

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PROJECT MEXICO OF THE ORTHODOX CHURCH Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 120028 City or town, state or province, country, and ZIP or foreign postal code CHULA VISTA, CA 91912-3128 F Name and address of principal officer: BEN DE LA RIVA SAME AS C ABOVE	D Employer identification number 33-0521448 E Telephone number 619-426-4610 G Gross receipts \$ 1,777,868. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ HTTP://PROJECTMEXICO.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1992 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WORKING TO RELIEVE THE SUFFERING IN MEXICO BY BUILDING HOMES AND SUPPORTING AN ORPHANAGE. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 12 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 15 6 Total number of volunteers (estimate if necessary) 6 645 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">1,095,490.</td> <td style="text-align: right;">1,293,783.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">7,674.</td> <td style="text-align: right;">22,994.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">19,269.</td> <td style="text-align: right;">52,118.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">1,122,433.</td> <td style="text-align: right;">1,368,895.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	1,095,490.	1,293,783.	9 Program service revenue (Part VIII, line 2g)	7,674.	22,994.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,269.	52,118.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,122,433.	1,368,895.						
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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	<input checked="" type="checkbox"/> Signature of officer BEN DE LA RIVA, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DAVID A SEEBA, CPA Preparer's signature <i>David A. Seeba CPA</i> Date 11/12/14 Check if self-employed <input type="checkbox"/> PTIN P00747048 Firm's name ▶ SEEBA & ASSOCIATES, INC. Firm's EIN ▶ 94-2767324 Firm's address ▶ 1825 HAMILTON AVE SAN JOSE, CA 95125-5624 Phone no. 408-559-8410	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PROJECT MEXICO INVOLVES VOLUNTEERS FROM THE US AND CANADA IN THE ALLEVIATION OF SUFFERING BY (1) BUILDING HOMES FOR MEXICO'S POOR AND (2) OPERATING ST. INNOCENT ORPHANAGE IN TIJUANA, A HOME FOR ABUSED TEENAGE BOYS. IT IS THE ONLY FACILITY OF ITS TYPE IN ALL OF TIJUANA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

4a (Code:) (Expenses \$ 483,272. including grants of \$) (Revenue \$ 2,832.) ST. INNOCENT ORPHANAGE RESCUES ORPHANED AND ABANDONED TEENAGE BOYS AND GIVES THEM A CHANCE TO LIVE SUCCESSFUL, PRODUCTIVE LIVES. THE BOYS RECEIVE A QUALITY EDUCATION, LEARN VOCATIONAL SKILLS, PARTICIPATE IN SPORTS, RECEIVE PSYCHOLOGICAL COUNSELING AND ARE TRAINED IN THE CHRISTIAN LIFE. ALL OF THIS, PLUS A STRUCTURED AND LOVING ENVIRONMENT, ALLOWS A MIRACULOUS TRANSFORMATION TO OCCUR. INSTEAD OF FENDING FOR THEMSELVES ON STREETS FILLED WITH CRIME, DRUGS, AND PROSTITUTION, THEY NOW HAVE THE FREEDOM TO PREPARE FOR A BRIGHT FUTURE AND TO BECOME GIVERS, NOT TAKERS. THE MEXICAN GOVERNMENT HAS RECOGNIZED ST. INNOCENT ORPHANAGE AS THE BEST IN THE STATE. 29 BOYS WERE SERVED AT THE ORPHANAGE IN 2013.

4b (Code:) (Expenses \$ 602,785. including grants of \$) (Revenue \$ 22,994.) SINCE INCEPTION, PROJECT MEXICO HAS BUILT OVER 255 HOMES FOR THE POOR IN MEXICO WITH THE HELP OF NEARLY 10,000 VOLUNTEERS FROM 49 US STATES, MANY CANADIAN PROVINCES AND 11 FOREIGN COUNTRIES. MANY FAMILIES ENDURE SQUALID CONDITIONS IN DIRT-FLOOR SHACKS PIECED TOGETHER WITH CARDBOARD, OLD TARPS AND WOODEN PALLETS. WITH NO PROTECTION FROM THE ELEMENTS, CHILDREN AND ELDERLY OFTEN DIE DURING COLD RAINSTORMS. THE LACK OF SECURITY IN THEIR FLIMSY SHACKS MAKES THEM EASY VICTIMS FOR THIEVES. A PROJECT MEXICO HOME PROVIDES A CONCRETE FLOOR, SOLID WALLS AND ROOF, A WARM INTERIOR, AND A LOCKING DOOR. THIS IS A QUANTUM LEAP FORWARD FOR IMPOVERISHED MEXICAN FAMILIES AND GIVES THEM HOPE FOR THE FUTURE. 25 HOMES WERE BUILT AND 23,556 VOLUNTEER HOURS WERE DONATED IN 2013. AS OF THE END OF 2013,

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

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

4e Total program service expenses 1,086,057.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28a		X	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28b		X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
29		X	
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>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
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>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
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>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
38		X	

Note. All Form 990 filers are required to complete Schedule O

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

Main form body containing questions 1a through 14b with input fields and Yes/No columns.

Part VI 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.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	12		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 619-426-4610**
3802 MAIN STREET #6, CHULA VISTA, CA 91911

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, 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.

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 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) JULIE PAPATHEOFANIS PRESIDENT	2.00	X		X				0.	0.	0.
(2) STEPHEN TIBBS VICE PRESIDENT	1.50	X		X				0.	0.	0.
(3) DR. FRED MILKIE TREASURER	0.50	X		X				0.	0.	0.
(4) RAYMOND ZOGOB SECRETARY	0.50	X		X				0.	0.	0.
(5) GREG YOVA DIRECTOR (FORM EX. DIR.)	0.30	X					32,500.	0.	12,216.	
(6) FR. STEVEN TSICHLIS DIRECTOR	0.50	X					0.	0.	0.	
(7) DEAN PLIACONIS DIRECTOR	0.30	X					0.	0.	0.	
(8) DAN ANDREWS DIRECTOR	0.50	X					0.	0.	0.	
(9) DEAN BRUNNER DIRECTOR	0.30	X					0.	0.	0.	
(10) BISHOP BENJAMIN PETERSON DIRECTOR	0.50	X					0.	0.	0.	
(11) TOM SINGLETON DIRECTOR	0.50	X					0.	0.	0.	
(12) PAUL KINAN DIRECTOR	0.50	X					0.	0.	0.	
(13) GEOFF BRAY EXEC DIRECTOR TO 12/31/13	40.00			X			53,004.	0.	9,423.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question number, Question text, and Yes/No columns. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

Table for Section B with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes question 2 about the total number of independent contractors.

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a 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 1,293,783.				
	g Noncash contributions included in lines 1a-1f: \$	185,389.				
	h Total. Add lines 1a-1f	▶ 1,293,783.				
	Program Service Revenue	2 a <u>MISC REVENUE</u>	Business Code 900099	22,994.	22,994.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 22,994.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 23,992.			23,992.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	434,267.			
		(ii) Other	2,832.			
		b Less: cost or other basis and sales expenses	408,973.	0.		
		c Gain or (loss)	25,294.	2,832.		
	d Net gain or (loss)	▶ 28,126.	2,832.		25,294.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events		▶				
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions.	▶	1,368,895.	25,826.	0.	49,286.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	107,143.	42,480.	2,236.	62,427.
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	483,103.	400,466.	48,598.	34,039.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	36,975.	26,035.	5,814.	5,126.
10 Payroll taxes	30,477.	22,705.	4,267.	3,505.
11 Fees for services (non-employees):				
a Management				
b Legal	1,750.	1,304.	245.	201.
c Accounting	14,915.	11,112.	2,088.	1,715.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	21,447.	16,173.	2,912.	2,362.
13 Office expenses	60.	45.	8.	7.
14 Information technology	253.	211.	25.	17.
15 Royalties				
16 Occupancy	19,547.	14,874.	2,592.	2,081.
17 Travel	8,654.	6,457.	1,207.	990.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,148.	2,345.	441.	362.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	79,423.	76,246.	3,177.	
23 Insurance	6,568.	5,108.	820.	640.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONATED FOOD AND GOODS	107,294.	107,294.		
b AUTO EXPENSE	75,079.	61,470.	7,936.	5,673.
c OTHER MINISTRY EXPENSES	57,721.	44,492.	7,388.	5,841.
d PRINTING AND POSTAGE	56,831.	44,851.	6,788.	5,192.
e All other expenses SEE SCH O	227,581.	202,389.	16,458.	8,734.
25 Total functional expenses. Add lines 1 through 24e	1,337,969.	1,086,057.	113,000.	138,912.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1 Cash - non-interest-bearing	10,984.	1	750.		
	2 Savings and temporary cash investments	556,529.	2	553,536.		
	3 Pledges and grants receivable, net		3			
	4 Accounts receivable, net		4			
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6			
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges		9			
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,964,112.			
	b Less: accumulated depreciation	10b	690,016.	1,091,611.	10c	1,274,096.
	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)		1,659,124.	16	1,828,382.		
Liabilities	17 Accounts payable and accrued expenses	53.	17	7,429.		
	18 Grants payable		18			
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23 Secured mortgages and notes payable to unrelated third parties		23	99,000.		
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25			
	26 Total liabilities. Add lines 17 through 25		53.	26	106,429.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	1,011,968.	27	1,074,850.		
	28 Temporarily restricted net assets	557,795.	28	557,795.		
	29 Permanently restricted net assets	89,308.	29	89,308.		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building, or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
33 Total net assets or fund balances	1,659,071.	33	1,721,953.			
34 Total liabilities and net assets/fund balances	1,659,124.	34	1,828,382.			

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,368,895.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,337,969.
3	Revenue less expenses. Subtract line 2 from line 1	3	30,926.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,659,071.
5	Net unrealized gains (losses) on investments	5	20,274.
6	Donated services and use of facilities	6	11,682.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,721,953.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2013

Open to Public Inspection

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

Name of the organization <p align="center">PROJECT MEXICO OF THE ORTHODOX CHURCH</p>	Employer identification number <p align="center">33-0521448</p>
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1325668.	1300425.	1131135.	1095490.	1293783.	6146501.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1325668.	1300425.	1131135.	1095490.	1293783.	6146501.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						34,413.
6 Public support. Subtract line 5 from line 4.						6112088.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1325668.	1300425.	1131135.	1095490.	1293783.	6146501.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,226.	10,239.	20,840.	23,508.	23,992.	82,805.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3,065.	471.	15,852.	7,674.	22,994.	50,056.
11 Total support. Add lines 7 through 10						6279362.
12 Gross receipts from related activities, etc. (see instructions)					12	10,568.
13 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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	97.34	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	96.63	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

PROJECT MEXICO OF THE ORTHODOX CHURCH

Employer identification number

33-0521448

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

(check all that apply):

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

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	89,308.	89,308.	89,308.	89,308.	89,308.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	89,308.	89,308.	89,308.	89,308.	89,308.

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

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		605,006.		605,006.
b Buildings		739,685.	296,655.	443,030.
c Leasehold improvements				
d Equipment				
e Other		619,421.	393,361.	226,060.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,274,096.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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" to Form 990, Part IV, line 12a.

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

EXPLANATION: ENDOWMENT TO RAISE FUNDS TO OFFSET OPERATING EXPENSES, PRIMARILY SALARIES.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization PROJECT MEXICO OF THE ORTHODOX CHURCH	Employer identification number 33-0521448
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
NORTH AMERICA - CANADA AND MEXICO, BUT BUT NOT THE UNITED STATES	1	4	PROGRAM SERVICES	OPERATING AN ORPHANAGE FOR TEENAGE BOYS AND ASSISTING VOLUNTEERS TO BUILD HOMES.	1,086,057.
3 a Sub-total	1	4			1,086,057.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	4			1,086,057.

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

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.

PART I, LINE 2:

EXPLANATION: PROJECT MEXICO MONITORS THE FUNDS DISBURSED FOR PROGRAM EXPENSES THROUGH DIRECT SUPERVISION OF THE PROGRAMS IN MEXICO AND THROUGH WRITTEN AND VERBAL COMMUNICATIONS.

PART I, LINE 3:

EXPLANATION: ALL EXPENDITURES ARE ACCOUNTED FOR ON THE BOOKS OF THE ORGANIZATION AS THE EXPENSES ARE INCLURRED.

SCHEDULE L

Transactions With Interested Persons

OMB No. 1545-0047

(Form 990 or 990-EZ)

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2013

Department of the Treasury
Internal Revenue Service

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

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

Open To Public Inspection

Name of the organization

PROJECT MEXICO OF THE ORTHODOX CHURCH

Employer identification number
33-0521448

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
GREG YOVA	BOARD MEMBER	28,809.	RETIREMENT		X
GREG YOVA	BOARD MEMBER	44,716.	RETIREMENT		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: GREG YOVA

(D) DESCRIPTION OF TRANSACTION: RETIREMENT COMPENSATION AND HEALTH BENEFITS FOR PAST SERVICES AS EXECUTIVE DIRECTOR PAID TO SPOUSE OF CURRENT BOARD MEMBER

(A) NAME OF PERSON: GREG YOVA

(D) DESCRIPTION OF TRANSACTION: RETIREMENT COMPENSATION AND HEALTH BENEFITS FOR PAST SERVICES AS EXECUTIVE DIRECTOR

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization **PROJECT MEXICO OF THE ORTHODOX CHURCH** Employer identification number **33-0521448**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	2	3,000.	RETAIL VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		2,096.	RETAIL VALUE
5 Clothing and household goods	X		35,729.	RETAIL VALUE
6 Cars and other vehicles	X	2	21,210.	RETAIL VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	39,750	52,635.	RETAIL VALUE PER LB.
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>WINDOWS/DOORS</u>)	X	28	47,879.	RETAIL VALUE
26 Other ▶ (<u>BLDG SUPPLIES</u>)	X	275	7,190.	RETAIL VALUE
27 Other ▶ (<u>DRY GOODS</u>)	X	2,600	5,375.	RETAIL VALUE
28 Other ▶ (<u>TOYS GAMES</u>)	X	520	4,080.	RETAIL VALUE

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2013)

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

PART I, OTHER TYPES OF PROPERTY:

DRILL SETS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 5

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3536.

(D) METHOD OF DETERMINING REVENUE: RETAIL VALUE

FURNISHINGS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 31

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1345.

(D) METHOD OF DETERMINING REVENUE: RETAIL VALUE

CHAIRS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 75

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1125.

(D) METHOD OF DETERMINING REVENUE: RETAIL VALUE

TOOLS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 7

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 189.

(D) METHOD OF DETERMINING REVENUE: RETAIL VALUE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

PROJECT MEXICO OF THE ORTHODOX CHURCH

Employer identification number

33-0521448

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: A DRAFT COPY OF THE FORM 990 IS PROVIDED TO THE BOARD MEMBERS
FOR REVIEW AND COMMENT PRIOR TO THE COMPLETION AND FILING OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE BOARD OF DIRECTORS SET THE SALARY OF THE OFFICERS AND KEY
EMPLOYEES WITHOUT THE INTERESTED PERSONS PRESENT AT THE DISCUSSIONS.

SALARY SURVEY INFORMATION IS CONSIDERED. THE DECISION OF THE BOARD IS
DOCUMENTED IN THE MEETING MINUTES WHICH ARE PREPARED AT THE TIME OF THE
DISCUSSION.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION MAKES ITS TAX RETURNS, FORMATION DOCUMENTS,
AND POLICIES AVAILABLE UPON REQUEST. IN ADDITION, A FINANCIAL HIGHLIGHTS
SUMMARY IS PRINTED IN THE ANNUAL REPORT AND MAILED TO THE ENTIRE MAILING
LIST. THAT REPORT STATES THAT COMPLETE AUDITED FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST. THE ORGANIZATION'S WEBSITE CONTAINS THE SAME
INFORMATION.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

FOOD:

PROGRAM SERVICE EXPENSES	47,420.
MANAGEMENT AND GENERAL EXPENSES	3,387.
FUNDRAISING EXPENSES	1,489.
TOTAL EXPENSES	52,296.

Name of the organization PROJECT MEXICO OF THE ORTHODOX CHURCH	Employer identification number 33-0521448
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TELEPHONE :

PROGRAM SERVICE EXPENSES	31,044.
MANAGEMENT AND GENERAL EXPENSES	2,853.
FUNDRAISING EXPENSES	1,646.
TOTAL EXPENSES	35,543.

UTILITIES :

PROGRAM SERVICE EXPENSES	29,405.
MANAGEMENT AND GENERAL EXPENSES	1,678.
FUNDRAISING EXPENSES	478.
TOTAL EXPENSES	31,561.

UNIVERSITY COSTS FOR BOYS :

PROGRAM SERVICE EXPENSES	20,294.
MANAGEMENT AND GENERAL EXPENSES	845.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	21,139.

OUTSIDE SERVICES :

PROGRAM SERVICE EXPENSES	16,238.
MANAGEMENT AND GENERAL EXPENSES	1,930.
FUNDRAISING EXPENSES	1,586.
TOTAL EXPENSES	19,754.

BANK CHARGES :

PROGRAM SERVICE EXPENSES	10,231.
MANAGEMENT AND GENERAL EXPENSES	1,920.
FUNDRAISING EXPENSES	1,577.

Name of the organization PROJECT MEXICO OF THE ORTHODOX CHURCH	Employer identification number 33-0521448
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TOTAL EXPENSES	13,728.
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RECREATION:

PROGRAM SERVICE EXPENSES	10,245.
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MANAGEMENT AND GENERAL EXPENSES	427.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	10,672.
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OTHER FEES & EXPENSES:

PROGRAM SERVICE EXPENSES	7,942.
--------------------------	--------

MANAGEMENT AND GENERAL EXPENSES	1,102.
---------------------------------	--------

FUNDRAISING EXPENSES	813.
----------------------	------

TOTAL EXPENSES	9,857.
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SUPPLIES:

PROGRAM SERVICE EXPENSES	7,276.
--------------------------	--------

MANAGEMENT AND GENERAL EXPENSES	652.
---------------------------------	------

FUNDRAISING EXPENSES	369.
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TOTAL EXPENSES	8,297.
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ANIMAL SUPPLIES & FARMING:

PROGRAM SERVICE EXPENSES	5,380.
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MANAGEMENT AND GENERAL EXPENSES	224.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	5,604.
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BOYS ALLOWANCE, SALARY & EXPENSES:

PROGRAM SERVICE EXPENSES	5,324.
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Name of the organization PROJECT MEXICO OF THE ORTHODOX CHURCH	Employer identification number 33-0521448
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MANAGEMENT AND GENERAL EXPENSES	222.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	5,546.
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EDUCATION & SEMINARS:

PROGRAM SERVICE EXPENSES	5,111.
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MANAGEMENT AND GENERAL EXPENSES	271.
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FUNDRAISING EXPENSES	62.
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TOTAL EXPENSES	5,444.
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DUES & SUBSCRIPTIONS:

PROGRAM SERVICE EXPENSES	3,474.
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MANAGEMENT AND GENERAL EXPENSES	598.
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FUNDRAISING EXPENSES	479.
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TOTAL EXPENSES	4,551.
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EQUIPMENT:

PROGRAM SERVICE EXPENSES	2,922.
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MANAGEMENT AND GENERAL EXPENSES	339.
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FUNDRAISING EXPENSES	229.
----------------------	------

TOTAL EXPENSES	3,490.
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TAXES AND LICENSE:

PROGRAM SERVICE EXPENSES	57.
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MANAGEMENT AND GENERAL EXPENSES	5.
---------------------------------	----

FUNDRAISING EXPENSES	2.
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TOTAL EXPENSES	64.
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Name of the organization PROJECT MEXICO OF THE ORTHODOX CHURCH	Employer identification number 33-0521448
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BUSINESS MEALS:

PROGRAM SERVICE EXPENSES	26.
MANAGEMENT AND GENERAL EXPENSES	5.
FUNDRAISING EXPENSES	4.
TOTAL EXPENSES	35.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	227,581.

Multiple horizontal lines for additional entries, currently blank.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

PROJECT MEXICO OF THE ORTHODOX CHURCH

Employer identification number

33-0521448

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CASA HOGAR SAN INOCENCIO PARA VARONES ADOLECENTES, 10160 INTERIOR 6-B, ZONA RIO, TIJUANA BC, MEXICO 22320	AGENT FOR PROJECT MEXICO TO TRANSACT BUSINESS IN MEXICO	MEXICO	501(C)(3)	7	N/A		X

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

Schedule R (Form 990) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
F-43754-1 MEXICO LAND TRUST C/O BBVA BANCOMER, PASEO DE LOS HEROES, 10200 2DO PISO, ZONA RIO, TIJUANA BC, MEXICO, MEXICO	MEXICO LAND TRUST HOLDING 8 ACRES OF ORPHANAGE PROPERTY	MEXICO	PROJECT MEXICO	TRUST	0.	255,000.	100%		X
F-24814-6 MEXICO LAND TRUST C/O BBVA BANCOMER, PASEO DE LOS HEROES, 10200 2DO PISO, ZONA RIO, TIJUANA BC, MEXICO, MEXICO	MEXICO LAND TRUST HOLDING 8 ACRES OF ORPHANAGE PROPERTY	MEXICO	PROJECT MEXICO	TRUST	0.	350,006.	100%		X

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	LAND IMPR-UTILITIES (DEPT 1)														
	OTHER														
20	UTILITIES TO SITE	07/01/99	SL	5.00		16	8,547.				8,547.	8,547.		0.	8,547.
30	UTILITIES TO SITE	12/31/00	SL	5.00		16	3,932.				3,932.	3,932.		0.	3,932.
43	WATER & IRRIGATION TO SITE	07/01/01	SL	20.00		16	427.				427.	274.		21.	295.
44	STREET LIGHTS & ELECTRICITY TO SITE	07/01/01	SL	20.00		16	643.				643.	406.		32.	438.
45	ADDL UTILITIES TO SITE	07/01/01	SL	20.00		16	234.				234.	155.		12.	167.
61	WATER & IRRIGATION	12/31/02	SL	20.00		16	137.				137.	70.		7.	77.
70	ADDL UTILITIES TO SITE	12/31/03	SL	20.00		16	3,691.				3,691.	1,850.		185.	2,035.
80	UTILITIES TO SITE	12/31/04	SL	10.00		16	9,406.				9,406.	7,999.		941.	8,940.
102	OUTDOOR LIGHTS	05/11/05	SL	10.00		16	1,835.				1,835.	1,379.		184.	1,563.
103	ELECTRICITY	12/31/05	SL	13.86		16	28.				28.	15.		2.	17.
104	WATER SYSTEM	12/31/05	SL	3.46		16	3,528.				3,528.	3,528.		0.	3,528.
135	PRESSURE PUMP	12/31/06	SL	15.00		16	311.				311.	128.		21.	149.
136	EQUIPMENT RENTAL	12/31/06	SL	15.00		16	271.				271.	110.		18.	128.
137	WATER SYSTEM	12/31/06	SL	15.00		16	1,479.				1,479.	602.		99.	701.
143	ELECTRICITY	12/31/07	SL	20.00		16	2,552.				2,552.	640.		128.	768.
1257	BRITEC ELECTRIC SUPPLY	04/11/08	SL	5.00		16	446.				446.	423.		23.	446.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1258	LIGHTING	04/16/08	SL	10.00		16	81.				81.	37.		8.	45.
1259	OBT LIGHTS	12/31/08	SL	10.00		16	469.				469.	188.		47.	235.
1265	HILLSIDE STABILIZATION	01/01/08	SL	10.00		16	521.				521.	260.		52.	312.
1267	GUS ELECTRICAL	12/31/09	SL	15.00		16	630.				630.	126.		42.	168.
1268	GUS GENERATOR	12/31/09	SL	15.00		16	9,319.				9,319.	1,863.		621.	2,484.
1269	GUS GENERAL	12/31/09	SL	15.00		16	6,538.				6,538.	1,308.		436.	1,744.
1276	UTILITIES-ONE SOURCE DISTRIBUTORS	01/05/10	SL	15.00		16	1,902.				1,902.	381.		127.	508.
1277	SOLAR-DEAN GAKOS	01/28/10	SL	15.00		16	439.				439.	85.		29.	114.
1287	WATER SYSTEM	11/01/12	SL	15.00		16	1,163.				1,163.	13.		78.	91.
1293	NEW ELECTRICAL BOX	05/18/13	SL	15.00		16	701.				701.			27.	27.
1294	NEW PUMP & WATER SYSTEM	11/07/13	SL	15.00		16	7,260.				7,260.			81.	81.
	* 990 PAGE 10 TOTAL OTHER						66,490.				66,490.	34,319.		3,221.	37,540.
	* 990 PAGE 10 TOTAL - LAND IMPR-UTILITIES (DEPT 1)						66,490.				66,490.	34,319.		3,221.	37,540.
	LAND & LAND IMPR - LAND (DEPT 2)														
	OTHER														
1	LAND	12/31/94	L				350,006.				350,006.			0.	
42	LAND - KEN BELL	11/30/01	L				5,000.				5,000.			0.	
60	LAND	01/08/02	L				250,000.				250,000.			0.	

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL OTHER						605,006.				605,006.	0.		0.	0.
	* 990 PAGE 10 TOTAL - LAND & LAND IMPR - LAND (DEPT 2)						605,006.				605,006.	0.		0.	0.
	LAND IMPR-LANDSCAPING (DEPT 3)														
	OTHER														
63	LANDSCAPING	07/01/02	SL	5.00		16	1,209.				1,209.	1,209.		0.	1,209.
71	LANDSCAPING	07/21/03	SL	10.00		16	745.				745.	745.		0.	745.
105	LANDSCAPING	12/31/05	SL	10.00		16	122.				122.	90.		12.	102.
139	LANDSCAPING - SOCCER HILL	12/31/06	SL	15.00		16	5,583.				5,583.	2,263.		372.	2,635.
140	LANDSCAPING	12/31/06	SL	15.00		16	592.				592.	237.		39.	276.
144	LANDSCAPING - SOCCER HILL	12/31/07	SL	15.00		16	1,092.				1,092.	365.		73.	438.
154	LEVEL FILL ON 2ND LAND	06/19/07	SL	15.00		16	1,887.				1,887.	693.		126.	819.
1250	LEVEL FILL ON 2ND LAND	02/18/08	SL	15.00		16	7,824.				7,824.	2,523.		522.	3,045.
1270	VIZIO SA DE CV	06/16/09	SL	15.00		16	775.				775.	182.		52.	234.
1295	CEMEX CONCRETE	04/11/13	SL	15.00		16	9,600.				9,600.			480.	480.
	* 990 PAGE 10 TOTAL OTHER						29,429.				29,429.	8,307.		1,676.	9,983.
	* 990 PAGE 10 TOTAL - LAND IMPR-LANDSCAPING (DEPT 3)						29,429.				29,429.	8,307.		1,676.	9,983.
	LAND IMPR-HILLSIDE STABILIZ/BB CTS (DEPT#4)														
	OTHER														

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
47	HILLSIDE STABILIZATION	07/01/01	SL	20.00		16	2,332.				2,332.	1,520.		117.	1,637.
73	HILLSIDE STABILIZATION	12/31/03	SL	10.00		16	6,068.				6,068.	6,068.		0.	6,068.
81	HILLSIDE STABILIZATION	12/31/04	SL	10.00		16	4,502.				4,502.	4,050.		452.	4,500.
82	BASKETBALL COURT	12/31/04	SL	5.00		16	1,473.				1,473.	1,473.		0.	1,473.
84	HILLSIDE STABILIZATION	12/31/04	SL	5.00		16	927.				927.	927.		0.	927.
85	BASKETBALL COURT	12/31/04	SL	5.00		16	1,190.				1,190.	1,190.		0.	1,190.
107	HILLSIDE STABILIZATION	12/31/05	SL	10.00		16	15,706.				15,706.	11,782.		1,571.	13,353.
108	VOLLEYBALL COURT	12/31/05	SL	10.00		16	769.				769.	577.		77.	654.
138	HILLSIDE STABILIZATION	12/31/06	SL	15.00		16	3,516.				3,516.	1,424.		234.	1,658.
142	HILLSIDE STABILIZATION	12/31/07	SL	10.00		16	562.				562.	280.		56.	336.
1271	HILLSIDE STABILIZATION	12/31/09	SL	15.00		16	1,983.				1,983.	396.		132.	528.
	* 990 PAGE 10 TOTAL OTHER						39,028.				39,028.	29,687.		2,639.	32,324.
	* 990 PAGE 10 TOTAL - LAND IMPR-HILLSIDE STABILIZ/BB CT LAND & LAND IMPR - CONST CAP CAMPAIGN EXPEND (DEPT 5)						39,028.				39,028.	29,687.		2,639.	32,324.
	OTHER														
112	PERIMETER WALL	12/31/05	SL	10.00		16	61,731.				61,731.	46,298.		6,173.	52,471.
114	WATER SYSTEM	12/31/05	SL	10.00		16	3,119.				3,119.	2,340.		312.	2,652.
127	PERIMETER WALL	12/31/06	SL	39.00	MM	16	54,695.				54,695.	8,529.		1,402.	9,931.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
128	WATER SYSTEM	12/31/06	SL	39.00	MM	16	1,252.				1,252.	195.		32.	227.
157	CISTERN	12/31/07	SL	10.00		16	55,664.				55,664.	27,830.		5,566.	33,396.
158	PERIMETER WALL	12/31/07	SL	39.00	MM	16	1,120.				1,120.	145.		29.	174.
1264	PERIMETER WALL PHASE II	12/31/08	SL	10.00		16	1,087.				1,087.	436.		109.	545.
1272	PERIMETER WALL	12/31/09	SL	15.00		16	12,061.				12,061.	2,412.		804.	3,216.
	* 990 PAGE 10 TOTAL OTHER						190,729.				190,729.	88,185.		14,427.	102,612.
	* 990 PAGE 10 TOTAL - LAND & LAND IMPR - CONST CAP CAMPA BLDG-CONST CAP CAMPAIGN EXPEND (DEPT 6)						190,729.				190,729.	88,185.		14,427.	102,612.
	OTHER														
110	KITCHEN REMODEL	12/31/05	SL	10.00		16	16,539.				16,539.	12,405.		1,654.	14,059.
111	PADRE'S TRAILER	12/31/05	SL	10.00		16	470.				470.	352.		47.	399.
113	TL HOUSING	12/31/05	SL	10.00		16	3,879.				3,879.	2,910.		388.	3,298.
155	TL HOUSING #1	01/01/07	SL	10.00		16	82,567.				82,567.	49,542.		8,257.	57,799.
156	TL HOUSING #2	01/01/07	SL	10.00		16	66,219.				66,219.	39,732.		6,622.	46,354.
159	CL HOUSING	12/31/07	SL	10.00		16	95,217.				95,217.	47,610.		9,522.	57,132.
161	TL HOUSING	12/31/07	SL	10.00		16	24,523.				24,523.	12,260.		2,452.	14,712.
1262	TL HOUSING	12/31/08	SL	10.00		16	2,252.				2,252.	900.		225.	1,125.
1263	CL HOUSING	12/31/08	SL	10.00		16	6,161.				6,161.	2,464.		616.	3,080.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL OTHER						297,827.				297,827.	168,175.		29,783.	197,958.
	* 990 PAGE 10 TOTAL - BLDG-CONST CAP CAMPAIGN EXPE						297,827.				297,827.	168,175.		29,783.	197,958.
	BLDG & IMPR - BUILDINGS (DEPT 7)														
	OTHER														
22	BUILDINGS	07/01/99	SL	34.00		16	2,725.				2,725.	1,080.		80.	1,160.
32	BUILDINGS	12/31/00	SL	34.00		16	51,382.				51,382.	18,132.		1,511.	19,643.
48	BOYS DORMS	10/01/01	SL	40.00		16	9,149.				9,149.	3,434.		229.	3,663.
49	CLERGY ROOF	07/01/01	SL	20.00		16	2,307.				2,307.	1,496.		115.	1,611.
50	OTHER BUILDING IMPROVEMENTS	07/01/01	SL	20.00		16	1,585.				1,585.	1,012.		79.	1,091.
64	BUILDINGS	12/31/02	SL	40.00		16	4,290.				4,290.	1,779.		107.	1,886.
72	CLERGY TRAILER	12/31/03	SL	10.00	MQ	17	169.				169.	169.		0.	169.
74	MATERIAL STORAGE SHED	12/31/03	SL	10.00		16	1,699.				1,699.	1,699.		0.	1,699.
83	GROUP HOUSING	12/31/04	SL	5.00		16	5,295.				5,295.	5,295.		0.	5,295.
86	GROUP HOUSING	12/31/04	SL	5.00		16	1,243.				1,243.	1,243.		0.	1,243.
101	OTHER BUILDINGS	12/31/04	SL	5.00		16	17,327.				17,327.	17,327.		0.	17,327.
106	GROUP HOUSING	12/31/05	SL	10.00		16	218.				218.	165.		22.	187.
109	SPORTS SHED	12/31/05	SL	10.00		16	1,378.				1,378.	1,035.		138.	1,173.
126	SPORTS SHED	12/31/06	SL	20.00		16	563.				563.	168.		28.	196.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1288	GENERATOR	07/03/12	SL	7.00		16	1,419.				1,419.	101.		203.	304.
1289	PAVILION LIGHTING	07/03/12	SL	7.00		16	524.				524.	37.		75.	112.
1290	ORPHANAGE ROOF	07/03/12	SL	10.00		16	686.				686.	34.		69.	103.
1296	WOOD STOVE	01/23/13	SL	40.00		16	3,148.				3,148.			72.	72.
1297	CLERGY HOUSE SHED	02/07/13	SL	40.00		16	808.				808.			19.	19.
1298	BATHHOUSE PLUMBING UPGRADE	03/07/13	SL	40.00		16	2,827.				2,827.			59.	59.
1299	COURTYARD	05/07/13	SL	40.00		16	5,996.				5,996.			100.	100.
1300	ORPHANAGE ROOF	02/07/13	SL	40.00		16	1,720.				1,720.			39.	39.
1301	CUSTOM WINDOWS	01/30/13	SL	40.00		16	47,879.				47,879.			1,097.	1,097.
1315	EAGLE ROOFING BOYS DORM	03/28/12	SL	40.00		16	5,096.				5,096.			222.	222.
	* 990 PAGE 10 TOTAL OTHER						169,433.				169,433.	54,206.		4,264.	58,470.
	* 990 PAGE 10 TOTAL - BLDG & IMPR - BUILDINGS (DEPT 7)						169,433.				169,433.	54,206.		4,264.	58,470.
	BLDG & IMPR - STAFF HOUSING (DEPT 8)														
	OTHER														
14	MOBILE HOME	02/15/97	SL	5.00		16	17,927.				17,927.	17,927.		0.	17,927.
15	MOBILE HOME	06/15/97	SL	5.00		16	4,000.				4,000.	4,000.		0.	4,000.
58	CLERGY TRAILER	08/02/01	SL	20.00		16	412.				412.	272.		21.	293.
68	CLERGY TRAILER	07/01/02	200DB	10.00	(D)	17	6,979.				6,979.	6,979.		0.	6,979.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL OTHER						29,318.				29,318.	29,178.		21.	29,199.
	* 990 PAGE 10 TOTAL - BLDG & IMPR - STAFF HOUSING (DEPT BLDG & IMPR-LEARNING CTR (DEPT 9)						29,318.				29,318.	29,178.		21.	29,199.
	OTHER														
21	LEARNING CENTER	07/01/99	SL	34.00		16	38,373.				38,373.	15,241.		1,129.	16,370.
31	LEARNING CENTER	12/31/00	SL	34.00		16	42,517.				42,517.	15,012.		1,251.	16,263.
46	LEARNING CENTER	10/01/01	SL	40.00		16	1,852.				1,852.	691.		46.	737.
62	LEARNING CENTER	12/31/02	SL	40.00		16	396.				396.	100.		10.	110.
	* 990 PAGE 10 TOTAL OTHER						83,138.				83,138.	31,044.		2,436.	33,480.
	* 990 PAGE 10 TOTAL - BLDG & IMPR-LEARNING CTR (DEPT 9)						83,138.				83,138.	31,044.		2,436.	33,480.
	VEHICLES (DEPT 10)														
	OTHER														
78	(D)1996 CHEVY PICKUP	11/01/03	200DB	5.00		17	6,572.				6,572.	6,572.		0.	
93	(D)1995 HONDA ODYSSEY	12/15/04	SL	5.00		16	4,995.				4,995.	4,995.		0.	
94	CHEVY 4X4 PICKUP	12/24/04	SL	5.00		16	4,025.				4,025.	4,025.		0.	4,025.
115	ADD TO CHEVY PICKUP	12/31/05	SL	5.00		16	612.				612.	612.		0.	612.
116	(D)NISSAN SENTRA	03/17/05	SL	5.00		16	2,395.				2,395.	2,395.		0.	
125	(D)HONDA CIVIC	10/22/06	SL	5.00		16	2,550.				2,550.	2,550.		0.	

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
146	2007 TOYOTA HIACE	04/01/07	SL	5.00		16	30,000.				30,000.	30,000.		0.	30,000.
147	(D)1998 TOYOTA 4-RUNNER	10/01/07	SL	5.00		16	8,575.				8,575.	8,575.		0.	
1251	1996 HONDA CIVIC	02/14/08	SL	5.00		16	3,200.				3,200.	3,147.		53.	3,200.
1252	1998 TOYOTA TERCEL	03/12/08	SL	5.00		16	3,000.				3,000.	2,900.		100.	3,000.
1253	1999 TOYOTA TACOMA	03/25/08	SL	5.00		16	11,361.				11,361.	10,792.		569.	11,361.
1254	1999 TOYOTA 4RUNNER	08/15/08	SL	5.00		16	10,000.				10,000.	8,833.		1,167.	10,000.
1266	(D)1998 4RUNNER ADDITIONAL COSTS	07/15/08	SL	5.00		16	1,362.				1,362.	1,224.		138.	
1278	1996 TOYOTA 4RUNNER	04/08/10	SL	5.00		16	4,700.				4,700.	2,585.		940.	3,525.
1284	2002 CHEV SUBURBAN	12/30/10	SL	5.00		16	8,000.				8,000.	3,200.		1,600.	4,800.
1291	2007 TOYOTA SEQUOIA	07/01/12	SL	5.00		16	17,441.				17,441.	1,744.		3,488.	5,232.
1303	2007 CHEVY TRUCK	05/07/13	SL	5.00		16	10,154.				10,154.			1,354.	1,354.
1304	1998 FORD VAN	01/01/13	SL	5.00		16	1,050.				1,050.			210.	210.
1305	2006 TOYOTA TACOMA	12/30/13	SL	5.00		16	20,710.				20,710.			0.	
	* 990 PAGE 10 TOTAL OTHER						150,702.				150,702.	94,149.		9,619.	77,319.
	* 990 PAGE 10 TOTAL - VEHICLES (DEPT 10)						150,702.				150,702.	94,149.		9,619.	77,319.
	LAND IMPROVEMENTS-CAPITAL CAMPAIGN														
	OTHER														
1283	PAVILION-CRAM CONSTRUCCIONES	12/10/10	SL	20.00		16	10,750.				10,750.	1,121.		538.	1,659.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1285	ADDITION TO PAVILION	12/31/11	SL	20.00		16	50,874.				50,874.	2,544.		2,544.	5,088.
	* 990 PAGE 10 TOTAL OTHER						61,624.				61,624.	3,665.		3,082.	6,747.
	* 990 PAGE 10 TOTAL - LAND IMPROVEMENTS-CAPITAL CAMPAIGN CONST CAP CAMPAIGN EXPEND (DEPT 19)						61,624.				61,624.	3,665.		3,082.	6,747.
	OTHER														
160	FOSA	12/31/07	SL	10.00		16	21,953.				21,953.	10,975.		2,195.	13,170.
	* 990 PAGE 10 TOTAL OTHER						21,953.				21,953.	10,975.		2,195.	13,170.
	* 990 PAGE 10 TOTAL - CONST CAP CAMPAIGN EXPEND (DEPT 19)						21,953.				21,953.	10,975.		2,195.	13,170.
	C/T/F - EQUIPMENT (DEPT 20)														
	OTHER														
2	CEMENT MIXER	12/31/94	SL	7.00		16	3,000.				3,000.	3,000.		0.	3,000.
6	FREEZER	12/31/94	SL	5.00		16	700.				700.	700.		0.	700.
19	FREEZERS (2)	01/01/98	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
39	TRACTOR	09/01/97	SL	7.00		16	12,960.				12,960.	12,960.		0.	12,960.
54	VIDEO CAMERA & EQUIP	06/30/01	200DB	7.00		MQ17	1,143.				1,143.	1,143.		0.	1,143.
66	EQUIPMENT	07/01/02	200DB	5.00		MQ17	544.				544.	544.		0.	544.
95	TRACTOR	05/18/04	SL	5.00		16	943.				943.	930.		0.	930.
117	SECURITY EQUIPMENT	12/31/05	SL	10.00		16	6,659.				6,659.	4,995.		666.	5,661.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
133	LAUNDRY EQUIPMENT	01/03/06	SL	7.00		16	5,747.				5,747.	5,747.		0.	5,747.
134	PLAYGROUND EQUIPMNET	10/22/06	SL	7.00		16	3,827.				3,827.	3,419.		408.	3,827.
148	PLAYGROUND EQUIPMENT	07/30/07	SL	7.00		16	1,475.				1,475.	1,143.		211.	1,354.
149	SECURITY EQUIPMENT	04/12/07	SL	10.00		16	612.				612.	351.		61.	412.
150	2 SHIPPING CONTAINERS	01/16/07	SL	20.00		16	4,547.				4,547.	1,343.		227.	1,570.
1260	FIRE EXTINGUISHERS	02/14/08	SL	5.00		16	564.				564.	555.		9.	564.
1261	OBT SOUND SYSTEM	07/11/08	SL	5.00		16	1,290.				1,290.	1,161.		129.	1,290.
1282	VIDEO CAMERA-N. PETRIDES	12/02/10	SL	7.00		16	707.				707.	210.		101.	311.
1306	MILWAUKEE M18 FUEL DRILL SETS (3)	07/18/13	SL	7.00		16	1,662.				1,662.			99.	99.
1307	ZOLL AED PLUS PKG	05/08/13	SL	7.00		16	1,699.				1,699.			162.	162.
1308	BOSCH DRILL SET	06/04/13	SL	7.00		16	175.				175.			15.	15.
	* 990 PAGE 10 TOTAL OTHER						49,254.				49,254.	39,201.		2,088.	41,289.
	* 990 PAGE 10 TOTAL - C/T/F - EQUIPMENT (DEPT 20)						49,254.				49,254.	39,201.		2,088.	41,289.
	C/T/F - TELEPHONE SYSTEM (DEPT 23)														
	OTHER														
26	PHONE SYSTEM	07/01/99	SL	5.00		16	3,941.				3,941.	3,941.		0.	3,941.
41	TELEPHONE SYSTEM	12/31/00	SL	5.00		MQ16	993.				993.	993.		0.	993.
55	TELEPHONE SYSTEM EQUIP	04/17/01	200DB	5.00		MQ17	129.				129.	127.		0.	127.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
97	VERIZON WIRELESS	04/21/04	SL	5.00		16	822.				822.	793.		0.	793.
130	TELEPHONE SYSTEM	12/31/06	SL	5.00		16	1,763.				1,763.	1,763.		0.	1,763.
1245	TELEPHONE SYSTEM	12/31/07	SL	5.00		16	245.				245.	245.		0.	245.
	* 990 PAGE 10 TOTAL OTHER						7,893.				7,893.	7,862.		0.	7,862.
	* 990 PAGE 10 TOTAL - C/T/F - TELEPHONE SYSTEM (DEPT 23)						7,893.				7,893.	7,862.		0.	7,862.
	ARTWORK-NONDEPRECIABLE (DEPT 25)														
	OTHER														
1321	ACRYLIC PAINTING-ORIGINAL	04/23/13	NC	.000	HY		2,500.				2,500.			0.	
1322	HAND PAINTED ICON	07/11/13	NC	.000	HY		500.				500.			0.	
	* 990 PAGE 10 TOTAL OTHER						3,000.				3,000.	0.		0.	0.
	* 990 PAGE 10 TOTAL - ARTWORK-NONDEPRECIABLE (DEPT 25)						3,000.				3,000.	0.		0.	0.
	C/T/F - COMPUTERS (DEPT 30)														
	OTHER														
98	COMPUTERS	12/31/04	SL	5.00		16	3,006.				3,006.	3,006.		0.	3,006.
120	COMPUTER	12/31/05	SL	5.00		16	4,799.				4,799.	4,799.		0.	4,799.
131	COMPUTERS	12/31/06	SL	5.00		16	8,565.				8,565.	8,565.		0.	8,565.
151	COPIER-WORK CENTRE 4150	02/26/07	SL	5.00		16	5,601.				5,601.	5,601.		0.	5,601.
152	COMPUTERS	12/31/07	SL	5.00		16	3,680.				3,680.	3,680.		0.	3,680.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1255	COMPUTERS	12/31/08	SL	5.00		16	1,227.				1,227.	980.		247.	1,225.
1275	DELL COMPUTERS-OFFICE MANAGER	12/31/09	SL	5.00		16	639.				639.	384.		128.	512.
1279	COMPUTER-BEANSTALK COMPUTING	04/26/10	SL	5.00		16	1,085.				1,085.	579.		217.	796.
1280	COMPUTER-DMI*DELL BUS ONLINE	05/20/10	SL	5.00		16	904.				904.	467.		181.	648.
1281	COMPUTER-BEANSTALK COMPUTING	11/22/10	SL	5.00		16	544.				544.	227.		109.	336.
1292	12 NEW COMPUTERS W/ED DISC	11/28/12	SL	5.00		16	6,177.				6,177.	103.		1,235.	1,338.
1309	REFURBISHED DELLS FOR OFFICE	04/02/13	SL	5.00		16	340.				340.			51.	51.
1310	BACK UP BATTERY	04/18/13	SL	5.00		16	264.				264.			35.	35.
	* 990 PAGE 10 TOTAL OTHER						36,831.				36,831.	28,391.		2,203.	30,592.
	* 990 PAGE 10 TOTAL - C/T/F - COMPUTERS (DEPT 30)						36,831.				36,831.	28,391.		2,203.	30,592.
	C/T/F - FURNITURE (DEPT 35)														
	OTHER														
35	FURNITURE (SHEFFIELD PRIEST)	10/01/00	SL	7.00		16	137.				137.	137.		0.	137.
36	FURNITURE - OAK OUTLET PLUS	03/15/00	SL	7.00		16	382.				382.	382.		0.	382.
57	CLOSETS	11/30/01	200DB	7.00		17	6,184.				6,184.	6,184.		0.	6,184.
121	FURNITURE	12/31/05	SL	10.00		16	2,024.				2,024.	1,616.		202.	1,818.
132	FURNITURE	12/31/06	SL	5.00		16	150.				150.	150.		0.	150.
153	CHAPEL FURNITURE	06/27/07	SL	10.00		16	1,400.				1,400.	770.		140.	910.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1243	BOOKSHELVES	03/01/07	SL	7.00		16	257.				257.	216.		37.	253.
1256	OBT ICON STANDS	07/31/08	SL	10.00		16	553.				553.	243.		55.	298.
1311	NIGHTSTANDS, BOOKSHELVES	01/31/13	SL	7.00		16	1,345.				1,345.			176.	176.
1312	75 NEW CHAIRS	09/30/13	SL	7.00		16	1,125.				1,125.			40.	40.
1313	6 NEW SOFAS	12/06/12	SL	7.00		16	1,680.				1,680.			260.	260.
	* 990 PAGE 10 TOTAL OTHER						15,237.				15,237.	9,698.		910.	10,608.
	* 990 PAGE 10 TOTAL - C/T/F - FURNITURE (DEPT 35)						15,237.				15,237.	9,698.		910.	10,608.
	CHAPEL (DEPT 41)														
	OTHER														
1318	CHAPEL SHELVING	05/07/12	SL	7.00		16	4,000.				4,000.			571.	571.
1319	HOSPITAL COMMUNION SET	12/06/12	SL	7.00		16	1,010.				1,010.			144.	144.
1320	WHITE AND GOLD VESTMENTS	12/28/12	SL	7.00		16	1,000.				1,000.			143.	143.
	* 990 PAGE 10 TOTAL OTHER						6,010.				6,010.	0.		858.	858.
	* 990 PAGE 10 TOTAL - CHAPEL (DEPT 41)						6,010.				6,010.	0.		858.	858.
	CONSTR CAPITAL CAMPAIGN (DEPT 05)														
	BUILDINGS														
1302	ORPHANAGE DIRECTOR HOUSE	12/31/13	SL	40.00		16	127,659.				127,659.			0.	
	* 990 PAGE 10 TOTAL BUILDINGS						127,659.				127,659.	0.		0.	0.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL - CONSTR						127,659.				127,659.	0.		0.	0.
	CAPITAL CAMPAIGN (DEPT 05)														
	C/T/F - SOFTWARE (DEPT 90)														
	OTHER														
59	(D)SOFTWARE	12/31/02	200DB	5.00		MQ17	3,328.				3,328.	3,328.		0.	
69	(D)SOFTWARE	12/31/02	200DB	5.00		MQ17	2,567.				2,567.	2,567.		0.	
129	(D)CHIEF ARCHITECT BY ART	12/22/06	SL	5.00		16	295.				295.	295.		0.	
141	(D)TECH SOUP SOFTWARE	06/13/07	SL	5.00		16	670.				670.	670.		0.	
	* 990 PAGE 10 TOTAL OTHER						6,860.				6,860.	6,860.		0.	0.
	* 990 PAGE 10 TOTAL - C/T/F						6,860.				6,860.	6,860.		0.	0.
	- SOFTWARE (DEPT 90)														
	* GRAND TOTAL 990 PAGE 10						1,997,421.				1,997,421.	643,902.		79,422.	690,011.
	DEPR														

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2013

Open to Public Inspection for 501(c)(3) Organizations Only

For calendar year 2013 or other tax year beginning _____, and ending _____

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) PROJECT MEXICO OF THE ORTHODOX CHURCH Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 120028 City or town, state or province, country, and ZIP or foreign postal code CHULA VISTA, CA 91912-3128	D Employer identification number (Employees' trust, see instructions.) 33-0521448 E Unrelated business activity codes (See instructions.)
--	---------------------	---	--

C Book value of all assets at end of year 1,828,382.	F Group exemption number (See instructions.) G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
---	---

H Describe the organization's primary unrelated business activity. ▶

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **THE ORGANIZATION** Telephone number ▶ **619-426-4610**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Form 8949 and Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34	35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	0.
44a Payments: A 2012 overpayment credited to 2013	44a	
b 2013 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	2,901.
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44g	
45 Total payments. Add lines 44a through 44g	45	2,901.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	2,901.
49 Enter the amount of line 48 you want: Credited to 2014 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49	2,901.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <input checked="" type="checkbox"/> MEXICO	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (att. schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer _____ Date _____ **EXECUTIVE DIRECTOR** Title _____

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

Paid Preparer Use Only

Print/Type preparer's name DAVID A SEEBA, CPA	Preparer's signature <i>David A. Seeba CPA</i>	Date 11/12/14	Check <input type="checkbox"/> if self-employed	PTIN P00747048
Firm's name SEEBA & ASSOCIATES, INC.			Firm's EIN 94-2767324	
Firm's address 1825 HAMILTON AVE SAN JOSE, CA 95125-5624			Phone no. 408-559-8410	

▶ **Attach to your tax return.**

▶ **Information about Form 8941 and its separate instructions is at www.irs.gov/forms8941**

Name(s) shown on return

Identifying number

PROJECT MEXICO OF THE ORTHODOX CHURCH

33-0521448

Caution. See the instructions and complete Worksheets 1 through 7 as needed.

1a Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (total from Worksheet 1, column (a))	12
b Enter the employer identification number (EIN) used to report employment taxes for individuals included on line 1a if different from the identifying number listed above	
2 Enter the number of full-time equivalent employees (FTEs) you had for the tax year (from Worksheet 2, line 3). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	7
3 Average annual wages you paid for the tax year (from Worksheet 3, line 3). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12	37,000.
4 Premiums you paid during the tax year for employees included on line 1a for health insurance coverage under a qualifying arrangement (total from Worksheet 4, column (b))	31,207.
5 Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (total from Worksheet 4, column (c))	22,311.
6 Enter the smaller of line 4 or line 5	22,311.
7 Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 25% (.25) • All other small employers, multiply line 6 by 35% (.35)	5,578.
8 If line 2 is 10 or less, enter the amount from line 7. Otherwise, enter the amount from Worksheet 5, line 6	5,578.
9 If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, enter the amount from Worksheet 6, line 7	2,901.
10 Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions)	
11 Subtract line 10 from line 4. If zero or less, enter -0-	31,207.
12 Enter the smaller of line 9 or line 11	2,901.
13 If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1a for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (total from Worksheet 4, column (a))	4
14 Enter the number of FTEs you would have entered on line 2 if you only included employees included on line 13 (from Worksheet 7, line 3)	3
15 Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	
16 Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, line 4h	2,901.
17 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	
18 Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on Form 3800, line 4h	
19 Enter the amount you paid in 2013 for taxes considered payroll taxes for purposes of this credit (see instructions)	28,366.
20 Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990-T, line 44f	2,901.

LHA **For Paperwork Reduction Act Notice, see separate instructions.**

Form **8941** (2013)