGRAMS, SOUP KITCHENS, AND COMMUNITY WORK PROJECTS DURN IS A SPRAWLING URBAN CENTER OF ALMOST ONE MILLION PEOPLE, MOST OF WHOM ARE UNDEREMPLOYED OR UNEMPLOYED AND LACKING MOST BASIC SERVICES RDC FOCUSES ITS ATTENTION ON THE POOREST OF THESE BY LIVING AMONG AND SERVING THAT COMMUNITY, RDC PROVIDES AN EXTRAORDINARY AND UNIQUE OPPORTUNITY FOR VOLUNTEERS AND RETREAT PARTICIPANTS FROM THE UNITED STATES TO INTERACT WITH THE PEOPLE OF ECUADOR TO BETTER UNDERSTAND BOTH SIMILARITIES AS WELL AS DIFFERENCES THIS IN TURN PROMOTES A BETTER US-LATIN AMERICAN UNDERSTANDING AND SOLIDARITY, AND ALSO OFFERS A PROFOUND VIEW OF HOW FAITH SUSTAINS THE PEOPLE OF ECUADOR IN THEIR DAILY LIVES RDC FULFILLS ITS SPIRITUAL AND EDUCATIONAL MISSION IN TWO WAYS BY OFFERING VOLUNTEER AND RETREAT EXPERIENCES TO YOUNG ADULTS FROM THE UNITED STATES WHILE ALSO MANAGING AND SUPPORTING VARIOUS EDUCATION, HEALTH AND OTHER SOCIAL SERVICE PROJECTS 2012 THE RDC COMMUNITY AND OUTREACH CONTINUES TO GROW AND DEVELOP IN FOUR NEIGHBORHOODS IN ECUADOR IN 2012 ROSTRO DE CRISTO VOLUNTEERS LIVED IN THREE COMMUNITIES, THE ANTONIO JOSE DE SUCRE, ARBOLITO AND MT SINAI COMMUNITIES, AND ALSO RAN AN AFTER-SCHOOL PROGRAM IN THE VEINTIOCHO DE AGOSTO NEIGHBORHOOD RDC VOLUNTEERS ARE MOSTLY RECENT COLLEGE GRADUATES THAT COMMIT TO ONE FULL YEAR OF SERVICE IN DURN OR GUAYAQUIL, ECUADOR THEY PLEDGE TO LIVE IN A CHRISTIAN COMMUNITY WHILE SERVING THE POOR, AND FOCUS ON THE PILLARS OF SPIRITUALITY, SERVICE, HOSPITALITY, COMMUNITY, AND SIMPLICITY ON A DAILY BASIS FROM AUGUST 2011-2012, ROSTRO DE CRISTO SUPPORTED 13 ONE-YEAR VOLUNTEERS, AND FROM AUGUST 2012-2013 RDC SUPPORTS 13 ONE-YEAR VOLUNTEERS THE RDC MISSION IS ACHIEVED BY BEING, WORKING, PRAYING AND SHARING A COMMON FAITH WITH THE PEOPLE OF ECUADOR ROSTRO DE CRISTO BEGAN ITS FULL-TIME PRESENCE IN THE NEW NEIGHBORHOOD OF MONTE SINA (IN ENGLISH MOUNT SINAI) IN AUGUST 2010 LOCATED ON THE PERIMETRAL IN NORTHWEST GUAYAQUIL, ABOUT AN HOUR BY CAR FROM THE HOUSES IN DURN, THIS NEIGHBORHOOD IS NOW HOME TO FIVE VOLUNTEERS IN JULY 2011,ROSTRO DE CRISTO WAS PROUD TO ANNOUNCE THE COMPLETION OF THE RETREAT GROUP HOUSE, MAKING IT POSSIBLE FOR IMMERSION GROUPS TO STAY IN MT SINAI THE COMMUNITY CONTINUES TO BE RECEPTIVE AND INCLUSIVE OF THE RDC VOLUNTEERS,AND THE VOLUNTEERS CONSISTENTLY WORK TO INCREASE ROSTRO DE CRISTO'S PRESENCE IN THAT NEIGHBORHOOD ROSTRO DE CRISTO VOLUNTEERS DURING 2012 RDC OFFERS A FORMAL INTENSIVE ORIENTATION PROGRAM FOR VOLUNTEERS TO LIVE AND SERVE IN ECUADOR FOR ONE YEAR THIS ORIENTATION IS BEGINS IN THE UNITED STATES TWO WEEKS PRIOR TO THE NEW VOLUNTEERS' DEPARTURE, AND CONTINUES FOR TWO WEEKS ONCE THEY ARRIVE IN ECUADOR THE VOLUNTEERS LIVE AND WORK IN-COUNTRY FROM AUGUST 2011 - AUGUST 2012, AND THEN FROM AUGUST 2012- AUGUST 2013 THE FOLLOWING NAMES ARE THOSE VOLUNTEERS THAT SERVED IN ECUADOR, THE MONTHS DURING 2011 IN WHICH THEY SERVED AND THE NEIGHBORHOOD IN WHICH THEY LIVED VOLUNTEERS 2012 ELIZABETH AULT(JANUARY-AUGUST)ANTONIO JOSE DE SUCRE CHRIS BRUNNER(JANUARY-AUGUST)EL ARBOLITO MATT BUTIN(JANUARY-AUGUST)MT SINAI LIZ ELLANO(JANUARY-AUGUST)ANTONIO JOSE DE SUCRE MANDI DAVIS(JANUARY-AUGUST)MT SINAI LINDSAY FIELD(JANUARY-AUGUST)EL ARBOLITO MOLLY GRADOWSKI(JANUARY-AUGUST)EL ARBOLITO BILLY HOOD (JANUARY-AUGUST)EL ARBOLITO PATRICK HYLAND(JANUARY-AUGUST)MT SINAI ALLISON KENNEDY(JANUARY-AUGUST)ANTONIO JOSE DE SUCRE BERNADETTE MADDEN(JANUARY-AUGUST)MT SINAI KATIE MADSON(JANUARY-AUGUST)MT SINAI MADISON SKOGSBURG(JANUARY-AUGUST)MT SINAI JULIA WHITE(JANUARY-AUGUST)ANTONIO JOSE DE SUCRE ANDREA ALFANI(AUGUST-DECEMBER)EL ARBOLITO JAZZMIN BOYD(AUGUST-DECEMBER)EL ARBOLITO CHASE CASTLE(AUGUST-DECEMBER)EL ARBOLITO CHRIS CULHANE(AUGUST-DECEMBER)EL ARBOLITO JIM LOCHHEAD(AUGUST-DECEMBER)EL ARBOLITO ANA LOPEZ(AUGUST-DECEMBER) MT SINAI JIMMY MCCARTHY(AUGUST-DECEMBER)MT SINAI COLLEEN MELAUGH(AUGUST-DECEMBER)MT SINAI MIKE RIOS(AUGUST-DECEMBER)MT SINAI DANIELLE ROBERTS(AUGUST-DECEMBER)EL ARBOLITO HEIDI SCHLEIF(AUGUST-DECEMBER)MT SINAI KATE SCHUSTER(AUGUST-DECEMBER)EL ARBOLITO GREG TORRES(AUGUST-DECEMBER)MT SINAI ROSTRO DE CRISTO VOLUNTEERS SPEND MUCH OF THEIR TIME BEING A PRESENCE IN THE COMMUNITY AND FORMING LOVING RELATIONSHIPS WITH THE PEOPLE OF ECUADOR HOWEVER, VOLUNTEERS ALSO SERVE IN OTHER AREAS OF NEED THROUGHOUT DURN AND GUAYAQUIL MORE THAN 150 ONE-YEAR, FULL-TIME VOLUNTEERS HAVE DONATED TIME AND TALENTS IN ECUADOR IN THE PAST 24 YEARS ROSTRO DE CRISTO RETREAT GROUP PROGRAM RDC OFFERS SHORT-TERM RETREAT/IMMERSION EXPERIENCES FOR HIGH SCHOOL,UNIVERSITY, PARISH OR OTHER GROUPS OVER 3,000 RETREATANTS SINCE 1989 2012 PARTICIPANTS INCLUDED 24 HIGH SCHOOL AND COLLEGE GROUPS THE FOLLOWING HIGH SCHOOLS, COLLEGES AND UNIVERSITIES PARTICIPATED IN THE 7 TO 10 DAY IMMERSION RETREAT GROUP EXPERIENCE RETREAT GROUP LIST & PARTICIPANTS 2012 SCHOOL DATE PARTICIPANTS 1ASSUMPTION COLLEGEJAN 2-9, 201214 (WORCESTER, MA) 2BOSTON COLLEGEJAN 4-12, 201214(CHESTNUT HILL, MA) 3CABRINI COLLEGEJAN 9-16, 2012 11(PHILADELPHIA, PA) 4MANHATTAN COLLEGE JAN 14-22, 2012 14(BRONX, NY) 5ST JOHN'S HIGH SCHOOL FEB 17-24, 2012 14(SHREWSBURY, MA) 6ST JOHNS PREP FEB 18-25, 2012 12(DANVERS, MA) 7VILLANOVA UNIVERSITYMARCH 3-10, 2012 14(VILLANOVA, PA) 8FORDHAM UNIVERSITY MARCH 11-18, 2012 13 (BRONX, NY) 9WALSH JESUIT HSMARCH 23-31, 2012 14(CLEVELAND, OH) 10JESUIT HIGH SCHOOLMARCH 24-31, 2012 14(PORTLAND, OR) 11FAIRFIELD PREPAPRIL 13-21, 2012 14(FAIRFIELD, CT) 12XAVERIAN BROTHERS HSAPRIL 14-22, 2012 14(WESTWOOD, MA) 13HOLY FAMILY UNIVERSITYMAY 7-15, 2012 10(PHILADELPHIA, PA) 14ST JOSEPH'S UNIVERSITYMAY 15-24, 2012 14(PHILADELPHIA, PA) 15LOYOLA U MARYLANDMAY 20 - 28, 2012 12(BALTIMORE, MD) 16JOHN CARROLL U MAY 25- JUNE 3, 2012 13(CLEVELAND, OH) 17BISHOP EUSTACE PREPJUNE 9-18, 2012 14(PENNSAUKEN, NJ) 18ST XAVIER HSJUNE 10-19, 2012 12(CINCINNATI, OH) 19JFK CATHOLIC HSJUNE 19-28, 2012 14(WARREN, OHIO) 20SEATTLE UNIVERSITYJUNE 21-30, 2012 10(SEATTLE, WA) 21MAGNIFICAT HSJULY 1-10, 2012 13 (CLEVELAND, OH) 22SANTA CLARA UNIVERSITYAUG 29-SEP 7, 2012 14(SANTA CLARA, CA) 23POPE JOHN PAUL II HSNOV18-25, 2012 10(HYANNIS, MA) 24ASSUMPTION COLLEGEDEC 18-23, 2012 14(WORCESTER, MA) TOTAL 312 TOTAL OF 2011 GROUPS 24 TOTAL OF 2011 RETREAT PARTICIPANTS 312 AVERAGE RETREAT PARTICIPANTS PER GROUP 13 THESE RETREAT EXPERIENCES PROVE TO BE LIFE-CHANGING EXPERIENCES FOR THE PARTICIPANTS BELOW ARE SOME EXAMPLES OF WHAT THE RDC EXPERIENCE MEANT FOR THE RETREAT PARTICIPANTS EVALUATION QUOTES - 2012 SANTA CLARA UNIVERSITY "THIS IMMERSION REALLY INSPIRED ME TO FOCUS ON VOCATION AND HOW I MIGHT USE THIS EXPERIENCE TO HELP PEOPLE AS WELL AS LEARN MORE ABOUT MYSELF IN THE FUTURE "MY IMMERSION MADE ME REALIZE HOW HUMBLE I SHOULD BE FOR EVERYTHING THAT I HAVE AND THAT THERE IS ABSOLUTELY NO REASON FOR ME TO NOT BE INVOLVED IN SERVICE AND SOCIAL JUSTICE I HAVE TALENTS THAT COULD BENEFIT SO MANY PEOPLE, SO I MUST UTILIZE THEM AND MAKE A DIFFERENCE THE PEOPLE I MET IN ECUADOR HAVE FACED CHALLENGES AND BATTLES THAT I CANNOT EVEN BEGIN TO IMAGINE, BUT SEEM SO HAPPY THE CHILDREN OF SEMILLAS AND THE SMILES ON MY FACES LITERALLY CHANGED A PART OF ME WHILE ON MY IMMERSION, I FELT MORE ALIVE THAN I DO IN THE UNITED STATES, WHICH I CONTRIBUTE TO SOCIAL JUSTICE ASSUMPTION COLLEGE "IT TRULY DID MOTIVATE ME IT IS JUST A DAUNTING TASK TO TRY AND REPLICATE MY EXPERIENCE TO THOSE AROUND ME WHO ARE SO SET IN THEIR LIFESTYLE AND WAYS "THIS RETREAT DEFINITELY TAUGHT ME A LOT ABOUT SERVICE AND SOCIAL JUSTICE I REALLY WANT TO HELP IN MANY WAYS THROUGH SOCIAL JUSTICE AND SERVICE AROUND SCHOOL TO START ME OFF "THIS WAS THE FIRST SERVICE TRIP I HAVE PARTICIPATED IN AFTER THIS EXPERIENCE, I HAVE COME TO THE CONCLUSION THAT I WANT TO COMPLETE A YEAR OF SERVICE I RETURNED HOME WITH A STRONG AMOUNT OF INSPIRATION AND DRIVE THAT I AM GOING TO ACT UPON BY COMPLETING A YEAR OF SERVICE "THIS EXPERIENCE DEFINITELY OPENED MY EYES AND MADE ME WANT (SO BADLY) TO DO SOMETHING ABOUT THE INJUSTICES IN OUR WORLD I THINK ROSTRO DE CRISTO'S MISSION OF SIMPLE LIVING AND LIVING IN SOLIDARITY WITH THE PEOPLE OF ARBOLITO HELPED MAKE THESE INJUSTICES MORE REAL FOR ME AND IMPACTED ME IN A POWERFUL WAY "MY EXPERIENCE OPENED MY EYES TO NOT ONLY THE POVERTY OF A DIFFERENT PART OF THE WORLD, BUT THE CULTURE THIS EXPERIENCE HAS INSPIRED ME TO ACTIVELY SEARCH AND FIGHT FOR SOCIAL JUSTICE AND ALSO TO SERVE AGAIN I AM CURRENTLY

4d Other program services (Describe in Schedule O) (Expenses \$ 444,039 including grants of \$) (Revenue \$)

4e Total program service expenses 444,039

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
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>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
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>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> <input checked="" type="checkbox"/>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> <input checked="" type="checkbox"/>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> <input checked="" type="checkbox"/>		No
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>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>		No
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>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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>	23		No
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 25</i>	24a		No
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		
d	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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>	27		No
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>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33		No
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>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included in line 1a, above, who are independent (14); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (No); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy? (No); 14 Did the organization have a written document retention and destruction policy? (No); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: EVAN CUTHBERT 66 BROOKS DRIVE BRAINTREE, MA (617) 746-5890

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

Check if Schedule O contains a response to any question 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, or 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 parts VII 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) NANCY JOYCE DIRECTOR	1 00	X						0	0	0
(2) FR JAMES J RONAN CHAIR & CEO	10 00	X		X				0	0	0
(3) SR EVELYN RONAN CLERK OF BD	1 00	X						0	0	0
(4) RAYMOND J DUNN IV V-P	1 00	X		X				0	0	0
(5) RANDOLPH MCGRORTY DIRECTOR	1 00	X						0	0	0
(6) JOSEPH REARDON DIRECTOR	1 00	X						0	0	0
(7) AMANDA PAPE LENAGHAN DIRECTOR	1 00	X						0	0	0
(8) JENNY O'BRIEN DIRECTOR	1 00	X						0	0	0
(9) BARBARA MULLIN ROSIELLO DIRECTOR	1 00	X						0	0	0
(10) DAVID DUVAL DIRECTOR	1 00	X						0	0	0
(11) KRISTEN SEMANISION DIRECTOR	1 00	X						0	0	0
(12) NANCY LUKITSH DIRECTOR	1 00	X						0	0	0
(13) EDWARD HARDIMAN DIRECTOR	1 00	X						0	0	0
(14) PATRICK ROMBALSKI PRESIDENT	5 00			X				0	0	0
(15) MARIA REGAN SECRETARY (E)	1 00			X				0	0	0

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . 1a _____					
	b Membership dues 1b _____					
	c Fundraising events 1c _____					
	d Related organizations 1d _____					
	e Government grants (contributions) 1e _____					
	f All other contributions, gifts, grants, and similar amounts not included above 1f _____ 479,437					
	g Noncash contributions included in lines 1a-1f \$ _____ 48,000					
	h Total. Add lines 1a-1f ▶	479,437				
Program Service Revenue	2a _____ Business Code _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶					
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	422			422
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
6a Gross rents		(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
d Net rental income or (loss) ▶						
7a Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
d Net gain or (loss) ▶						
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
		b Less direct expenses b				
		c Net income or (loss) from fundraising events ▶				
9a Gross income from gaming activities See Part IV, line 19 a						
		b Less direct expenses b				
		c Net income or (loss) from gaming activities ▶				
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code					
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶						
12 Total revenue. See Instructions ▶	479,859				422	

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	186,373	182,873	3,500	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	12,369	12,369		
9	Other employee benefits.	11,130	11,130		
10	Payroll taxes.	9,653	9,653		
11	Fees for services (non-employees)				
a	Management.				
b	Legal.				
c	Accounting.	5,036	576	4,460	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.	171	76	95	
13	Office expenses.				
14	Information technology.				
15	Royalties.				
16	Occupancy.				
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	29,368	29,368		
23	Insurance.	9,514	9,514		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	IN-KIND EXPENSES	48,000	36,000	12,000	
b	TRAVEL & LODGING	34,290	32,289	2,001	
c	ORIENTATION	18,160	18,160		
d	FOOD & WATER	11,580	11,580		
e	All other expenses	102,089	90,451	11,638	
25	Total functional expenses. Add lines 1 through 24e.	477,733	444,039	33,694	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash—non-interest-bearing	29,608	1	60,073	
	2 Savings and temporary cash investments	88,249	2	89,996	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 663,525			
	b Less accumulated depreciation	10b 258,160	433,165	10c	405,365
	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)	551,022	16		555,434	
Liabilities	17 Accounts payable and accrued expenses	1,304	17	2,890	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	12,600	25		13,300
	26 Total liabilities. Add lines 17 through 25	13,904	26		16,190
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets		27		
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds	490,962	30		537,118
	31 Paid-in or capital surplus, or land, building or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds	46,156	32		2,126
33 Total net assets or fund balances	537,118	33		539,244	
34 Total liabilities and net assets/fund balances	551,022	34		555,434	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	479,859
2	Total expenses (must equal Part IX, column (A), line 25)	2	477,733
3	Revenue less expenses Subtract line 2 from line 1	3	2,126
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	537,118
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	539,244

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 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		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b 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		No
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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. ▶ See separate instructions.

Name of the organization
ROSTRO DE CRISTO INC

Employer identification number
04-3512786

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2011. 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 stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	207,583	236,003	497,914	354,236	267,787	1,563,523
2 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					163,650	163,650
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	207,583	236,003	497,914	354,236	431,437	1,727,173
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						1,727,173

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	207,583	236,003	497,914	354,236	431,437	1,727,173
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,462	1,530	428	440	422	6,282
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,462	1,530	428	440	422	6,282
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		144,950	134,575	159,880		439,405
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	211,045	382,483	632,917	514,556	431,859	2,172,860
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	79.490 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	77.660 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization ROSTRO DE CRISTO INC

Employer identification number 04-3512786

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a Yes/No column. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advised funds and grant purposes.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes (land for public use, natural habitat, open space, historic structure), questions about monitoring, expenses, and reporting requirements.

Table titled 'Held at the End of the Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenues and assets.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		13,305		13,305
b Buildings		505,047	161,122	343,925
c Leasehold improvements		9,095	1,702	7,393
d Equipment		97,000	67,647	29,353
e Other		39,078	27,689	11,389
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				405,365

Part VII Investments—Other Securities. 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		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
UNEARNED REVENUE	13,300
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	13,300

2. Fin 48 (ASC 740) Footnote 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

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

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

Part XIII Supplemental Information

Complete this part to 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

Identifier	Return Reference	Explanation
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization ROSTRO DE CRISTO INC

Employer identification number

04-3512786

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 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? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

Table with 6 columns: (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) 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. Includes rows for SOUTH AMERICA and summary rows 3a, 3b, 3c.

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* 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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* Yes No

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization ROSTRO DE CRISTO INC

Employer identification number

04-3512786

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 17 is filled with 'X', '1', '48,000', and 'COST OF SPACE & SUPPLIES'.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

Table with 2 columns: 29, Yes/No

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Table with 3 columns: 30a, Yes, No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

Table with 3 columns: 31, Yes, No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

Table with 3 columns: 32a, Yes, No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Table with 3 columns: 33, Yes, No

Part III **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier

Return Reference

Explanation

Schedule M (Form 990) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2012

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

Open to Public Inspection

▶ Attach to Form 990 or 990-EZ.

Name of the organization ROSTRO DE CRISTO INC	Employer identification number 04-3512786
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Identifier	Return Reference	Explanation
ORGANIZATIONS MISSION	FORM 990 - ORGANIZATIONS MISSION	ROSTRO DE CRISTO IS A CATHOLIC PROGRAM WHOSE MISSION IS TO PROVIDE SPIRITUAL AND EDUCATIONAL OPPORTUNITIES FOR YOUNG PEOPLE FROM THE UNITED STATES TO LIVE OUT THE GOSPEL OF JESUS CHRIST TOGETHER WITH THE PEOPLE OF ECUADOR
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	ROSTRO DE CRISTO VOLUNTEERS FROM THE US LIVING WITH AND SERVING THE PEOPLE OF ECUADOR FOR 24 YEARS, ROSTRO DE CRISTO (WHICH MEANS "THE FACE OF CHRIST" IN SPANISH) HAS BEEN PROVIDING VOLUNTEER LAY MISSIONARY EXPERIENCES IN ECUADOR AND PROVIDING SUPPORT TO EDUCATIONAL AND MEDICAL PROJECTS IN ECUADOR ROSTRO DE CRISTO (RDC) OFFERS SHORT-TERM AND YEAR-LONG OPPORTUNITIES TO LIVE SIMPLY AND SERVE IN THE MUNICIPALITY OF DURAN AND MT SINAI, BOTH NEAR GUAYAQUIL, ECUADOR IN ADDITION TO A FAITH-FILLED EXPERIENCE OF REFLECTION AND PRAYER, RDC VOLUNTEERS SERVE IN SCHOOLS, MEDICAL CLINICS, DAYCARE AND AFTER-SCHOOL PROGRAMS, SOUP KITCHENS, AND COMMUNITY WORK PROJECTS DURAN IS A SPRAWLING URBAN CENTER OF ALMOST ONE MILLION PEOPLE, MOST OF WHOM ARE UNDEREMPLOYED OR UNEMPLOYED AND LACKING MOST BASIC SERVICES RDC FOCUSES ITS ATTENTION ON THE POOREST OF THESE BY LIVING AMONG AND SERVING THAT COMMUNITY, RDC PROVIDES AN EXTRAORDINARY AND UNIQUE OPPORTUNITY FOR VOLUNTEERS AND RETREAT PARTICIPANTS FROM THE UNITED STATES TO INTERACT WITH THE PEOPLE OF ECUADOR TO BETTER UNDERSTAND BOTH SIMILARITIES AS WELL AS DIFFERENCES THIS IN TURN PROMOTES A BETTER US-LATIN AMERICAN UNDERSTANDING AND SOLIDARITY, AND ALSO OFFERS A PROFOUND VIEW OF HOW FAITH SUSTAINS THE PEOPLE OF ECUADOR IN THEIR DAILY LIVES RDC FULFILLS ITS SPIRITUAL AND EDUCATIONAL MISSION IN TWO WAYS BY OFFERING VOLUNTEER AND RETREAT EXPERIENCES TO YOUNG ADULTS FROM THE UNITED STATES WHILE ALSO MANAGING AND SUPPORTING VARIOUS EDUCATION, HEALTH AND OTHER SOCIAL SERVICE PROJECTS 2012 THE RDC COMMUNITY AND OUTREACH CONTINUES TO GROW AND DEVELOP IN FOUR NEIGHBORHOODS IN ECUADOR IN 2012 ROSTRO DE CRISTO VOLUNTEERS LIVED IN THREE COMMUNITIES, THE ANTONIO JOSE DE SUCRE, ARBOLITO AND MT SINAI COMMUNITIES, AND ALSO RAN AN AFTER-SCHOOL PROGRAM IN THE VEINTIOCHO DE AGOSTO NEIGHBORHOOD RDC VOLUNTEERS ARE MOSTLY RECENT COLLEGE GRADUATES THAT COMMIT TO ONE FULL YEAR OF SERVICE IN DURAN OR GUAYAQUIL, ECUADOR THEY PLEDGE TO LIVE IN A CHRISTIAN COMMUNITY WHILE SERVING THE POOR, AND FOCUS ON THE PILLARS OF SPIRITUALITY, SERVICE, HOSPITALITY, COMMUNITY, AND SIMPLICITY ON A DAILY BASIS FROM AUGUST 2011-2012, ROSTRO DE CRISTO SUPPORTED 13 ONE-YEAR VOLUNTEERS, AND FROM AUGUST 2012-2013 RDC SUPPORTS 13 ONE-YEAR VOLUNTEERS THE RDC MISSION IS ACHIEVED BY BEING, WORKING, PRAYING AND SHARING A COMMON FAITH WITH THE PEOPLE OF ECUADOR ROSTRO DE CRISTO BEGAN ITS FULL-TIME PRESENCE IN THE NEW NEIGHBORHOOD OF MONTE SINAI (IN ENGLISH MOUNT SINAI) IN AUGUST 2010 LOCATED ON THE PERIMETRAL IN NORTHWEST GUAYAQUIL, ABOUT AN HOUR BY CAR FROM THE HOUSES IN DURAN, THIS NEIGHBORHOOD IS NOW HOME TO FIVE VOLUNTEERS IN JULY 2011, ROSTRO DE CRISTO WAS PROUD TO ANNOUNCE THE COMPLETION OF THE RETREAT GROUP HOUSE, MAKING IT POSSIBLE FOR IMMERSION GROUPS TO STAY IN MT SINAI THE COMMUNITY CONTINUES TO BE RECEPTIVE AND INCLUSIVE OF THE RDC VOLUNTEERS, AND THE VOLUNTEERS CONSISTENTLY WORK TO INCREASE ROSTRO DE CRISTO'S PRESENCE IN THAT NEIGHBORHOOD ROSTRO DE CRISTO VOLUNTEERS DURING 2012 RDC OFFERS A FORMAL INTENSIVE ORIENTATION PROGRAM FOR VOLUNTEERS TO LIVE AND SERVE IN ECUADOR FOR ONE YEAR THIS ORIENTATION IS BEGINS IN THE UNITED STATES TWO WEEKS PRIOR TO THE NEW VOLUNTEERS' DEPARTURE, AND CONTINUES FOR TWO WEEKS ONCE THEY ARRIVE IN ECUADOR THE VOLUNTEERS LIVE AND WORK IN-COUNTRY FROM AUGUST 2011 - AUGUST 2012, AND THEN FROM AUGUST 2012 - AUGUST 2013 THE FOLLOWING NAMES ARE THOSE VOLUNTEERS THAT SERVED IN ECUADOR, THE MONTHS DURING 2011 IN WHICH THEY SERVED AND THE NEIGHBORHOOD IN WHICH THEY LIVED VOLUNTEERS 2012 ELIZABETH AULT (JANUARY-AUGUST) ANTONIO JOSE DE SUCRE CHRIS BRUNNER (JANUARY-AUGUST) EL ARBOLITO MATT BUTIN (JANUARY-AUGUST) MT SINAI LIZ ELLANO (JANUARY-AUGUST) ANTONIO JOSE DE SUCRE MANDI DAVIS (JANUARY-AUGUST) MT SINAI LINDSAY FIELD (JANUARY-AUGUST) EL ARBOLITO MOLLY GRADOWSKI (JANUARY-AUGUST) EL ARBOLITO BILLY HOOD (JANUARY-AUGUST) EL ARBOLITO PATRICK HYLAND (JANUARY-AUGUST) MT SINAI ALLISON KENNEDY (JANUARY-AUGUST) ANTONIO JOSE DE SUCRE BERNADETTE MADDEN (JANUARY-AUGUST) MT SINAI KATIE MADSON (JANUARY-AUGUST) MT SINAI MADISON SKOGSBERG (JANUARY-AUGUST) MT SINAI JULIA WHITE (JANUARY-AUGUST) ANTONIO JOSE DE SUCRE ANDREA ALFANI (AUGUST-DECEMBER) EL ARBOLITO JAZZMIN BOYD (AUGUST-DECEMBER) EL ARBOLITO CHASE CASTLE (AUGUST-DECEMBER) EL ARBOLITO CHRIS CULHANE (AUGUST-DECEMBER) EL ARBOLITO JIM LOCHHEAD (AUGUST-DECEMBER) EL ARBOLITO ANA LOPEZ (AUGUST-DECEMBER) MT SINAI JIMMY MCCARTHY (AUGUST-DECEMBER) MT SINAI COLLEEN MELAUGH (AUGUST-DECEMBER) MT SINAI MIKE RIOS (AUGUST-DECEMBER) MT SINAI DANIELLE ROBERTS (AUGUST-DECEMBER) EL ARBOLITO HEIDI SCHLEIF (AUGUST-DECEMBER) MT SINAI KATE SCHUSTER (AUGUST-DECEMBER) EL ARBOLITO GREG TORRES (AUGUST-DECEMBER) MT SINAI ROSTRO DE CRISTO VOLUNTEERS SPEND MUCH OF THEIR TIME BEING A PRESENCE IN THE COMMUNITY AND FORMING LOVING RELATIONSHIPS WITH THE PEOPLE OF ECUADOR HOWEVER, VOLUNTEERS ALSO SERVE IN OTHER AREAS OF NEED THROUGHOUT DURAN AND GUAYAQUIL MORE THAN 150 ONE-YEAR, FULL-TIME VOLUNTEERS HAVE DONATED TIME AND TALENTS IN ECUADOR IN THE PAST 24 YEARS ROSTRO DE CRISTO RETREAT GROUP PROGRAM RDC OFFERS SHORT-TERM RETREAT/IMMERSION EXPERIENCES FOR HIGH SCHOOL, UNIVERSITY, PARISH OR OTHER GROUPS OVER 3,000 RETREATANTS SINCE 1989 2012 PARTICIPANTS INCLUDED 24 HIGH SCHOOL AND COLLEGE GROUPS THE FOLLOWING HIGH SCHOOLS, COLLEGES AND UNIVERSITIES PARTICIPATED IN THE 7 TO 10 DAY IMMERSION RETREAT GROUP EXPERIENCE RETREAT GROUP LIST & PARTICIPANTS 2012 SCHOOL DATE PARTICIPANTS 1 ASSUMPTION COLLEGE JAN 2-9, 2012 14 (WORCESTER, MA) 2 BOSTON COLLEGE JAN 4-12, 2012 14 (CHESTNUT HILL, MA) 3 CABRINI COLLEGE JAN 9-16, 2012 11 (PHILADELPHIA, PA) 4 MANHATTAN COLLEGE JAN 14-22, 2012 14 (BRONX, NY) 5 ST JOHN'S HIGH SCHOOL FEB 17-24, 2012 14 (SHREWSBURY, MA) 6 ST JOHN'S PREP FEB 18-25, 2012 12 (DANVERS, MA) 7 VILLANOVA UNIVERSITY MARCH 3-10, 2012 14 (VILLANOVA, PA) 8 FORDHAM UNIVERSITY MARCH 11-18, 2012 13 (BRONX, NY) 9 WALSH JESUIT HSMARCH 23-31, 2012 14 (CLEVELAND, OH) 10 JESUIT HIGH SCHOOL MARCH 24-31, 2012 14 (PORTLAND, OR) 11 FAIRFIELD PREP APRIL 13-21, 2012 14 (FAIRFIELD, CT) 12 XAVIERIAN BROTHERS HS APRIL 14-22, 2012 14 (WESTWOOD, MA) 13 HOLY FAMILY UNIVERSITY MAY 7-15, 2012 10 (PHILADELPHIA, PA) 14 ST JOSEPH'S UNIVERSITY MAY 15-24, 2012 14 (PHILADELPHIA, PA) 15 LOYOLA U MARYLAND MAY 20 - 28, 2012 12 (BALTIMORE, MD) 16 JOHN CARROLL U MAY 25- JUNE 3, 2012 13 (CLEVELAND, OH) 17 BISHOP EUSTACE PREP JUNE 9-18, 2012 14 (PENNSAUKEN, NJ) 18 ST XAVIER HS JUNE 10-19, 2012 12 (CINCINNATI, OH) 19 JFK CATHOLIC HS JUNE 19-28, 2012 14 (WARREN, OHIO) 20 SEATTLE UNIVERSITY JUNE 21-30, 2012 10 (SEATTLE, WA) 21 MAGNIFICAT HS JULY 1-10, 2012 13 (CLEVELAND, OH) 22 SANTA CLARA UNIVERSITY AUG 29-SEP 7, 2012 14 (SANTA CLARA, CA) 23 POPE JOHN PAUL II HS NOV 18-25, 2012 10 (HYANNIS, MA) 24 ASSUMPTION COLLEGE DEC 18-23, 2012 14 (WORCESTER, MA) TOTAL 312 TOTAL OF 2011 GROUPS 24 TOTAL OF 2011 RETREAT PARTICIPANTS 312 AVERAGE RETREAT PARTICIPANTS PER GROUP 13 THESE RETREAT EXPERIENCES PROVE TO BE LIFE-CHANGING EXPERIENCES FOR THE PARTICIPANTS BELOW ARE SOME EXAMPLES OF WHAT THE RDC EXPERIENCE MEANT FOR THE RETREAT PARTICIPANTS EVALUATION QUOTES - 2012 SANTA CLARA UNIVERSITY "THIS IMMERSION REALLY INSPIRED ME TO FOCUS ON VOCATION AND HOW I MIGHT USE THIS EXPERIENCE TO HELP PEOPLE AS WELL AS LEARN MORE ABOUT MYSELF IN THE FUTURE" MY IMMERSION MADE ME REALIZE HOW HUMBLE I SHOULD BE FOR EVERYTHING THAT I HAVE AND THAT THERE IS ABSOLUTELY NO REASON FOR ME TO NOT BE INVOLVED IN SERVICE AND SOCIAL JUSTICE I HAVE TALENTS THAT COULD BENEFIT SO MANY PEOPLE, SO I MUST UTILIZE THEM AND MAKE A DIFFERENCE THE PEOPLE I MET IN ECUADOR HAVE FACED CHALLENGES AND BATTLES THAT I CANNOT EVEN BEGIN TO IMAGINE, BUT SEEM SO HAPPY THE CHILDREN OF SEMILLAS AND THE SMILES ON MY FACES LITERALLY CHANGED A PART OF ME WHILE ON MY IMMERSION, I FELT MORE ALIVE THAN I DO IN THE UNITED STATES, WHICH I CONTRIBUTE TO SOCIAL JUSTICE ASSUMPTION COLLEGE "IT TRULY DID MOTIVATE ME IT IS JUST A DAUNTING TASK TO TRY AND REPLICATE MY EXPERIENCE TO THOSE AROUND ME WHO ARE SO SET IN THEIR LIFESTYLE AND WAYS "THIS RETREAT DEFINITELY TAUGHT ME A LOT ABOUT SERVICE AND SOCIAL JUSTICE I REALLY WANT TO HELP IN MANY WAYS THROUGH SOCIAL JUSTICE AND SERVICE AROUND SCHOOL TO START ME OFF "THIS WAS THE FIRST SERVICE TRIP I HAVE PARTICIPATED IN AFTER THIS EXPERIENCE, I HAVE COME TO THE CONCLUSION THAT I WANT TO COMPLETE A YEAR OF SERVICE I RETURNED HOME WITH A STRONG AMOUNT OF INSPIRATION AND DRIVE THAT I AM GOING TO ACT UPON BY COMPLETING A YEAR OF SERVICE" THIS EXPERIENCE DEFINITELY OPENED MY EYES AND MADE ME WANT (SO BADLY) TO DO SOMETHING ABOUT THE INJUSTICES IN OUR WORLD I THINK ROSTRO DE CRISTO'S MISSION OF SIMPLE LIVING AND LIVING IN SOLIDARITY WITH THE PEOPLE OF ARBOLITO HELPED MAKE THESE INJUSTICES MORE REAL FOR ME AND IMPACTED ME IN A POWERFUL WAY "MY EXPERIENCE OPENED MY EYES TO NOT ONLY THE POVERTY OF A DIFFERENT PART OF THE WORLD, BUT THE CULTURE THIS EXPERIENCE HAS INSPIRED ME TO ACTIVELY SEARCH AND FIGHT FOR SOCIAL JUSTICE AND ALSO TO SERVE AGAIN I AM CURRENTLY
FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES	FORM 990, PART V, LINE 4B	ECUADOR
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	REV JAMES J RONAN SR EVELYN RONAN, SND CEO CLERK OF BRD BROTHER & SISTER
ORGANIZATIONS PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	ACCOUNTANT PROVIDES AN ADVANCE COPY OF THE RETURN TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE BOARD PUBLISHES AN ANNUAL REPORT TO THE PUBLIC AND ALSO UPON REQUEST THROUGH THE ORGANIZATION'S WEB-SITE
OTHER EXPENSES	FORM 990, PART IX, LINE 24E	VEHICLE EXPENSE 10,061 0 0 PRINTING & GRAPHICS 6,507 2,850 0 VOLUNTEERS 7,766 0 0 CONTRIBUTIONS 7,296 0 0 REUNION EXPENSE 7,245 0 0 RETREAT HOUSE - ARBOLITO 5,550 0 0 SECURITY 5,516 0 0 OFFICE EXPENSE 1,494 4,000 0 SRI TAX 5,378 0 0 AFTER SCHOOL PROGRAMS 4,968 0 0 TELEPHONE 3,464 1,010 0 CASA TOMAS RETREAT HOUSE 3,073 0 0 FREIGHT & POSTAGE 1,152 1,650 0 RETREAT HOUSE AJS 2,747 0 0 REPAIRS & MAINTENANCE 2,591 0 0 BANK CHARGES 1,007 1,222 0 CASA TOMAS VOLUNTEER HOU 2,112 0 0 MEETINGS 2,097 0 0 RE- ENTRY RETREATS 1,730 0 0 LAUNDRY & UNIFORMS 1,598 0 0 RETREATS 1,210 0 0 ARBOLITO HOUSE 1,142 0 0 UTILITIES 887 0 0 PROFESSIONAL DEVELOPMENT 840 0 0 COMPUTER SUPPORT 529 251 0 PAYROLL SERVICES 0 655 0 DUES & SUBSCRIPTIONS 625 0 0 COPIES 584 0 0 PERMITS & LICENSES 570 0 0 ANTONIO JOSE DE SUCRE HOU 519 0 0 OPERATING SUPPLIES 133 0 0 SMALL TOOLS 28 0 0 MISCELLANEOUS EXPENSE 20 0 0 TECH SCHOOL 12 0 0

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No 1545-0172
2012
 Attachment
 Sequence No **179**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return ROSTRO DE CRISTO INC	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 04-3512786
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Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	1,568
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	2,943
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12	13	2,943

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	784
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2012	17	13,370
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		784	5 0	MQ	200 DB	39
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	15,175
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	29,368
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, 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, complete **only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
See Additional Data Table		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28	15,175	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions)					
43 Amortization of costs that began before your 2012 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Additional Data

Software ID:

Software Version:

EIN: 04-3512786

Name: ROSTRO DE CRISTO INC

Form 4562, Part V, Line 26, Property used more than 50% in a qualified business use

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
HYUNDAI MINI BUS	2004-11-01	100 00 %	19,700	9,850	5 0	200 DB-HY		
CHEVORLAET LUV TRUCK	2004-12-31	100 00 %	10,873	5,436	5 0	200 DB-HY		
RED TRUCK	2004-12-31	100 00 %	4,000	2,000	5 0	200 DB-HY		
TOYOTA GREY TRUCK	2005-12-31	100 00 %	17,757	17,757	5 0	200 DB-MQ	1,019	
2007 TRUCK	2007-06-07	100 00 %	27,398	27,398	5 0	200 DB-HY	1,875	
2011 15 PERSON NISSA	2011-12-09	100 00 %	32,320	32,320	5 0	200 DB-MQ	12,281	