Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

			lar year, o	or tax year beginning	2000	, and endi					
В	Check if a				, 200.	, and Endi	ng		,		
		applicable:		C Name of organization				D Employer	Identifica	ation Number	
	Addr	ress change	Please use IRS label	HOGAR DE CRISTO USA, IN	ic.			03-05	59941	L8	
	Nam	ne change	or print or type.	Number and street (or P.O. box if mail is not	delivered to street a	addr) Room/	suite	E Telephone	number		
	Initia	al return	See specific	318 INDIAN TRACE		128	}	(954)	336	5-9431	
	Tern	nination	Instruc- tions.	City, town or country	State	ZIP code +	4				
	Ame	ended return		FORT LAUDERDALE	${ t FL}$	33326		G Gross rece	eipts \$	65,89	2.
	Appl	lication pending	F Name a	and address of principal officer:			` ,	a group return f		es? Yes	X No
			HECTOR S	AGREDO 185 LAKEVIEW DR #204 WEST	ON F	<u> 133326</u>		affiliates includ attach a list. (s		rtions) Yes	No No
ı	Тах-є	exempt status	X 501	(c) (4) ◀ (insert no.) 4	1947(a)(1) or	527	11 140,	attacii a iist. (s	oc monuc	Ztioris)	
J	Webs	site: ► N/	A				H(c) Group	exemption num	ber ►		
K	Form o	of organization:	X Corpora	ation Trust Association Other >	L	Year of Forma	ation: 200	8 M Sta	te of lega	l domicile: F]	Ŀ
Pa	rt I	Summa	ıry								
	1 B	Briefly describ	e the org	anization's mission or most significant	activities: N	ON FOR	PROFIT	ORGANI	ZATI	ON	
ė	<u>c</u>	COLLECT FUND	S TO FINA	NCE TWO SHELTERS FOR THE POOREST OF T	HE POOR PEOPL	E IN CHILE	ONE FOR EL	DERLY AND O	NE FOR	CHILDREN II	1 CHILE.
Activities & Governance	_										
lern	_		· – – – ,								
go.				if the organization discontinued its ope							
જ				bers of the governing body (Part VI, lin t voting members of the governing body					3 3 4 3		
ties				yees (Part V, line 2a)					5		
ŧί				eers (estimate if necessary)					6 7		
¥	7 a ⊤	otal gross ur	related b	usiness revenue from Part VIII, Icolum	n (C), ine 12.				7a		
				taxable income from Form 990-T, line					7 b		
							P	rior Year		Current \	fear
d)	8 C	Contributions	and gran	ts (Part VIII, line 1h)				65,79	3.	65	892.
Revenue	9 P	Program servi	ce reveni	ue (Part VIII, line 2g)				•			
eve	10 Ir	nvestment in	come (Pa	rt VIII, column (A), lines 3, 4, and 7d)							
œ			•	II, column (A), lines 5, 6d, 8c, 9c, 10c,	-				0.		
				nes 8 through 11 (must equal Part VIII,				65 , 79			,892.
				ounts paid (Part IX, column (A), lines 1	•			22,20	0.	40	,000.
				members (Part IX, column (A), line 4)							
တ္ဆ				sation, employee benefits (Part IX, col							
Expenses	16a P	Professional f	undraisin	g fees (Part IX, column (A), line 11e) .							
xbe	b T	otal fundrais	ing exper	nses (Part IX, column (D), line 25) ►		21,602.					
ш	17 C	Other expense	es (Part I	X, column (A), lines 11a-11d, 11f-24f)				40,69	3.	21	,602.
	18 T	otal expense	s. Add lir	nes 13-17 (must equal Part IX, column	(A), line 25)			62,89	3.		,602.
	19 R	Revenue less	expenses	s. Subtract line 18 from line 12				2,90	0.	4	,290.
or Ses							Begi	nning of Yea		End of Y	ear
Net Assets or Fund Balances	20 T	otal assets (Part X, Iir	ne 16)				2,90			
t As				line 26)					0.		
ξĒ	22 N	let assets or	fund bala	inces. Subtract line 21 from line 20				2,90	0.		
Pa	rt II	Signatu									
		Under penalties	s of perjury,	I declare that I have examined this return, including Declaration of preparer (other than officer) is based	g accompanying sch	nedules and st	atements, and	to the best of r	ny knowle	edge and belief	, it is
		true, correct, a	nd complete	. Declaration of preparer (other than officer) is base	ēd on all information	n of which prep	parer has any	knowledge.			
Sig	ın	>									
Hei	re	Signature of	of officer				Da	ate			
		► HECTO	R SAG	REDO							
		Type or pri	nt name and	d title.							
						Date	С	heck if	Prepa (see i	arer's identifying nstructions)	ı number
Pai	id	Preparer's						elf- mployed ►	_] `	•	
Pre	_	signature	► EDU.	ARDO J. BOVEA		04/10/	10				
par Use	′er's ≏	Firm's name (o	r BOV	EA ACCOUNTING & FIN. SV	CS., CORP	<u> </u>		-			
On On		yours if self- employed),	► 821	SW 122ND AVE			E	IN ►			
	,	address, and ZIP + 4	MIA	MI	FL 331	84-2404	P	hone no. 🕨 (305)	225-52	29
May	the IR	S discuss this	s return v	vith the preparer shown above? (see in	structions)					X Yes	No

Form 990 (2009) HOGAR DE CRISTO USA, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		v
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, IX, or X as applicable	11		х
,	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
,	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
,	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
12	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
I	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I</i>	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		х
18	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	18	Х	
19 20	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	19 20		X X

Form 990 (2009) HOGAR DE CRISTO USA, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
k	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	s Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
I	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		х

BAA Form **990** (2009) Form 990 (2009) HOGAR DE CRISTO USA, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No					
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.		103	110					
Information Returns. Enter -0- if not applicable								
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		х					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return								
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)								
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х					
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O								
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b If 'Yes,' enter the name of the foreign country:								
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.								
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c							
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х					
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b							
7 Organizations that may receive deductible contributions under section 170(c).								
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х					
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b							
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х					
d If 'Yes,' indicate the number of Forms 8282 filed during the year								
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х					
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h							
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	0							
holdings at any time during the year?	8							
a Did the organization make any taxable distributions under section 4966?	9a							
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b							
10 Section 501(c)(7) organizations. Enter:	36							
a Initiation fees and capital contributions included on Part VIII, line 12								
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11 Section 501(c)(12) organizations. Enter:								
a Gross income from other members or shareholders								
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)								
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b								

BAA Form **990** (2009) Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A.	Governing Body and Management				
					Yes	No
1 a	a Enter the	number of voting members of the governing body				
ı	b Enter the	number of voting members that are independent	1b 3			
2	Did any o	officer, director, trustee, or key employee have a family relationship or a business relative trustee or key employee?	ationship with any other	2		Х
3	Did the o	rganization delegate control over management duties customarily performed by or un s, directors or trustees, or key employees to a management company or other persor	der the direct supervision	3		X
		rganization make any significant changes to its organizational documents	''	4		<u></u>
	since the	prior Form 990 was filed?		4		
5	Did the o	rganization become aware during the year of a material diversion of the organization'	s assets?	5		X
6	Does the	organization have members or stockholders?		6		X
7 8	a Does the	organization have members, stockholders, or other persons who may elect one or m g body?	ore members of the	7a		х
ı		decisions of the governing body subject to approval by members, stockholders, or oth		7b		X
8	the follow	9				
	-	rning body?		8a		X
ı	b Each con	nmittee with authority to act on behalf of the governing body?		8b		X
9	Is there a	any officer, director or trustee, or key employee listed in Part VII, Section A, who canr tion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	not be reached at the	9		х
Sec		Policies (This Section B requests information about policies not			,	
Rev	enue Code	.)				
					Yes	No
10 a	a Does the	organization have local chapters, branches, or affiliates?		10a		Х
ı	b If 'Yes,' dand brand	does the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10b		
		organization provided a copy of this Form 990 to all members of its governing body be		11	Х	
11	A Describe	in Schedule O the process, if any, used by the organization to review this Form 990.	-			
12a Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>						
I		ers, directors or trustees, and key employees required to disclose annually interests the ts?		12b		
•	c Does the	organization regularly and consistently monitor and enforce compliance with the police O how this is done	cy? If 'Yes,' describe in	12c		
13		organization have a written whistleblower policy?		13		Х
		organization have a written document retention and destruction policy?		14		X
		rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and deci				
		nization's CEO, Executive Director, or top management official		15a		Х
	_	icers of key employees of the organization		15b		X
		line 15a or 15b, describe the process in Schedule O. (See instructions.)		100		
16 a	a Did the o	rganization invest in, contribute assets to, or participate in a joint venture or similar a ring the year?		16a		Х
I	b If 'Yes,' h	has the organization adopted a written policy or procedure requiring the organization tenture arrangements under applicable federal tax law, and taken steps to safeguard the tespect to such arrangements?	o evaluate its participation	16b		7
Sec		Disclosures		100		
17		tates with which a copy of this Form 990 is required to be filed				
18	Section 6	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an n. Indicate how you make these available. Check all that apply.				
		website Another's website Upon request				
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing docume ts available to the public.	ents, conflict of interest policy	, and	financ	ial
20	State the	name, physical address, and telephone number of the person who possesses the bo	oks and records of the organize	zation	:	
	► <u>HECTO</u>	R_SAGREDO185_LAKEVIEW_DR_#204WESTONF	L 33326 (95	5 <u>4)</u> 3	3 <u>6-</u> 9	9 <u>431</u>

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

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

- **1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	(c)			a o((D)	(E)	(F)		
Name and Title	Average	Posi	tion (hat app	ly)			Estimated amount of other
	hours per week	ardividual trustee or director	anstitutional kustee	Officer	Key amployee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
HECTORSAGREDO				х						
RICARDO BOETTO				х						
MATIAS ARENTSEN				х						

Part VII Section A. Officers, Directors, Trus		\ey	<u>Em</u>			es,	an			pioyee	
(A) Name and Title	(B) Average	Posi	ition () check)	c) < all t	hat a	pply)	(D) Reportable	(E) Reportable	F	(F) Estimated
Name and Title	hours per week			Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amo con f orç ar	unt of other opensation from the ganization of related panizations
	-										
	-										
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	-										
	-										
	-										
	-										
	-										
	-										
1 b Total							•			<u> </u>	
2 Total number of individuals (including but not limited from the organization ►	to thos	e list	ted a	abov	/e) v	vho	rece	eived more than \$	100,000 in reporta	ole comp	ensation
										$\overline{}$	Yes No
3 Did the organization list any former officer, director	or truste	e, k	еу е	mpl	oye	e, or	r hig	hest compensated	l employee		
on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of rer										3	X
4 For any individual listed on line 1a, is the sum of repute the organization and related organizations greater the individual	ian \$150),000)? If	'Ye	s' c	omp	lete	Schedule J for su	ch	4	x
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sch	ompensa	ation	fror	m ar	าง น	nrel	ated	organization for s	services		X
Section B. Independent Contractors			<u></u>	μο						, -	1 1
 Complete this table for your five highest compensate compensation from the organization. 	d indep	ende	ent c	contr	racto	ors t	that	received more tha	n \$100,000 of		
(A) Name and business addres	s							(B) Description () of Services	Compe	(C) ensation
2 Total number of independent contractors (including I	out not l	imite	-d tc		se I	iste	d ah	ove) who received	more than		
\$100,000 in compensation from the organization	Jac HOL II		,u 10	,10	JU 1	اعدكا	u uu	ove, who received	more than		

Pai	t VIII Statement of Revenue					
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contribus included in lns 1a-1f: \$	43,413.				
N N	h Total. Add lines 1a-1f	•	65,892.			
	II Total. Add lines 1a-11	Business Code	05,092.			
PROGRAM SERVICE REVENUE	b c d e f All other program service revenue					
	g Total. Add lines 2a-2f					
	3 Investment income (including dividends, in other similar amounts)	nd proceeds . • (ii) Personal				
OTHER REVENUE	assets other than inventory . b Less: cost or other basis and sales expenses c Gain or (loss)					
	8a Gross income from fundraising events (not including . \$ 22,479. of contributions reported on line 1c). See Part IV, line 18	nts •				
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activitie 10 a Gross sales of inventory, less returns and allowances					
	c Net income or (loss) from sales of invento	ry►				
	Miscellaneous Revenue 11 a b	Business Code				
	d All other revenue					
	e Total. Add lines 11a-11d	L				
	12 Total revenue. See instructions		65,892.			

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do r 6b, 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	40,000.	40,000.		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
b	Legal				
	Accounting				
	Lobbying				
	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees				
g	Other				
	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel				
19	Conferences, conventions, and meetings				
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a b					
c					
d					
е					
f	All other expenses	21,602.	0.	0.	21,602.
25	Total functional expenses. Add lines 1 through 24f	61,602.	40,000.	0.	21,602.
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		1	
	2	Savings and temporary cash investments	2,900.	2	
	3	Pledges and grants receivable, net	·	3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net		7	
Ē	8	Inventories for sale or use		8	
Š	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis 10a			
		Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10 c	
	11	Investments – publicly-traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,900.	16	0.
	17	Accounts payable and accrued expenses	0.	17	
	18	Grants payable	0.	18	
	19	Deferred revenue	0.	19	
Ļ	20	Tax-exempt bond liabilities	0.	20	
Ŗ	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	
A B I L I T I	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
į		of Schedule L	0.	22	
S	23	Secured mortgages and notes payable to unrelated third parties	0.	23	
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
N E T		Organizations that follow SFAS 117, check here ► X and complete lines			
_		27 through 29 and lines 33 and 34.			
A S E	27	Unrestricted net assets		27	
Ē T S	28	Temporarily restricted net assets	2,900.		
	29	Permanently restricted net assets		29	
R R		Organizations that do not follow SFAS 117, check here ▶ □ and complete			
F U N D		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
A	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
BALANCES	32	Retained earnings, endowment, accumulated income, or other funds	0.000	32	•
Ę	33	Total net assets or fund balances.	2,900.		0.
3	34	Total liabilities and net assets/fund balances.	2,900.	34	0.

BAA Form **990** (2009) Part XI Financial Statements and Reporting Yes No X Accrual 1 Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 2b Х 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Consolidated basis X Both consolidated and separate basis Separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Х 3 a **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. 3b

BAA Form **990** (2009)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2009

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax),	If the organization	answered 'Yo	es.' to Form	990. Part IV	. line 5 (Pro	xv Tax), the
---	---------------------	--------------	--------------	--------------	---------------	--------------

• 5	Section 501(c)(4), (5), or (6) or	rganizations: Complete Part III.							
Name	of organization			Employer identifica	ation number				
НОС	GAR DE CRISTO USA,	INC.		03-059941					
Par	rt I-A Complete if the or	rganization is exempt under section	on 50 1(c) or is a s	section 527 organiz	zation.				
1	Provide a description of the o	organization's direct and indirect political ca	mpaign activities in P	art IV.					
2	Political expenditures								
3	Volunteer hours								
Par	rt I-B Complete if the or	rganization is exempt under section	on 501(c)(3).						
1	Enter the amount of any exci-	se tax incurred by the organization under se	ection 4955	≻ \$					
2	Enter the amount of any exci-	se tax incurred by organization managers u	nder section 4955	▶\$					
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	his year?		Yes No				
4 a	Was a correction made?				Yes No				
k	If 'Yes,' describe in Part IV.								
Par	rt I-C Complete if the or	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).					
1		pended by the filing organization for section							
2	Enter the amount of the filing	a organization's funds contributed to other o	raanizations for coatio	on 527 avampt					
2	2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities								
3	3 Total of exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b								
4 Did the filing organization file Form 1120-POL for this year?									
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments w made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political									
	contributions received that we	ere promptly and directly delivered to a sep	arate political organiz	ation, such as a separa	te segregated fund				
	or a political action committe	e (PAC). If additional space is needed, prov	vide information in Pa	rt IV.					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds.	(e) Amount of political				
				organization's funds. If none, enter-0	contributions received and promptly and directly				
					delivered to a separate political organization.				
					If none, enter -0				

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

Schedule **C** (Form 990 or 990-EZ) 2009

Part II-A Complete if section 501(the organizatio [h)).	on is exempt under se	ection 501(c)(3) and	d filed Form 5768 (el	ection under
A Check ► if the filir	ng organization belo	ongs to an affiliated group.			
 		cked box A and 'limited cor	ntrol' provisions apply.		
(The term		ing Expenditures – ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ires to influence pu	blic opinion (grass roots lol	obying)		
		egislative body (direct lobb			
	•	ınd 1b)			
	•				
e Total exempt purpose ex	xpenditures (add lir	nes 1c and 1d)			
both columns.		ount from the following tab			
If the amount on line 1e, colu	umn (a) or (b) is:	The lobbying nontaxable a	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,		\$100,000 plus 15% of the excess	·		
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$	517,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000	was unt (amtau OF)	\$1,000,000.			
•	,	of line 1f)			
•		, enter -0			
				<u> </u>	
j If there is an amount oth section 4911 tax for this	ner than zero on eit -vear?	her line 1h or line 1i, did th	e organization file Form	1 4720 reporting	Yes No
	ne organizations th	4-Year Averaging Period at made a section 501(h) e ns below. See the instruct	Under Section 501(h) lection do not have to o	complete all of the five	
	Lob	bying Expenditures During	g 4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Form	n 990 or 990-EZ) 2009

Schedule **C** (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 HOGAR DE CRISTO USA, INC. | Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under Section 501(n)).	(a	a)	(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
 a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 			
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
 g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If 'Yes,' describe in Part IV 			
j Total. Add lines 1c through 1i			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(, or s	ection 501(c)(6).
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? 			2 X
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3	c)(5)	. or s	section 501(c)(6)
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year b Carryover from last year		2a 2b	
c Total		2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	_
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	al 	4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Also, complete this part for any additional information.	Part II	-B, lin	e 1i.

Schedule C (F	Form 990 or 990-EZ) 2009 HOGAR DE CRISTO USA, INC.	03-0599418	Page 4
Part IV	Form 990 or 990-EZ) 2009 HOGAR DE CRISTO USA, INC. Supplemental Information (continued)		
	, , ,		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047 2009

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection Employer identification number

HOGAR DE CRISTO USA, INC	2.				03-059941	8
Part I Fundraising Activities. Comp	lete if the organ	ization ans	swered 'Ye	es' to Form 990, Part IV	, line 17.	
1 Indicate whether the organization				wing activities Check al	I that apply	
Mail solicitations	raiseu iurius triit	Jugii ariy c	in the follow	Solicitation of non-		
Internet and email solicitations	•			Solicitation of gove		
	5					
Phone solicitations				Special fundraising	events	
In-person solicitations 2a Did the organization have written	or oral agreemer	nt with any	, individual	L (including officers dire	ectors trustees or key	
employees listed in Form 990, Par	rt VII) or entity ir	n connection	on with pro	ofessional fundraising se	ervices?	Yes No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or enti ne organization.	ties (fundr	aisers) pui	rsuant to agreements ur	nder which the fundraise	er is to be
					(v) Amount paid to	
(i) Name of individual or entity (fundraiser)	(ii) Activity	have custoo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No		cor.(i)	organization
		162	NO			
		1	1			
Total			ь			
Total 3 List all states in which the organiz or licensing.	ation is registere	ed or licen	sed to soli	cit funds or has been no	otified it is exempt from	registration

Par	t II	Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.							
R			(a) Event #1	(b) Event #2	(c) Other Events NONE (total number)	(d) Total Events (Add col. (a) through col. (c))			
R E V E N U E	_			(event type)	(total number)				
N U E		Gross receipts							
	2	Less: Charitable contributions							
	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
	5	Noncash prizes							
D I R F	6	Rent/facility costs							
R E C T	7	Food and beverages							
E X P	8	Entertainment							
E X P E N S E S	9	Other direct expenses							
Š	10	Direct expense summary. Add lines 4- th	rough 9 in column (d)		▶				
	11	Net income summary. Combine lines 3, combine lines 4, com	olumn (d) and line 10.						
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	es' to Form 990, Pa	rt IV, line 19, or re	ported more than			
R E V E N U E			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))			
Ē	1	Gross revenue							
E D X I P	2	Cash prizes							
D I P E C T S T S	3	Non-cash prizes							
3	4	Rent/facility costs							
	5	Other direct expenses	☐Yes %	☐ Yes %	☐Yes %				
	6	Volunteer labor	No No	Yes%	Yes%				
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)		▶				
	8	Net gaming income summary. Combine li	nes 1, column (d) and I	ine 7	_				
9	Ente	er the state(s) in which the organization ope	erates gaming activities			YES NO			
ā	ls th	ne organization licensed to operate gaming o,' explain:				9a			
		e any of the organization's gaming licenses	s revoked, suspended o	r terminated during the	tax year?	10a			
11	Doe:	s the organization operate gaming activities	s with nonmembers?			11			
12	Is th	ne organization a grantor, beneficiary or tru ninister charitable gaming?	stee of a trust or a men	mber of a partnership or	other entity formed to	12			

Schedule G (Form 990 or 990-EZ) 2009 HOGAR DE CRIST	O USA, INC.	03-059943	18	⊃age 3
		<u> </u>	YES	NO
 13 Indicate the percentage of gaming activity operated in: a The organization's facility b An outside facility Enter the name and address of the person who prepares the 		13b %	-	
Name: ▶				
Address: ►				
15 a Does the organization have a contact with a third party from b If 'Yes,' enter the amount of gaming revenue received by the of gaming revenue retained by the third party \$	ne organization \$	and the amount	. 15a	
Address: ►				
16 Gaming manager information				
Name: ▶				
Gaming manager compensation \$				
Description of services provided:				
Director/officer Employee	Independent contra			
17 Mandatory distributions				
a Is the organization required under state law to make charita state gaming license?	able distributions from the gami	ng proceeds to retain the	. 17a	
${\bf b}$ Enter the amount of distributions required under state law t	·	t organizations or spent in the		
organization's own exempt activities during the tax year:		Cabadula O /F- O	20. 27. 000 55	20000
BAA	TEEA3703 02/05/10	Schedule G (Form 99	90 or 990-E2	.) 2009

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attach to Form 990.

Name of the organization Employer identification number 03-0599418 HOGAR DE CRISTO USA, INC. Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (f) Method of valuation (c) IRC section if applicable (e) Amount of non-cash 1 (a) Name and address of organization (b) EIN (d) Amount of cash grant (q) Description of (h) Purpose of grant (book, FMV, appraisal, other) or government or assistance non-cash assistance 3 Enter total number of other organizations

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Supplemental Information. Co	omplete this part to p		<u> </u>	<u> </u>	11:1:
	ID_RECEIPTS.	rovide the informa	ation required in Pa	rt I, line 2, and any oth	ner additional information.
		rovide the informa	etion required in Pa	rt I, line 2, and any oth	ner additional information.
		rovide the informa	etion required in Pa	rt I, line 2, and any oth	ner additional information.
		rovide the informa	etion required in Pa	rt I, line 2, and any oth	ner additional information.
		rovide the informa		rt I, line 2, and any oth	ner additional information.
		rovide the informa		rt I, line 2, and any oth	ner additional information.
		rovide the informa		rt I, line 2, and any oth	ner additional information.
		rovide the informa	ation required in Pa	rt I, line 2, and any oth	ner additional information.
		rovide the informa	ation required in Pa	rt I, line 2, and any oth	ner additional information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Name of the organization	Employer identification number
HOGAR DE CRISTO USA, INC.	03-0599418
Pt_VI-C, Line 19 YES THE ORGANIZATION LAWYER TAKES CARE	Ŀ
Pt_VI-A, Line_8a_N/A	
Pt VI-A, Line 8b N/A	
Pt VI-B, Line 11A BY ACCOUNTANT	

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

40	Describe the exempt purpose achievements for each of the organization's other program
	services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to
	report the amount of grants and allocations to others, the total expenses, and revenue, if any, for
	each program service reported.

Code:	Description:	N/A
Expenses	0.	N/A
Grants Of	0.	N/A
Revenue	0.	N/A
	_	

Supporting Statement of:

Form 990 p 10/Line 3 col (B)

Description	Amount
SENT TO FUNDACION HOGAR DE CRISTO CHILE	40,000.
Total	40,000.