



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



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

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2013

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: ROSTRO DE CRISTO INC
 Doing Business As: _____
 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 province, country, and ZIP or foreign postal code: BRAINTREE, MA 02184

D Employer identification number: 04-3512786

E Telephone number: _____

F Name and address of principal officer: _____

G Gross receipts \$ 437,898

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number: _____

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

J Website: WWW.ROSTRODECRISTO.ORG

K Form of organization: Corporation Trust Association 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	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	
	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	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	479,437	429,657
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	422	291
	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)	479,859	429,948
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
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)		219,525	245,110
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)		258,208	205,615
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		477,733	450,725
19 Revenue less expenses Subtract line 18 from line 12	2,126	-20,777	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	555,434	564,567
	22 Net assets or fund balances Subtract line 21 from line 20	16,190	46,100
		539,244	518,467

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: *****
 Date: 2014-08-04

EVAN CUTHBERT EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: THOMAS P FINUCANE
 Preparer's signature: _____
 Date: 2014-09-10
 Check if self-employed
 PTIN: P00040914

Firm's name: COMPASS BUSINESS SERVICES
 Firm's EIN: 34-1938500

Firm's address: 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 or note to any line 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 \$ 424,852 including grants of \$) (Revenue \$)

ROSTRO DE CRISTO VOLUNTEERS FROM THE US LIVING WITH AND SERVING THE PEOPLE OF ECUADOR INTRODUCTION IN 2013 ROSTRO DE CRISTO (WHICH MEANS "THE FACE OF CHRIST" IN SPANISH) COMPLETED ITS 24TH YEAR OF 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 ON THE OUTSKIRTS OF ECUADOR'S LARGEST CITY, GUAYAQUIL, AND IN THE MUNICIPALITY OF DURN WHICH IS ACROSS THE RIVER GUAYAS FROM GUAYAQUIL IN ADDITION TO A FAITH-FILLED EXPERIENCE OF REFLECTION AND PRAYER, RDC VOLUNTEERS SUPPORT LOCAL EFFORTS TO ALLEVIATE THE POVERTY IN THESE COMMUNITIES BY SERVING IN SCHOOLS, MEDICAL CLINICS, DAY-CARE AND AFTER-SCHOOL PROGRAMS, SOUP KITCHENS, AND COMMUNITY WORK PROJECTS GUAYAQUIL AND DURN FORM A SPRAWLING URBAN CENTER OF ALMOST 4 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 IN SOME OF THE UNDERSERVED BARRIOS THAT FORM THE URBAN AREA 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 EDUCATIONAL, HEALTH AND OTHER SOCIAL SERVICE PROJECTS RDC IN 2013 THE RDC COMMUNITY AND OUTREACH CONTINUED TO MAKE AN IMPACT IN OUR NEIGHBORHOODS IN ECUADOR IN 2013 WHILE REDUCING TO TWO VOLUNTEER COMMUNITIES, ARBOLITO IN DURAN AND MT SINAI ON THE OUTSKIRTS OF THE CITY OF GUAYAQUIL, WE MAINTAINED THE SAME NUMBER OF VOLUNTEERS (27) ADDITIONALLY, WE CONTINUED TO RUN AN AFTER-SCHOOL PROGRAM IN THE VEINTIOCHO DE AGOSTO NEIGHBORHOOD ON THE OTHER SIDE OF THE CITY OF DURAN AND BEGAN SERVING AT A HOME AND SCHOOL FOR AT-RISK YOUTH RUN CALLED CASA DON BOSCO IN VILLA DAULE, GUAYAQUIL 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 2012 TO AUGUST OF 2103, ROSTRO DE CRISTO SUPPORTED 13 ONE-YEAR VOLUNTEERS, AND FROM AUGUST 2014-2013 RDC IS SUPPORTING 14 ONE- YEAR VOLUNTEERS THE RDC MISSION IS ACHIEVED BY BEING, WORKING, PRAYING AND SHARING A COMMON FAITH WITH THE PEOPLE OF ECUADOR OUR LONGEST RUNNING COMMUNITY IS ARBOLITO LOCATED ON THE FRINGES OF DURAN SINCE 2005 HERE WE HAVE MAINTAINED 7 VOLUNTEERS THROUGHOUT 2013 IN AUGUST OF 2010 ROSTRO DE CRISTO BEGAN ITS FULL-TIME PRESENCE IN THE SECOND NEIGHBORHOOD OF MONTE SINA (IN ENGLISH MOUNT SINAI) WHICH IS LOCATED IN NORTHWEST GUAYAQUIL, ABOUT AN HOUR BY CAR FROM THE HOUSE IN ARBOLITO, DURN SINCE THEN OUR PRESENCE IN THIS NEIGHBORHOOD HAS GROWN FROM 4 VOLUNTEERS TO 7 BEGINNING IN AUGUST OF 2013 AND SINCE JULY 2011, ROSTRO DE CRISTO HAS BEEN HOSTING RETREAT-IMMERSION GROUPS IN MT SINAI THE LOCAL COMMUNITY AND CATHOLIC CHURCH CONTINUES TO BE RECEPTIVE AND INCLUSIVE OF THE RDC VOLUNTEERS, AND THE VOLUNTEERS HAVE INCREASED OUR WORK AND PRESENCE IN THE NEIGHBORHOOD ROSTRO DE CRISTO VOLUNTEER PROGRAM 2013 MORE THAN 180 ONE-YEAR, FULL-TIME VOLUNTEERS HAVE DONATED TIME AND TALENTS IN ECUADOR IN THE PAST 25 YEARS ROSTRO DE CRISTO VOLUNTEERS SPEND MUCH OF THEIR TIME BEING A PRESENCE IN THE COMMUNITY AND FORMING RELATIONSHIPS WITH THEIR NEIGHBORS THEY ALSO WORK AND SERVE THEIR COMMUNITIES IN MANY WAYS THROUGHOUT DURN AND GUAYAQUIL RDC OFFERS A FORMAL INTENSIVE ORIENTATION PROGRAM FOR VOLUNTEERS TO LIVE AND SERVE IN ECUADOR FOR ONE YEAR THIS ORIENTATION 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 2012 - AUGUST 2013, AND THEN FROM AUGUST 2013 - AUGUST 2014 LIST OF RDC VOLUNTEERS WHO SERVED IN 2013 THE FOLLOWING NAMES ARE THOSE VOLUNTEERS THAT SERVED IN ECUADOR, THE MONTHS DURING 2013 IN WHICH THEY SERVED, AND THE NEIGHBORHOOD IN WHICH THEY LIVED JANUARY - AUGUST 2013 (ARRIVED IN ECUADOR IN AUGUST 2012) ANDREA ALFANI(JANUARY-AUGUST)EL ARBOLITO JAZZMIN BOYD(JANUARY-AUGUST)EL ARBOLITO CHASE CASTLE(JANUARY-AUGUST)EL ARBOLITO CHRIS CULHANE(JANUARY-AUGUST)EL ARBOLITO JIM LOCHHEAD(JANUARY-AUGUST)EL ARBOLITO ANA LOPEZ(JANUARY-AUGUST)MT SINAI DANIELLE ROBERTS(JANUARY-AUGUST)EL ARBOLITO HEIDI SCHLEIF(JANUARY-AUGUST)MT SINAI KATE SCHUSTER(JANUARY-AUGUST)EL ARBOLITO GREG TORRES(JANUARY-AUGUST)MT SINAI AUGUST - DECEMBER 2013 (WILL COMPLETE YEAR OF SERVICE IN AUGUST 2014) STEPHANIE ALLEN (AUGUST-JANUARY)ARBOLITO BRIAN BAYER(AUGUST-JANUARY)ARBOLITO SHANNON CONSIDINE(AUGUST-JANUARY)MT SINAI MARGARET CUNNINGHAM(AUGUST-JANUARY)ARBOLITO JEROME FORGET(AUGUST-JANUARY)ARBOLITO DAVID GAILLARDETZ(AUGUST-JANUARY)MT SINAI CHELSEA JAEGER(AUGUST-JANUARY)MT SINAI BRITTANY JENNEY(AUGUST-JANUARY)ARBOLITO MICHELE KELLEY(AUGUST-JANUARY)MT SINAI ZACHARY KOSZYK(AUGUST-JANUARY)MT SINAI JESSICA RANGEL(AUGUST-JANUARY)MT SINAI MAUREEN REGAN(AUGUST-JANUARY)ARBOLITO GAVIN TISDALE(AUGUST-JANUARY)ARBOLITO RYAN ZADERA(AUGUST-JANUARY)MT SINAI EDUCATION, HEALTH AND SOCIAL PROGRAMS OVERVIEW ROSTRO DE CRISTO MANAGES OR SUPPORTS A WIDE RANGE OF EDUCATIONAL, HEALTH, AND SOCIAL SERVICE PROGRAMS, BOTH ITS OWN PROJECTS AS WELL AS THOSE OF OTHER CHURCH-AFFILIATED GROUPS (ARCHDIOCESE OF GUAYAQUIL, SOCIETY OF ST JAMES) AND OTHER NON-PROFIT ORGANIZATIONS THROUGH THE VOLUNTEER PROGRAM, ROSTRO DE CRISTO CONTRIBUTES HUMAN RESOURCES IT ALSO PROVIDES FINANCIAL SUPPORT TO ITS OWN AND SEVERAL OF THESE OTHER PROGRAMS ROSTRO DE CRISTO AND ITS VOLUNTEERS "FOUNDED AND MANAGE THREE AFTER-SCHOOL PROGRAMS SERVING OVER 125 CHILDREN DAILY, SERVE ON STAFF AT FIVE COMMUNITY SCHOOLS, AND WORK IN A DAYCARE CENTER SERVING ABOUT SIXTY CHILDREN "SERVE AS TEACHERS AT FUNDACIN NUEVO MUNDO, A PRIVATE BILINGUAL SCHOOL (K-12) FOR IMPOVERISHED CHILDREN FROM DURN AND GUAYAQUIL "ASSIST IN COMMUNITY SOUP KITCHENS WHICH SERVE MORE THAN 200 PEOPLE DAILY "PROVIDE STAFF SUPPORT TO A MEDICAL CLINIC IN DURN AND TO A HOSPITAL/NURSING HOME FOR HANSEN'S DISEASE PATIENTS IN GUAYAQUIL ROSTRO DE CRISTO SUPPORTED PROJECTS AND PARTNERS IN DURN AND GUAYAQUIL AFTER-SCHOOL PROGRAMS (SEMILLAS DE MOSTAZA, MANOS ABIERTAS) ROSTRO DE CRISTO CURRENTLY RUNS TWO AFTER-SCHOOL PROGRAMS SEMILLAS DE MOSTAZA (EL ARBOLITO) AND MANOS ABIERTAS (VEINTIOCHO DE AGOSTO) ROSTRO DE CRISTO FUNDS THE DAILY IMPLEMENTATION OF THE PROGRAMS THESE FUNDS ARE USED TO BUY SCHOOL SUPPLIES, ART SUPPLIES, BANANAS, BREAD, WATER, VITAMINS, CLEANING SUPPLIES, AND OTHER NECESSITIES EACH PROGRAM IS UNIQUE IN ITS LOCATION, NUMBER OF STUDENTS, AND BACKGROUND OF CHILDREN WHO ATTEND HOWEVER, THE PROGRAMS ARE UNITED BY A COMMON MISSION AND VISION THE PROGRAMS PROVIDE A SAFE SPACE, INSTILL CHRISTIAN VALUES, PROMOTE CRITICAL THINKING AND IMAGINATION, AND REINFORCE BASIC ACADEMIC SKILLS IN ITS PARTICIPANTS IN ADDITION TO ROSTRO DE CRISTO VOLUNTEERS AT EACH AFTER-SCHOOL PROGRAM, THERE ARE HIGH SCHOOL AND COLLEGE-AGE ECUADORIAN STUDENTS WHO REGULARLY ATTEND THE PROGRAMS TO AID IN HOMEWORK AND ACTIVITIES BOTH ROSTRO DE CRISTO AND ECUADORIAN STAFF/VOLUNTEERS ENSURE A SAFE ENVIRONMENT FOR THE CHILDREN AND ACT AS POSITIVE ROLE MODELS EACH PROGRAM PROVIDES TIME FOR HOMEWORK HELP, BASIC ACADEMIC SKILL SUPPORT AND DEVELOPMENT, RECREATION, AND TALKS ON THE VARIOUS VALUES SUCH AS COMMUNITY, FAMILY, FAITH, AND COMPASSION CHILDREN RECEIVE BREAD, BANANA, AND A CHILDREN'S MULTIVITAMIN BEFORE THEY LEAVE TO GO HOME EACH DAY IN ADDITION, THE PROGRAMS ALLOW THE CHILDREN TO PARTICIPATE IN THEIR OWN FORMATION BY CREATING PLAYS, SINGING SONGS, AND WRITING PRAYERS PARTICIPANTS REGULARLY HAVE THE OPPORTUNITY TO EARN FUN AND EDUCATIONAL FIELD TRIPS TO MUSEUMS, PARKS, AND THE BOARDWALK IN GUAYAQUIL IN THE SPRING OF 2013, CHILDREN FROM THESE PROGRAMS COMPETED IN THE ANNUAL "OLYMPIADAS," SHOWCASING THEIR TEAMWORK AND ACADEMIC SKILLS AS THEY COMPETED IN MATH, LANGUAGE, AND GEOGRAPHY EVENTS, AS WELL AS RELAYS AND A TEAM BRIDGE-BUILDING ACTIVITY SEMILLAS DE MOSTAZA (MUSTARD SEEDS) 4-6 VOLUNTEERS SEMILLAS DE MOSTAZA IS A ROSTRO DE CRISTO-SUPPORTED PROGRAM THAT FUNCTIONS AS AN AFTER-SCHOOL PROGRAM FOR THE CHILDREN IN AND AROUND ARBOLITO IN DURN, ECUADOR THERE ARE OVER 150 CHILDREN THAT ARE IN THE PROGRAM WITH AN AVERAGE OF FIFTY CHILDREN ATTENDING DAILY, AND U

4d Other program services (Describe in Schedule O) (Expenses \$ 424,852 including grants of \$) (Revenue \$)

4e Total program service expenses 424,852

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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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>		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 or other assistance to any domestic organization or government 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 or 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 25a</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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	No
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 or note to any line 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" to line 3b, 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 EC 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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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.)

		Yes	No
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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
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 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 02184 (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 or note to any line in this Part VII

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, 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 persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRENDAN FITZPATRICK DIRECTOR	1 00	X						0	0	0
(2) FR JAMES J RONAN PRESIDENT	10 00	X		X				0	0	0
(3) SR EVELYN RONAN	1 00	X						0	0	0
(4) GERALD KEHOE	1 00	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) BARBARA MULLIN ROSIELLO DIRECTOR	1 00	X						0	0	0
(9) DAVID DUVAL TREASURER	1 00	X		X				0	0	0
(10) KRISTEN SEMANISION DIRECTOR	1 00	X						0	0	0
(11) NANCY LUKITSH DIRECTOR	1 00	X						0	0	0
(12) EDWARD HARDIMAN DIRECTOR	1 00	X						0	0	0

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
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	429,657				
	g	Noncash contributions included in lines 1a-1f \$	12,000				
	h	Total. Add lines 1a-1f	429,657				
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)	291			291	
	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	7,950			
			b Less cost or other basis and sales expenses	7,950			
			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	429,948			291		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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.	206,990	201,146	5,844	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	14,891	14,891		
9	Other employee benefits.	11,751	11,751		
10	Payroll taxes.	11,478	11,478		
11	Fees for services (non-employees)				
a	Management.				
b	Legal.				
c	Accounting.	4,355	363	3,992	
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.	625		625	
13	Office expenses.				
14	Information technology.				
15	Royalties.				
16	Occupancy.	5,993	5,993		
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	1		1	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	27,771	27,771		
23	Insurance.	9,439	9,439		
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	TRAVEL & LODGING	29,403	27,760	1,643	
b	ORIENTATION	14,261	14,261		
c	IN-KIND EXPENSES	12,000	9,000	3,000	
d	FOOD & WATER	10,125	10,125		
e	All other expenses	91,642	80,874	10,768	
25	Total functional expenses. Add lines 1 through 24e.	450,725	424,852	25,873	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 or note to any line in this Part X

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		60,073	1	28,801	
	2	Savings and temporary cash investments		89,996	2	139,398	
	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	659,676			
	b	Less accumulated depreciation	10b	263,308	405,365	10c	396,368
	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)		555,434	16	564,567		
Liabilities	17	Accounts payable and accrued expenses		2,890	17	2,900	
	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		13,300	25	43,200	
	26	Total liabilities. Add lines 17 through 25		16,190	26	46,100	
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		537,118	30	539,242	
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds		2,126	32	-20,775	
33	Total net assets or fund balances		539,244	33	518,467		
34	Total liabilities and net assets/fund balances		555,434	34	564,567		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	429,948
2	Total expenses (must equal Part IX, column (A), line 25)	2	450,725
3	Revenue less expenses Subtract line 2 from line 1	3	-20,777
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	539,244
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	518,467

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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

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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	236,003	497,914	354,236	267,787	238,707	1,594,647
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	178,950	342,600
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	236,003	497,914	354,236	431,437	417,657	1,937,247
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)						1,937,247

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	236,003	497,914	354,236	431,437	417,657	1,937,247
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,530	428	440	422	291	3,111
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,530	428	440	422	291	3,111
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.)	382,483	632,917	514,556	431,859	417,948	2,379,763
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 2013 (line 8, column (f) divided by line 13, column (f))	15	81 410 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	79 490 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** 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—2012.** 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.** 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

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

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

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: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement and grant purposes.

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

Table with 3 columns: Line number, Description, and Held at the End of the Year (2a-2d). Includes questions about purpose of easements, monitoring, and expenses.

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

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

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

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

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

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

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

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

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

Table with 2 columns: Description (1c-1f) and Amount

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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

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

Table with 3 columns: Description (3a(i), 3a(ii), 3b), Yes, No

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

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

Return Reference	Explanation

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2013

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.

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

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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

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 sub-totals.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

Part 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ROSTRO DE CRISTO INC

Employer identification number
04-3512786

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - 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
FORM 990, PAGE 2, PART III, LINE 4D	ROSTRO DE CRISTO VOLUNTEERS FROM THE US LIVING WITH AND SERVING THE PEOPLE OF ECUADOR INTRODUCTION IN 2013 ROSTRO DE CRISTO (WHICH MEANS "THE FACE OF CHRIST" IN SPANISH) COMPLETED ITS 24TH YEAR OF 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 ON THE OUTSKIRTS OF ECUADOR'S LARGEST CITY, GUAYAQUIL, AND IN THE MUNICIPALITY OF DURN WHICH IS ACROSS THE RIVER GUAYAS FROM GUAYAQUIL IN ADDITION TO A FAITH-FILLED EXPERIENCE OF REFLECTION AND PRAYER, RDC VOLUNTEERS SUPPORT LOCAL EFFORTS TO ALLEVIATE THE POVERTY IN THESE COMMUNITIES BY SERVING IN SCHOOLS, MEDICAL CLINICS, DAY-CARE AND AFTER-SCHOOL PROGRAMS, SOUP KITCHENS, AND COMMUNITY WORK PROJECTS GUAYAQUIL AND DURN FORM A SPRAWLING URBAN CENTER OF ALMOST 4 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 IN SOME OF THE UNDERSERVED BARRIOS THAT FORM THE URBAN AREA 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 EDUCATIONAL, HEALTH AND OTHER SOCIAL SERVICE PROJECTS RDC IN 2013 THE RDC COMMUNITY AND OUTREACH CONTINUED TO MAKE AN IMPACT IN OUR NEIGHBORHOODS IN ECUADOR IN 2013 WHILE REDUCING TO TWO VOLUNTEER COMMUNITIES, ARBOLITO IN DURAN AND MT SINAI ON THE OUTSKIRTS OF THE CITY OF GUAYAQUIL, WE MAINTAINED THE SAME NUMBER OF VOLUNTEERS (27) ADDITIONALLY, WE CONTINUED TO RUN AN AFTER-SCHOOL PROGRAM IN THE VEINTIOCHO DE AGOSTO NEIGHBORHOOD ON THE OTHER SIDE OF THE CITY OF DURAN AND BEGAN SERVING AT A HOME AND SCHOOL FOR AT-RISK YOUTH RUN CALLED CASA DON BOSCO IN VILLA DAULE, GUAYAQUIL 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 2012 TO AUGUST OF 2103, ROSTRO DE CRISTO SUPPORTED 13 ONE-YEAR VOLUNTEERS, AND FROM AUGUST 2014-2013 RDC IS SUPPORTING 14 ONE- YEAR VOLUNTEERS THE RDC MISSION IS ACHIEVED BY, WORKING, PRAYING AND SHARING A COMMON FAITH WITH THE PEOPLE OF ECUADOR OUR LONGEST RUNNING COMMUNITY IS ARBOLITO LOCATED ON THE FRINGES OF DURAN SINCE 2005 HERE WE HAVE MAINTAINED 7 VOLUNTEERS THROUGHOUT 2013 IN AUGUST OF 2010 ROSTRO DE CRISTO BEGAN ITS FULL-TIME PRESENCE IN THE SECOND NEIGHBORHOOD OF MONTE SINA (IN ENGLISH MOUNT SINAI) WHICH IS LOCATED IN NORTHWEST GUAYAQUIL, ABOUT AN HOUR BY CAR FROM THE HOUSE IN ARBOLITO, DURN SINCE THEN OUR PRESENCE IN THIS NEIGHBORHOOD HAS GROWN FROM 4 VOLUNTEERS TO 7 BEGINNING IN AUGUST OF 2013 AND SINCE JULY 2011, ROSTRO DE CRISTO HAS BEEN HOSTING RETREAT-IMMERSION GROUPS IN MT SINAI THE LOCAL COMMUNITY AND CATHOLIC CHURCH CONTINUES TO BE RECEPTIVE AND INCLUSIVE OF THE RDC VOLUNTEERS, AND THE VOLUNTEERS HAVE INCREASED OUR WORK AND PRESENCE IN THE NEIGHBORHOOD ROSTRO DE CRISTO VOLUNTEER PROGRAM 2013 MORE THAN 180 ONE-YEAR, FULL-TIME VOLUNTEERS HAVE DONATED TIME AND TALENTS IN ECUADOR IN THE PAST 25 YEARS ROSTRO DE CRISTO VOLUNTEERS SPEND MUCH OF THEIR TIME BEING A PRESENCE IN THE COMMUNITY AND FORMING RELATIONSHIPS WITH THEIR NEIGHBORS THEY ALSO WORK AND SERVE THEIR COMMUNITIES IN MANY WAYS THROUGHOUT DURN AND GUAYAQUIL RDC OFFERS A FORMAL INTENSIVE ORIENTATION PROGRAM FOR VOLUNTEERS TO LIVE AND SERVE IN ECUADOR FOR ONE YEAR THIS ORIENTATION 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 2012 - AUGUST 2013, AND THEN FROM AUGUST 2013 - AUGUST 2014 LIST OF RDC VOLUNTEERS WHO SERVED IN 2013 THE FOLLOWING NAMES ARE THOSE VOLUNTEERS THAT SERVED IN ECUADOR, THE MONTHS DURING 2013 IN WHICH THEY SERVED, AND THE NEIGHBORHOOD IN WHICH THEY LIVED JANUARY - AUGUST 2013 (ARRIVED IN ECUADOR IN AUGUST 2012) ANDREA ALFANI(JANUARY-AUGUST) EL ARBOLITO JAZZMIN BOYD(JANUARY-AUGUST)EL ARBOLITO CHASE CASTLE(JANUARY-AUGUST)EL ARBOLITO CHRIS CULHANE(JANUARY-AUGUST)EL ARBOLITO JIM LOCHHEAD(JANUARY-AUGUST)EL ARBOLITO ANA LOPEZ (JANUARY-AUGUST)MT SINAI JIMMY MCCARTHY(JANUARY-AUGUST)MT SINAI COLLEEN MELAUGH(JANUARY-AUGUST)MT SINAI MIKE RIOS(JANUARY-AUGUST)MT SINAI DANIELLE ROBERTS(JANUARY-AUGUST)EL ARBOLITO HEIDI SCHLEIF(JANUARY-AUGUST)MT SINAI KATE SCHUSTER(JANUARY-AUGUST)EL ARBOLITO GREG TORRES (JANUARY-AUGUST)MT SINAI AUGUST - DECEMBER 2013 (WILL COMPLETE YEAR OF SERVICE IN AUGUST 2014) STEPHANIE ALLEN(AUGUST-JANUARY)ARBOLITO BRIAN BAYER(AUGUST-JANUARY)ARBOLITO SHANNON CONSIDINE (AUGUST-JANUARY)MT SINAI MARGARET CUNNINGHAM(AUGUST-JANUARY)ARBOLITO JEROME FORGET(AUGUST-JANUARY)ARBOLITO DAVID GAILLARDETZ(AUGUST-JANUARY)MT SINAI CHELSEA JAEGER(AUGUST-JANUARY)MT SINAI BRITTANY JENNEY(AUGUST-JANUARY)ARBOLITO MICHELE KELLEY(AUGUST-JANUARY)MT SINAI ZACHARY KOSZYK(AUGUST-JANUARY)MT SINAI JESSICA RANGEL(AUGUST-JANUARY)MT SINAI MAUREEN REGAN(AUGUST-JANUARY)ARBOLITO GAVIN TISDALE(AUGUST-JANUARY)ARBOLITO RYAN ZADERA(AUGUST-JANUARY)MT SINAI EDUCATION, HEALTH AND SOCIAL PROGRAMS OVERVIEW ROSTRO DE CRISTO MANAGES OR SUPPORTS A WIDE RANGE OF EDUCATIONAL, HEALTH, AND SOCIAL SERVICE PROGRAMS, BOTH ITS OWN PROJECTS AS WELL AS THOSE OF OTHER CHURCH-AFFILIATED GROUPS (ARCHDIOCESE OF GUAYAQUIL, SOCIETY OF ST JAMES) AND OTHER NON-PROFIT ORGANIZATIONS THROUGH THE VOLUNTEER PROGRAM, ROSTRO DE CRISTO CONTRIBUTES HUMAN RESOURCES IT ALSO PROVIDES FINANCIAL SUPPORT TO ITS OWN AND SEVERAL OF THESE OTHER PROGRAMS ROSTRO DE CRISTO AND ITS VOLUNTEERS "FOUNDED AND MANAGE THREE AFTER-SCHOOL PROGRAMS SERVING OVER 125 CHILDREN DAILY, SERVE ON STAFF AT FIVE COMMUNITY SCHOOLS, AND WORK IN A DAYCARE CENTER SERVING ABOUT SIXTY CHILDREN "SERVE AS TEACHERS AT FUNDACIN NUEVO MUNDO, A PRIVATE BILINGUAL SCHOOL (K-12) FOR IMPOVERISHED CHILDREN FROM DURN AND GUAYAQUIL "ASSIST IN COMMUNITY SOUP KITCHENS WHICH SERVE MORE THAN 200 PEOPLE DAILY "PROVIDE STAFF SUPPORT TO A MEDICAL CLINIC IN DURN AND TO A HOSPITAL/NURSING HOME FOR HANSEN'S DISEASE PATIENTS IN GUAYAQUIL ROSTRO DE CRISTO SUPPORTED PROJECTS AND PARTNERS IN DURN AND GUAYAQUIL AFTER-SCHOOL PROGRAMS (SEMILLAS DE MOSTAZA, MANOS ABIERTAS) ROSTRO DE CRISTO CURRENTLY RUNS TWO AFTER-SCHOOL PROGRAMS SEMILLAS DE MOSTAZA (EL ARBOLITO) AND MANOS ABIERTAS (VEINTIOCHO DE AGOSTO) ROSTRO DE CRISTO FUNDS THE DAILY IMPLEMENTATION OF THE PROGRAMS THESE FUNDS ARE USED TO BUY SCHOOL SUPPLIES, ART SUPPLIES, BANANAS, BREAD, WATER, VITAMINS, CLEANING SUPPLIES, AND OTHER NECESSITIES EACH PROGRAM IS UNIQUE IN ITS LOCATION, NUMBER OF STUDENTS, AND BACKGROUND OF CHILDREN WHO ATTEND HOWEVER, THE PROGRAMS ARE UNITED BY A COMMON MISSION AND VISION THE PROGRAMS PROVIDE A SAFE SPACE, INSTILL CHRISTIAN VALUES, PROMOTE CRITICAL THINKING AND IMAGINATION, AND REINFORCE BASIC ACADEMIC SKILLS IN ITS PARTICIPANTS IN ADDITION TO ROSTRO DE CRISTO VOLUNTEERS AT EACH AFTER-SCHOOL PROGRAM, THERE ARE HIGH SCHOOL AND COLLEGE-AGE ECUADORIAN STUDENTS WHO REGULARLY ATTEND THE PROGRAMS TO AID IN HOMEWORK AND ACTIVITIES BOTH ROSTRO DE CRISTO AND ECUADORIAN STAFF/VOLUNTEERS ENSURE A SAFE ENVIRONMENT FOR THE CHILDREN AND ACT AS POSITIVE ROLE MODELS EACH PROGRAM PROVIDES TIME FOR HOMEWORK HELP, BASIC ACADEMIC SKILL SUPPORT AND DEVELOPMENT, RECREATION, AND TALKS ON THE VARIOUS VALUES SUCH AS COMMUNITY, FAMILY, FAITH, AND COMPASSION CHILDREN RECEIVE BREAD, BANANA, AND A CHILDREN'S MULTIVITAMIN BEFORE THEY LEAVE TO GO HOME EACH DAY IN ADDITION, THE PROGRAMS ALLOW THE CHILDREN TO PARTICIPATE IN THEIR OWN FORMATION BY CREATING PLAYS, SINGING SONGS, AND WRITING PRAYERS PARTICIPANTS REGULARLY HAVE THE OPPORTUNITY TO EARN FUN AND EDUCATIONAL FIELD TRIPS TO MUSEUMS, PARKS, AND THE BOARDWALK IN GUAYAQUIL IN THE SPRING OF 2013, CHILDREN FROM THESE PROGRAMS COMPETED IN THE ANNUAL "OLYMPIADAS," SHOWCASING THEIR TEAMWORK AND ACADEMIC SKILLS AS THEY COMPETED IN MATH, LANGUAGE, AND GEOGRAPHY EVENTS, AS WELL AS RELAYS AND A TEAM BRIDGE-BUILDING ACTIVITY SEMILLAS DE MOSTAZA (MUSTARD SEEDS) 4-6 VOLUNTEERS SEMILLAS DE MOSTAZA IS A ROSTRO DE CRISTO-SUPPORTED PROGRAM THAT FUNCTIONS AS AN AFTER-SCHOOL PROGRAM FOR THE CHILDREN IN AND AROUND ARBOLITO IN DURN, ECUADOR THERE ARE OVER 150 CHILDREN THAT ARE IN THE PROGRAM WITH AN AVERAGE OF FIFTY CHILDREN ATTENDING DAILY, AND U
FORM 990, PART V, LINE 4B	ECUADOR
FORM 990, PAGE 6, PART VI, LINE 2	REV JAMES J RONAN SR EVELYN RONAN, SND CEO CLERK OF BRD BROTHER & SISTER
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
FORM 990, PAGE 6, PART VI, LINE 12C	AT LEAST ANNUALLY, DIRECTORS ARE ASKED TO CONFIRM IN WRITING THAT THEY ARE IN COMPLIANCE WITH THE POLICY
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
FORM 990, PART IX, LINE 24E	PRINTING & GRAPHICS 6,332 3,516 0 CONTRIBUTIONS 9,522 0 0 VOLUNTEERS 8,147 0 0 RETREAT HOUSE - ARBOLITO 6,371 0 0 VEHICLE EXPENSE 6,034 0 0 SECURITY 5,877 0 0 AFTER SCHOOL PROGRAMS 4,571 0 0 FREIGHT & POSTAGE 963 3,535 0 CASA TOMAS RETREAT HOUSE 4,082 0 0 RE- ENTRY RETREATS 3,388 0 0 OFFICE EXPENSE 997 2,067 0 TELEPHONE 2,692 115 0 MEETINGS 2,797 0 0 RECRUITMENT 2,498 0 0 BANK CHARGES 1,646 712 0 LAUNDRY & UNIFORMS 2,206 0 0 CASA TOMAS VOLUNTEER HOUS 2,164 0 0 SRI TAX 2,100 0 0 RETREATS 1,843 0 0 ARBOLITO HOUSE 1,557 0 0 TRANSPORTATION 1,440 0 0 DUES & SUBSCRIPTIONS 942 0 0 PAYROLL SERVICES 0 682 0 REPAIRS & MAINTENANCE 660 0 0 UTILITIES 479 0 0 PERMITS & LICENSES 446 0 0 PROFESSIONAL DEVELOPMENT 305 0 0 OUTSIDE SERVICES 183 75 0 GATHERINGS/EVENTS 257 0 0 COMPUTER SUPPORT 121 66 0 CONSULTING FEES 150 0 0 COPIES 97 0 0 RETREAT HOUSE AJS 7 0 0

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

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172
2013
 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
---	--	--------------------------------------

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	26,724
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 2012 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 2014 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	
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 2013	17	13,182
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 2013 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		2,945	5 0	HY	200 DB	589
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 2013 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	14,000
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	27,771
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? 24b If "Yes," is the evidence written? 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) 26 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

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.

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)

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 2013 tax year (see instructions) 43 Amortization of costs that began before your 2013 tax year 44 Total. Add amounts in column (f) See the instructions for where to report

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		
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	7,369	
2013 CHEVROLET LUV D	2013-02-13	100 00 %	23,779	23,779	5 0	200 DB-HY	4,756	