

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 private foundations)

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **01-01-2019**, and ending **12-31-2019**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final 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:  
**G** Gross receipts \$ 516,782

**F** Name and address of principal officer:  
 EVAN CUTHBERT  
 66 BROOKS DRIVE  
 BRAINTREE, MA 02184

**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

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	14
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	14
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	3
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	20
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	518,877	516,705
<b>9</b> Program service revenue (Part VIII, line 2g)		0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	970	77
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	519,847	516,782
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	315,681	300,709
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	272,556	259,919
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	588,237	560,628
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-68,390	-43,846

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	452,709	417,753
<b>21</b> Total liabilities (Part X, line 26)	59,961	68,851
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	392,748	348,902

## 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: 2020-11-12

EVAN CUTHBERT EXECUTIVE DIRECTOR  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Preparer's signature: Date: 2020-11-12  
 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 Phone no. (440) 684-0539  
 MAYFIELD VILLAGE, OH 44143

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 [X]

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 [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
See Additional Data

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

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

(Code: ) (Expenses \$ 514,591 including grants of \$ ) (Revenue \$ )

INTRODUCTION IN 2019 ROSTRO DE CRISTO (WHICH MEANS "THE FACE OF CHRIST" IN SPANISH) COMPLETED ITS 30TH YEAR OF PROVIDING VOLUNTEER LAY MISSIONARY EXPERIENCES IN ECUADOR AND PROVIDING SUPPORT TO ECUADORIAN CATHOLIC CHURCH THROUGH EDUCATIONAL AND MEDICAL PROJECTS IN ECUADOR. ROSTRO DE CRISTO (RDC) OFFERS SHORT-TERM AND YEAR-LONG OPPORTUNITIES TO YOUNG ADULTS WHO LIVE SIMPLY AND SERVE ON THE OUTSKIRTS OF ECUADOR'S LARGEST CITY, GUAYAQUIL, AND IN THE MUNICIPALITY OF DURAN WHICH IS ACROSS THE RIVER GUAYAS FROM GUAYAQUIL. GUAYAQUIL AND DURAN 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 A ONE-YEAR VOLUNTEER EXPERIENCE AND A ONE-WEEK RETREAT EXPERIENCES TO YOUNG ADULTS AND YOUTH FROM THE UNITED STATES. RDC IN 2019 THE RDC COMMUNITY AND OUTREACH CONTINUED TO MAKE AN IMPACT IN OUR NEIGHBORHOODS IN ECUADOR IN 2019. A TOTAL OF 20 VOLUNTEERS SERVED WITH US IN OUR ONE-YEAR VOLUNTEER PROGRAM. 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 JANUARY TO AUGUST OF 2019, ROSTRO DE CRISTO SUPPORTED 9 ONE- YEAR VOLUNTEERS, AND FROM AUGUST 2019 UNTIL DECEMBER 31, 2019 RDC SUPPORTED A TOTAL OF 13 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 4-6 VOLUNTEERS THROUGHOUT 2018. 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, DURAN. THERE WERE 5-7 VOLUNTEERS THROUGHOUT 2016 WHO SERVED IN THIS NEIGHBORHOOD. ROSTRO DE CRISTO VOLUNTEER PROGRAM 2018 THE VOLUNTEERS COMMIT TO LIVE AND WORK IN-COUNTRY FROM JULY THROUGH AUGUST OF THE FOLLOWING YEAR. LIST OF RDC VOLUNTEERS WHO SERVED DURING 2019 THE FOLLOWING NAMES ARE THOSE VOLUNTEERS THAT SERVED IN ECUADOR DURING 2019: CAROLINA BALL VALERIA GARCIA MARTHA GOTTBRAH KATHERINE MCISAAC JESSICA PAREJA ELIZABETH RAFFO CLARISSA REYES SARAH ROSLAND KATHERINE TREMARCH CHRISTOPHER COTE VICTORIA TURNER DANIEL CONNORS OWEN WOLF ASHLEY RICHARD SOPHIE TALLARIDA MARGARET SHEEHAN JULIA MURPHY ISABEL IBARRA STEPHANIE SICKINGER EDUCATION, HEALTH AND SOCIAL PROGRAMS OVERVIEW ROSTRO DE CRISTO SUPPORTS A WIDE RANGE OF EDUCATIONAL, HEALTH, AND SOCIAL SERVICE PROGRAMS OF CHURCH-AFFILIATED GROUPS IN THE ARCHDIOCESE OF GUAYAQUIL AND THE DIOCESE OF SAN JACINTO DE YAGUACHI). THROUGH THE VOLUNTEER PROGRAM, ROSTRO DE CRISTO CONTRIBUTES HUMAN RESOURCES. IT ALSO PROVIDES LIMITED FINANCIAL SUPPORT. ROSTRO DE CRISTO AND ITS VOLUNTEERS: ?SUPPORTED 4 AFTER-SCHOOL PROGRAMS SERVING OVER 200 CHILDREN DAILY AND WORK IN A DAYCARE CENTER SERVING ABOUT SIXTY CHILDREN ?SERVE AS TEACHER ASSISTANTS/TUTORS AT ESCUELA SAN FELIPE, A CATHOLIC PRIMARY SCHOOL IN MONTE SINAI, A ALLEGE BARRIO ON THE MARGINS OF GUAYAQUIL; ?PROVIDE STAFF SUPPORT FOR A HOSPITAL/NURSING HOME FOR HANSEN'S DISEASE PATIENTS IN GUAYAQUIL AND AT A COMMUNITY-BASED HOLISTIC NUTRITION CENTER RUN BY TWO SANTAMARIANITA SISTERS. ?PROVIDE STAFF SUPPORT AT HOGAR DE CRISTO'S WOMEN'S SHELTER FOR MOTHERS AND THEIR CHILDREN ESCAPING DOMESTIC VIOLENCE AND AT HOGAR DE CRISTO'S MISSION OFFICE WHERE THEY ORGANIZE AND FACILITATE COMMUNITY ORGANIZING EFFORTS TO EMPOWER LOCAL COMMUNITY LEADERS AND TRAIN UP-AND-COMING YOUNG ADULT LEADERS TO ADVOCATE FOR THEIR COMMUNITIES. ROSTRO DE CRISTO VOLUNTEER SUPPORTED PROJECTS AND PARTNERS IN DURAN AND GUAYAQUIL SEMILLAS DE MOSTOZA (MUSTARD SEED) AND MANOS ABIERTAS (OPEN HANDS) AFTER SCHOOL PROGRAMS (ASPS) HAVE FOR MANY YEARS BEEN A DEFINING MINISTRY OF OUR COMMUNITY IN DURAN. THESE PROGRAMS PROVIDE A HEALTHY, SAFE AND POSITIVE LEARNING ENVIRONMENT FOR OVER 150 OF DURAN'S MOST IMPOVERISHED CHILDREN. THEY HAVE ALSO BEEN A FAVORITE PLACE FOR OUR RETREAT GROUPS TO COME TO KNOW OUR NEIGHBORS. IN 2018 THESE TWO ASPs WERE SUPPORTED BY A TOTAL OF 5 VOLUNTEERS. SEMILLAS DE MOSTAZA JUST A FEW BLOCKS FROM THE ARBOLITO VOLUNTEER AND RETREAT HOUSE WHILE MANOS ABIERTAS IS LOCATED ACROSS DURAN IN ONE OF THE CITY'S MOST NEGLECTED COMMUNITIES, 28 DE AGOSTO. EACH PROGRAM PROVIDES TUTORING AND HOMEWORK HELP, RECREATION, AND A HEALTHY SNACK. HOGAR DE CRISTO (CHRIST'S HOUSE) IS ONE OF THE LARGEST NONPROFITS IN SOUTH AMERICA. IT IS JESUIT ORGANIZATION THAT BRINGS RESOURCES AND TRAINING TO IMPOVERISHED AND MARGINAL COMMUNITIES, ESPECIALLY WOMEN AND CHILDREN. IN MOUNT SINAI HOGAR DE CRISTO OFFERS A PROGRAM TO PROVIDE LOW INCOME HOUSING AND A MICRO FINANCING PROGRAM THAT SERVES OVER 4000 WOMEN. IN 2019, A TOTAL OF 2 RDC VOLUNTEERS SERVED IN VARIOUS OUTREACH PROJECTS INCLUDING HEALTH CARE, COMMUNITY ORGANIZING, AND WOMENS FORMATION GROUPS. CASA PADRE DAMIEN (FR. DAMIEN HOUSE) IS A HOSPITAL FOR PEOPLE WHO LIVE WITH HANSEN'S DISEASE (LEPROSY). ANOTHER LONGSTANDING RDC PARTNER 4 VOLUNTEERS SPENT TIME VISITING WITH PATIENCE AND SUPPORTING THE MISSION OF DAMIEN HOUSE IN VARIOUS WAYS, INCLUDING EDITING A NEWSLETTER AND PROVIDING TECHNICAL SUPPORT. ESCUELA SAN FELIPE NERI (ST. PHILIP NERI SCHOOL) IS A PRIMARY SCHOOL OPENED IN 2009 IN MOUNT SINAI JUST A FEW BLOCKS FROM THE VOLUNTEER COMMUNITY. RUN BY ST. PHILLIP NERI SISTERS FROM COLOMBIA IT SERVES 210 STUDENTS IN GRADES KINDERGARTEN THROUGH 7. IN 2019, 4 RDC VOLUNTEERS TAUGHT ENGLISH AND COMPUTER CLASSES AND SUPPORTED OTHER VARIOUS ACTIVITIES AT THE SCHOOL INCLUDING TUTORING AND ADMINISTRATION. REFUERZO ESCOLAR (TUTORING/HOMEWORK HELP) IS AN AFTER-SCHOOL PROGRAM RUN BY THE SALESIANS. LOCATED IN VOLUNTAD DE DIOS, A COMMUNITY VERY CLOSE TO MOUNT SINAI, THE PROGRAM SERVES CHILDREN WHO ARE AT RISK OF LIVING ON THE STREETS. MANY PARTICIPANTS HAVE BEEN IN AND OUT OF SCHOOL, HAVE WORKED ON THE STREETS THEMSELVES OR HAVE SIBLINGS WHO HAVE. IN 2019, 5 RDC VOLUNTEERS ASSISTED THE PROGRAM, WHICH PROVIDES HOMEWORK HELP, WORKSHOPS, RECREATION, AND A SNACK. MOST OF THE CHILDREN WHO ATTEND COME FROM MT. SINAI AND THE SURROUNDING INVASION COMMUNITIES. DURING SCHOOL VACATION TWO OTHER RDC VOLUNTEERS JOINED THE PROGRAM TO ASSIST A VACATION SUMMER CAMP. CENTRO DE NUTRICIN Y PROMOCIN HUMANA "MERCEDES DE JESUS" (MERCEDES DE JESUS CENTER FOR NUTRITION AND HUMAN PROMOTION) IS RUN BY SR. FANNY BOLAOS SUAREZ, A SANTA MARIANA SISTERS FROM ECUADOR IN AN AREA ON THE OUTSKIRTS DURAN CALLED UNA SOLA FUERZA. LIKE ARBOLITO AND MOUNT SINAI, UNA SOLA FUERZA IS AN UNDER-RESOURCED COMMUNITY OF IMMIGRANTS. THE CENTER HAS A HOLISTIC APPROACH EMPHASIZING A HEALTHY MIND, BODY AND SPIRIT, AND ESPECIALLY SUPPORTS WOMEN AND YOUTH. THEY OFFER EXERCISE CLASSES, PRAYER AND MEDITATION, A NUTRITION PROGRAM, AND A VARIETY OF HOLISTIC HEALTH CARE TO PEOPLE WHO WOULD OTHERWISE NOT BE ABLE TO AFFORD THESE SERVICES. THREE VOLUNTEERS WORKED WITH THIS PROJECT. CASA ACOGIDA (SHELTER) IS A SHELTER FOR WOMEN AND CHILDREN ESCAPING DOMESTIC ABUSE AND IN NEED OF A SAFE SECURE HOME FOR A FEW WEEKS OR MONTHS. AN OUTREACH OUR PARTNER HOGAR DE CRISTO THE CASA HAS ABOUT 10 FAMILIES LIVING IN IT AT ANY GIVEN TIME, INCLUDING 25-30 CHILDREN. THE WOMEN PARTICIPATE IN DIFFERENT WORKSHOPS GAINING NEW SKILLS AND BUILDING SELF- ESTEEM. IN 2019, 4 RDC VOLUNTEERS SERVE AT THE SHELTER TUTORING THE CHILDREN, RUNNING VARIOUS ACTIVITIES FOR THE CLIENTS, AND PROVIDING A PASTORAL PRESENCE. ROSTRO DE CRISTO RETREAT GROUP PROGRAM ALL VOLUNTEERS IN 2019, TWENTY-SEVEN GROUPS OF HIGH SCHOOL AND COLLEGE STUDENTS SPENT 7-10 DAYS LIVING IN ECUADOR AND GAINING AN UNDERSTANDING OF THE REALITIES OF POVERTY IN ECUADOR. STUDENTS ASSIST IN ROSTRO DE CRISTO'S TWO AFTER-SCHOOL PROGRAMS OFFERING ONE-ON-ONE SUPPORT TO CHILDREN, SPEND TIME WITH PATIENTS AT DAMIEN HOUSE, VISIT OTHER PARTNER ORGANIZATIONS TO LEARN ABOUT THEIR WORK AND WHO THEY SERVE, AND BUILD RELATIONSHIPS WITH LOCAL NEIGHBORS. EACH RDC VOLUNTEER IS RESPONSIBLE FOR 2-3 GROUPS AS A GUIDE, FACILITATOR, TRANSLATOR, AND MENTOR. ROSTRO DE CRISTO RETREAT LOGISTICS COORDINATOR ALL VOLUNTEERS THE RETREAT LOGISTICS COORDINATOR IS A POSITION FOR VOLUNTEERS TO SERVE THE ROSTRO DE CRISTO RETREAT PROGRAM IN ECUADOR. T

4d Other program services (Describe in Schedule O.) (Expenses \$ 514,591 including grants of \$ ) (Revenue \$ )

4e Total program service expenses 514,591

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>11b</b>	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
<b>11c</b>	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>11d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>11f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>12b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
<b>14b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	Yes	
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

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 [ ]

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<table border="1"> <tr> <td style="width: 100px;"><b>2a</b></td> <td style="width: 150px;"></td> <td style="width: 50px; text-align: right;">3</td> </tr> </table>	<b>2a</b>		3			
<b>2a</b>		3					
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<b>2b</b>	Yes			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .			<b>3a</b>		No		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>			<b>3b</b>				
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			<b>4a</b>	Yes			
<b>b</b> If "Yes," enter the name of the foreign country: ▶ EC _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .			<b>5a</b>		No		
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>5b</b>		No		
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .			<b>5c</b>				
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .			<b>6a</b>		No		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			<b>6b</b>				
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>							
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			<b>7a</b>				
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			<b>7b</b>				
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			<b>7c</b>				
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<table border="1"> <tr> <td style="width: 100px;"><b>7d</b></td> <td style="width: 150px;"></td> </tr> </table>	<b>7d</b>					
<b>7d</b>							
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<b>7e</b>				
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			<b>7f</b>				
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			<b>7g</b>				
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .			<b>7h</b>				
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .			<b>8</b>				
<b>9 Sponsoring organizations maintaining donor advised funds.</b>							
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .			<b>9a</b>				
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .			<b>9b</b>				
<b>10 Section 501(c)(7) organizations.</b> Enter:							
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<table border="1"> <tr> <td style="width: 100px;"><b>10a</b></td> <td style="width: 150px;"></td> </tr> </table>	<b>10a</b>					
<b>10a</b>							
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<table border="1"> <tr> <td style="width: 100px;"><b>10b</b></td> <td style="width: 150px;"></td> </tr> </table>	<b>10b</b>					
<b>10b</b>							
<b>11 Section 501(c)(12) organizations.</b> Enter:							
<b>a</b> Gross income from members or shareholders . . . . .	<table border="1"> <tr> <td style="width: 100px;"><b>11a</b></td> <td style="width: 150px;"></td> </tr> </table>	<b>11a</b>					
<b>11a</b>							
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<table border="1"> <tr> <td style="width: 100px;"><b>11b</b></td> <td style="width: 150px;"></td> </tr> </table>	<b>11b</b>					
<b>11b</b>							
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?							
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<table border="1"> <tr> <td style="width: 100px;"><b>12b</b></td> <td style="width: 150px;"></td> </tr> </table>	<b>12b</b>		<b>12a</b>			
<b>12b</b>							
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>							
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			<b>13a</b>				
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<table border="1"> <tr> <td style="width: 100px;"><b>13b</b></td> <td style="width: 150px;"></td> </tr> </table>	<b>13b</b>					
<b>13b</b>							
<b>c</b> Enter the amount of reserves on hand . . . . .	<table border="1"> <tr> <td style="width: 100px;"><b>13c</b></td> <td style="width: 150px;"></td> </tr> </table>	<b>13c</b>					
<b>13c</b>							
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .			<b>14a</b>		No		
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>			<b>14b</b>				
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <b>If "Yes," see instructions and file Form 4720, Schedule N.</b>			<b>15</b>		No		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>If "Yes," complete Form 4720, Schedule O.</b>			<b>16</b>		No		

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (14), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (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 (No), 10b, 11a (No), 12a (Yes), 12b (Yes), 12c (Yes), 13 (No), 14 (No), 15a (No), 15b (No), 16a (No), 16b.

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-A 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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
ROSTRO DE CRISTO INC 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.

See instructions for the order in which to list the persons above.

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) ANTHONY COTRUPI DIRECTOR	.....	X					0	0	0	
(2) BRENDAN FITZPATRICK DIRECTOR	.....	X					0	0	0	
(3) EDWARD HARDIMAN VICE CHAIR	.....	X		X			0	0	0	
(4) ROSAMOND KANE DIRECTOR	.....	X					0	0	0	
(5) GERALD KEHOE DIRECTOR	.....	X					0	0	0	
(6) AMANDA PAPE LENAGHAN DIRECTOR	.....	X					0	0	0	
(7) NANCY LUKITSH TREASURER	.....	X		X			0	0	0	
(8) KATLYN MADSON DIRECTOR	.....	X					0	0	0	
(9) RANDOLPH MCGRORTY DIRECTOR	.....	X					0	0	0	
(10) JOSEPH REARDON DIRECTOR	.....	X					0	0	0	
(11) FR JAMES J RONAN CHAIR	.....	X		X			0	0	0	
(12) SR EVELYN RONAN DIRECTOR	.....	X					0	0	0	
(13) BARBARA MULLIN ROSIELLO DIRECTOR	.....	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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and other contributions.

Table for Program Service Revenue with 5 columns (A-D) and rows 2a-f for various business codes and program service revenue.

Table for Other Revenue with 5 columns (A-D) and rows 3-12 for investment income, royalties, rental income, gains from sales, fundraising events, gaming activities, and inventory sales.

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	264,597	264,597		
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	5,362	4,826	536	
<b>9</b> Other employee benefits . . . . .	18,507	18,507		
<b>10</b> Payroll taxes . . . . .	12,243	12,189	54	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	920	920		
<b>c</b> Accounting . . . . .	33,977	33,977		
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
<b>12</b> Advertising and promotion . . . . .	2,014		2,014	
<b>13</b> Office expenses . . . . .				
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	14,200	14,200		
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	11,849		11,849	
<b>23</b> Insurance . . . . .	9,463	9,463		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> TRAVEL & LODGING	28,676	27,810	866	
<b>b</b> ORIENTATION	22,006	22,006		
<b>c</b> RETREATS	15,580	15,580		
<b>d</b> VEHICLE EXPENSE	14,073		14,073	
<b>e</b> All other expenses	107,161	90,516	16,645	
<b>25</b> Total functional expenses. Add lines 1 through 24e	560,628	514,591	46,037	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	27,696	<b>1</b>	63,659
	<b>2</b> Savings and temporary cash investments . . . . .	74,913	<b>2</b>	55,547
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	55,153	<b>4</b>	16,861
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,412	<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 659,676		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 377,990	293,535	<b>10c</b> 281,686
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		452,709	<b>16</b>	417,753
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,817	<b>17</b>	8,589
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	56,144	<b>25</b>	60,262
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	59,961	<b>26</b>	68,851
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .		<b>27</b>	
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds	392,748	<b>31</b>	348,902
<b>32</b> Total net assets or fund balances . . . . .	392,748	<b>32</b>	348,902	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	452,709	<b>33</b>	417,753	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	516,782
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	560,628
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-43,846
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	392,748
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	348,902

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>		No
<b>2c</b>		
<b>3a</b>		
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-3512786

**Name:** ROSTRO DE CRISTO INC

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

OFFERING VOLUNTEER AND RETREAT EXPERIENCES TO YOUNG ADULTS FROM THE USA WHILE ALSO MANAGING AND SUPPORTING VARIOUS EDUCATION, HEALTH, AND OTHER SOCIAL SERVICE PROJECTS.

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

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**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 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .	345,830	489,646	575,752	518,877	516,705	2,446,810
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .	174,967	217	86	970	77	176,317
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	520,797	489,863	575,838	519,847	516,782	2,623,127
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						2,623,127

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . . . .	520,797	489,863	575,838	519,847	516,782	2,623,127
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	229					229
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b. . . . .	229					229
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	521,026	489,863	575,838	519,847	516,782	2,623,356

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . .

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

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	99.990 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	99.990 %

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0 %
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	0 %

**19a 33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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

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

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-3512786

**Name:** ROSTRO DE CRISTO INC

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

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" on Form 990, Part IV, line 6.

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

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for held at the end of the year (2a-2d), and questions about monitoring and expenses.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Temporarily restricted endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		13,305		13,305
<b>b</b> Buildings . . . . .		505,047	242,427	262,620
<b>c</b> Leasehold improvements		9,095	3,334	5,761
<b>d</b> Equipment . . . . .		86,127	86,127	
<b>e</b> Other . . . . .		46,102	46,102	
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				281,686

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	60,262

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation	
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**Part XIII** **Supplemental Information (continued)**

Return Reference	Explanation
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**SCHEDULE F  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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" on Form 990, Part IV, line 14b.

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SOUTH AMERICA	1	8	PROGRAM SERVICES	FOOD, HEALTH, EDUCA	
<b>3a</b> Sub-total . . . . .	1	8			
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	1	8			

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash 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 separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No

**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	SOUTH AMERICA 0 0

## 990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 5, PART V	WHILE WE HAVE NO FORMAL PROCEDURE FOR THE AWARDING OF GRANTS TO LOCAL ORGANIZATIONS AND INDIVIDUALS IN ECUADOR, WE DO SEND REPRESENTATIVES TO WORK ALONG SIDE THEM TO DETERMINE IF THE FUNDS ARE USED FOR THEIR INTENDED PURPOSE. THE LOCAL PARTNERS ARE CHOSEN BECAUSE THEY SHARE OUR MISSION GOALS. WE ACCOUNT FOR THESE ITEMS ON THE CASH BASIS OF ACCOUNTING.

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2019****Open to Public  
Inspection**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

Internal Revenue Service

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.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>INTRODUCTION IN 2019 ROSTRO DE CRISTO (WHICH MEANS "THE FACE OF CHRIST" IN SPANISH) COMPLETED ITS 30TH YEAR OF PROVIDING VOLUNTEER LAY MISSIONARY EXPERIENCES IN ECUADOR AND PROVIDING SUPPORT TO ECUADORIAN CATHOLIC CHURCH THROUGH EDUCATIONAL AND MEDICAL PROJECTS IN ECUADOR. ROSTRO DE CRISTO (RDC) OFFERS SHORT-TERM AND YEAR-LONG OPPORTUNITIES TO YOUNG ADULTS WHO LIVE SIMPLY AND SERVE ON THE OUTSKIRTS OF ECUADOR'S LARGEST CITY, GUAYAQUIL, AND IN THE MUNICIPALITY OF DURAN WHICH IS ACROSS THE RIVER GUAYAS FROM GUAYAQUIL. GUAYAQUIL AND DURAN 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 A ONE-YEAR VOLUNTEER EXPERIENCE AND A ONE-WEEK RETREAT EXPERIENCES TO YOUNG ADULTS AND YOUTH FROM THE UNITED STATES. RDC IN 2019 THE RDC COMMUNITY AND OUT REACH CONTINUED TO MAKE AN IMPACT IN OUR NEIGHBORHOODS IN ECUADOR IN 2019. A TOTAL OF 20 VOLUNTEERS SERVED WITH US IN OUR ONE-YEAR VOLUNTEER PROGRAM. 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 JANUARY TO AUGUST OF 2019, ROSTRO DE CRISTO SUPPORTED 9 ONE-YEAR VOLUNTEERS, AND FROM AUGUST 2019 UNTIL DECEMBER 31, 2019 RDC SUPPORTED A TOTAL OF 13 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 4-6 VOLUNTEERS THROUGHOUT 2018. IN AUGUST OF 2010 ROSTRO DE CRISTO BEGAN ITS FULL-TIME PRESENCE IN THE SECOND NEIGHBORHOOD OF MONTE SINAI (IN ENGLISH MOUNT SINAI) WHICH IS LOCATED IN NORTHWEST GUAYAQUIL, ABOUT AN HOUR BY CAR FROM THE HOUSE IN ARBOLITO, DURAN. THERE WERE 5-7 VOLUNTEERS THROUGHOUT 2016 WHO SERVED IN THIS NEIGHBORHOOD. ROSTRO DE CRISTO VOLUNTEER PROGRAM 2018 THE VOLUNTEERS COMMIT TO LIVE AND WORK IN-COUNTRY FROM JULY THROUGH AUGUST OF THE FOLLOWING YEAR. LIST OF RDC VOLUNTEERS WHO SERVED DURING 2019 THE FOLLOWING NAMES ARE THOSE VOLUNTEERS THAT SERVED IN ECUADOR DURING 2019: CAROLINA BALL VALERIA GARCIA MARTHA GOTTBRAH KATHERINE MCISAAC JESSICA PAREJA ELIZABETH RAFFO CLAR ISSA REYES SARAH ROSLAND KATHE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>RINE TREMARCH CHRISTOPHER COTE VICTORIA TURNER DANIEL CONNORS OWEN WOLF ASHLEY RICHARD SOP HIE TALLARIDA MARGARET SHEEHAN JULIA MURPHY ISABEL IBARRA STEPHANIE SICKINGER EDUCATION, HEALTH AND SOCIAL PROGRAMS OVERVIEW ROSTRO DE CRISTO SUPPORTS A WIDE RANGE OF EDUCATIONAL, HEALTH, AND SOCIAL SERVICE PROGRAMS OF CHURCH-AFFILIATED GROUPS IN THE ARCHDIOCESE OF GUAYAQUIL AND THE DIOCESE OF SAN JACINTO DE YAGUACHI). THROUGH THE VOLUNTEER PROGRAM, ROSTRO DE CRISTO CONTRIBUTES HUMAN RESOURCES. IT ALSO PROVIDES LIMITED FINANCIAL SUPPORT. ROSTRO DE CRISTO AND ITS VOLUNTEERS: ?SUPPORTED 4 AFTER-SCHOOL PROGRAMS SERVING OVER 200 CHILDREN DAILY AND WORK IN A DAYCARE CENTER SERVING ABOUT SIXTY CHILDREN ?SERVE AS TEACHER ASSISTANTS/TUTORS AT ESCUELA SAN FELIPE, A CATHOLIC PRIMARY SCHOOL IN MONTE SINAI, ALLEGE BARRIO ON THE MARGINS OF GUAYAQUIL; ? PROVIDE STAFF SUPPORT FOR A HOSPITAL/NURSING HOME FOR HANSEN'S DISEASE PATIENTS IN GUAYAQUIL AND AT A COMMUNITY-BASED HOLISTIC NUTRITION CENTER RUN BY TWO SANTAMARIANITA SISTERS. ?PROVIDE STAFF SUPPORT AT HOGAR DE CRISTO'S WOMEN'S SHELTER FOR MOTHERS AND THEIR CHILDREN ESCAPING DOMESTIC VIOLENCE AND AT HOGAR DE CRISTO'S MISSION OFFICE WHERE THEY ORGANIZE AND FACILITATE COMMUNITY ORGANIZING EFFORTS TO EMPOWER LOCAL COMMUNITY LEADERS AND TRAIN UP-AND-COMING YOUNG ADULT LEADERS TO ADVOCATE FOR THEIR COMMUNITIES. ROSTRO DE CRISTO VOLUNTEER SUPPORTED PROJECTS AND PARTNERS IN DURN AND GUAYAQUIL SEMILLAS DE MOSTOZA (MUSTARD SEED) AND MANOS ABIERTAS (OPEN HANDS) AFTER SCHOOL PROGRAMS (ASPS) HAVE FOR MANY YEARS BEEN A DEFINING MINISTRY OF OUR COMMUNITY IN DURN. THESE PROGRAMS PROVIDE A HEALTHY, SAFE AND POSITIVE LEARNING ENVIRONMENT FOR OVER 150 OF DURN'S MOST IMPOVERISHED CHILDREN. THEY HAVE ALSO BEEN A FAVORITE PLACE FOR OUR RETREAT GROUPS TO COME TO KNOW OUR NEIGHBORS. IN 2018 THESE TWO ASPS WERE SUPPORTED BY A TOTAL OF 5 VOLUNTEERS. SEMILLAS DE MOSTAZA JUST A FEW BLOCKS FROM THE ARBOLITO VOLUNTEER AND RETREAT HOUSE WHILE MANOS ABIERTAS IS LOCATED ACROSS DURN IN ONE OF THE CITY'S MOST NEGLECTED COMMUNITIES, 28 DE AGOSTO. EACH PROGRAM PROVIDES TUTORING AND HOMEWORK HELP, RECREATION, AND A HEALTHY SNACK. HOGAR DE CRISTO (CHRIST'S HOUSE) IS ONE OF THE LARGEST NONPROFITS IN SOUTH AMERICA. IT IS A JESUIT ORGANIZATION THAT BRINGS RESOURCES AND TRAINING TO IMPOVERISHED AND MARGINAL COMMUNITIES, ESPECIALLY WOMEN AND CHILDREN. IN MOUNT SINAI HOGAR DE CRISTO OFFERS A PROGRAM TO PROVIDE LOW INCOME HOUSING AND A MICRO FINANCING PROGRAM THAT SERVES OVER 4000 WOMEN. IN 2019, A TOTAL OF 2 RDC VOLUNTEERS SERVED IN VARIOUS OUTREACH PROJECTS INCLUDING HEALTH CARE, COMMUNITY ORGANIZING, AND WOMEN'S FORMATION GROUPS. CASA PADRE DAMIEN (FR. DAMIEN HOUSE) IS A HOSPITAL FOR PEOPLE WHO LIVE WITH HANSEN'S DISEASE (LEPROSY). ANOTHER LONGSTANDING RDC PARTNER 4 VOLUNTEERS SPENT TIME VISITING WITH PATIENCE AND SUPPORTING THE MISSION OF DAMIEN HOUSE IN VARIOUS WAYS, INCLUDING EDITING A NEWSLETTER AND PROVIDING TECHNICAL SUPPORT. ESCUELA SAN FELIPE NERI (ST. PH</p>

**990 Schedule O, Optional Information**

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>ILIP NERI SCHOOL) IS A PRIMARY SCHOOL OPENED IN 2009 IN MOUNT SINAI JUST A FEW BLOCKS FROM THE VOLUNTEER COMMUNITY. RUN BY ST. PHILLIP NERI SISTERS FROM COLOMBIA IT SERVES 210 STUD ENTS IN GRADES KINDERGARTEN THROUGH 7. IN 2019, 4 RDC VOLUNTEERS TAUGHT ENGLISH AND COMPUT ER CLASSES AND SUPPORTED OTHER VARIOUS ACTIVITIES AT THE SCHOOL INCLUDING TUTORING AND ADM INISTRATION. REFUERZO ESCOLAR (TUTORING/HOMEWORK HELP) IS AN AFTER-SCHOOL PROGRAM RUN BY T HE SALESIANS. LOCATED IN VOLUNTAD DE DIOS, A COMMUNITY VERY CLOSE TO MOUNT SINAI, THE PROG RAM SERVES CHILDREN WHO ARE AT RISK OF LIVING ON THE STREETS. MANY PARTICIPANTS HAVE BEEN IN AND OUT OF SCHOOL, HAVE WORKED ON THE STREETS THEMSELVES OR HAVE SIBLINGS WHO HAVE. IN 2019, 5 RDC VOLUNTEERS ASSISTED THE PROGRAM, WHICH PROVIDES HOMEWORK HELP, WORKSHOPS, RECR EATION, AND A SNACK. MOST OF THE CHILDREN WHO ATTEND COME FROM MT. SINAI AND THE SURROUNDI NG INVASION COMMUNITIES. DURING SCHOOL VACATION TWO OTHER RDC VOLUNTEERS JOINED THE PROGRA M TO ASSIST A VACATION SUMMER CAMP. CENTRO DE NUTRICIN Y PROMOCIN HUMANA "MERCEDES DE JESU S" (MERCEDES DE JESUS CENTER FOR NUTRITION AND HUMAN PROMOTION) IS RUN BY SR. FANNY BOLAOS SUAREZ, A SANTA MARIANA SISTERS FROM ECUADOR IN AN AREA ON THE OUTSKIRTS DURN CALLED UNA SOLA FUERZA. LIKE ARBOLITO AND MOUNT SINAI, UNA SOLA FUERZA IS AN UNDER-RESOURCED COMMUNIT Y OF IMMIGRANTS. THE CENTER HAS A HOLISTIC APPROACH EMPHASIZING A HEALTHY MIND, BODY AND S PIRIT, AND ESPECIALLY SUPPORTS WOMEN AND YOUTH. THEY OFFER EXERCISE CLASSES, PRAYER AND ME DITATION, A NUTRITION PROGRAM, AND A VARIETY OF HOLISTIC HEALTH CARE TO PEOPLE WHO WOULD O THERWISE NOT BE ABLE TO AFFORD THESE SERVICES. THREE VOLUNTEERS WORKED WITH THIS PROJECT. CASA ACOGIDA (SHELTER) IS A SHELTER FOR WOMEN AND CHILDREN ESCAPING DOMESTIC ABUSE AND IN NEED OF A SAFE SECURE HOME FOR A FEW WEEKS OR MONTHS. AN OUTREACH OUR PARTNER HOGAR DE CRI STO THE CASA HAS ABOUT 10 FAMILIES LIVING IN IT AT ANY GIVEN TIME, INCLUDING 25-30 CHILDRN. THE WOMEN PARTICIPATE IN DIFFERENT WORKSHOPS GAINING NEW SKILLS AND BUILDING SELF- ESTE EM. IN 2019, 4 RDC VOLUNTEERS SERVE AT THE SHELTER TUTORING THE CHILDREN, RUNNING VARIOUS ACTIVITIES FOR THE CLIENTS, AND PROVIDING A PASTORAL PRESENCE. ROSTRO DE CRISTO RETREAT GR OUP PROGRAM ALL VOLUNTEERS IN 2019, TWENTY-SEVEN GROUPS OF HIGH SCHOOL AND COLLEGE STUDENT S SPENT 7-10 DAYS LIVING IN ECUADOR AND GAINING AN UNDERSTANDING OF THE REALITIES OF POVER TY IN ECUADOR. STUDENTS ASSIST IN ROSTRO DE CRISTO'S TWO AFTER-SCHOOL PROGRAMS OFFERING ON E-ON-ONE SUPPORT TO CHILDREN, SPEND TIME WITH PATIENTS AT DAMIEN HOUSE, VISIT OTHER PARTNE R ORGANIZATIONS TO LEARN ABOUT THEIR WORK AND WHO THEY SERVE, AND BUILD RELATIONSHIPS WITH LOCAL NEIGHBORS. EACH RDC VOLUNTEER IS RESPONSIBLE FOR 2-3 GROUPS AS A GUIDE, FACILITATOR , TRANSLATOR, AND MENTOR. ROSTRO DE CRISTO RETREAT LOGISTICS COORDINATOR ALL VOLUNTEERS TH E RETREAT LOGISTICS COORDINATOR IS A POSITION FOR VOLUNTEERS TO SERVE THE ROSTRO DE CRISTO RETREAT PROGRAM IN ECUADOR. T</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART V, LINE 4B	ECUADOR

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 2	REV JAMES J RONAN SR. EVELYN RONAN, SND CEO CLERK OF BRD BROTHER & SISTER

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IX, LINE 24E	<p>OUTSIDE SERVICES 6,122 6,122 0 FOOD &amp; WATER 8,645 0 0 RETREAT HOUSE - ARBOLITO 8,053 0 0 DUES &amp; SUBSCRIPTIONS 7,530 0 0 TRANSPORTATION 7,230 0 0 VOLUNTEERS 6,492 0 0 BANK CHARGES 3,416 2,256 0 TELEPHONE 1,472 4,125 0 GATHERINGS/EVENTS 5,203 0 0 CONTRIBUTIONS 3,782 0 0 RE- ENTRY RETREATS 3,566 0 0 REPAIRS &amp; MAINTENANCE 3,507 0 0 CASA TOMAS RETREAT HOUSE 3,501 0 0 AFTER SCHOOL PROGRAMS 3,336 0 0 UTILITIES 2,900 0 0 PRINTING &amp; GRAPHICS 1,905 816 0 SECURITY 2,668 0 0 CASA TOMAS VOLUNTEER HOUS 2,408 0 0 LAUNDRY &amp; UNIFORMS 2,362 0 0 ARBOLITO HOUSE 2,213 0 0 MISCELLANEOUS 169 1,946 0 MEETINGS 1,119 0 0 PAYROLL SERVICES 0 999 0 RECRUITMENT 949 0 0 OFFICE EXPENSE 758 0 0 COMPUTER SUPPORT 331 190 0 FREIGHT &amp; POSTAGE 469 0 0 PROFESSIONAL DEVELOPMENT 410 0 0 OTHER TAXES 0 191 0 TOTAL 90,516 16,645 0</p>