

Form **990**

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

OMB No. 1545-0047

2014

Open to Public Inspection

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.

A For the 2014 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"/> Final return/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 \$ 1,427,306. 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

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 2014 (Part V, line 2a)	5	19
6	Total number of volunteers (estimate if necessary)	6	427
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	1,293,783.	1,152,636.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,994.	11,698.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,118.	53,286.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,368,895.	1,217,620.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	657,698.	645,484.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 150,074.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	680,271.	623,786.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,337,969.	1,269,270.
19	Revenue less expenses. Subtract line 18 from line 12	30,926.	-51,650.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	1,828,382.	1,725,216.
22	Net assets or fund balances. Subtract line 21 from line 20	106,429.	64,089.
22		1,721,953.	1,661,127.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer BEN DE LA RIVA, EXECUTIVE DIRECTOR Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name DAVID A SEEBBA, CPA	Preparer's signature <i>David A. Seebba CPA</i>	Date 11/12/15	Check if self-employed <input type="checkbox"/>	PTIN P00747048
	Firm's name ▶ SEEBA & ASSOCIATES, INC., CPAS Firm's address ▶ 1825 HAMILTON AVE SAN JOSE, CA 95125-5624	Firm's EIN ▶ 94-2767324	Phone no. 408-264-7800		

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 \$ 765,473. including grants of \$) (Revenue \$ 11,710.) 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. 24 BOYS WERE SERVED AT THE ORPHANAGE IN 2014.

4b (Code:) (Expenses \$ 238,513. including grants of \$) (Revenue \$) SINCE INCEPTION, PROJECT MEXICO HAS BUILT OVER 275 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. 19 HOMES WERE BUILT AND 16,975 VOLUNTEER HOURS WERE DONATED IN 2014.

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 1,003,986.

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 domestic 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 or for domestic individuals 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?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		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	
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	
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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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
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
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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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
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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance items.

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.		
	1a 12		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 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
b	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:		
a	The governing body?	X	
b	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
b	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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
12c			
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?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
	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
b	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?		
16b			

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, address, and telephone number of the person who possesses the organization's books and records: **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 PAPTATHEOFANIS PRESIDENT	2.00	X		X				0.	0.	0.
(2) DR. FRED MILKIE TREASURER	0.50	X		X				0.	0.	0.
(3) RAYMOND ZOGOB SECRETARY	0.50	X		X				0.	0.	0.
(4) FR. STEVEN TSICHLIS DIRECTOR	0.50	X						0.	0.	0.
(5) DEAN PLIACONIS DIRECTOR	0.30	X						0.	0.	0.
(6) DAN ANDREWS DIRECTOR	0.50	X						0.	0.	0.
(7) GEORGE ADONDAKIS DIRECTOR	0.50	X						0.	0.	0.
(8) BISHOP BENJAMIN PETERSON DIRECTOR	0.50	X						0.	0.	0.
(9) TOM SINGLETON DIRECTOR	0.50	X						0.	0.	0.
(10) PAUL KINAN DIRECTOR	0.50	X						0.	0.	0.
(11) DENNIS AWAD DIRECTOR	0.50	X						0.	0.	0.
(12) GREG YOVA DIRECTOR (FORM EX. DIR.)	0.30	X						31,000.	0.	14,772.
(13) GEOFF BRAY EXEC DIRECTOR-OUTGOING	40.00			X				15,534.	0.	0.
(14) BEN DE LA RIVA EXEC DIRECTOR-CURRENT	40.00			X				62,003.	0.	0.

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

(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			
1b Sub-total							108,537.	0.	14,772.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							108,537.	0.	14,772.	

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**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns					
	b Membership dues					
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,152,636.				
	g Noncash contributions included in lines 1a-1f: \$	122,621.				
	h Total. Add lines 1a-1f	▶ 1,152,636.				
Program Service Revenue	2 a MISC REVENUE	Business Code 900099	11,698.	11,698.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶ 11,698.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		28,011.		28,011.	
	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	234,461.			
		(ii) Other	500.			
		b Less: cost or other basis and sales expenses	209,198.	488.		
		c Gain or (loss)	25,263.	12.		
	d Net gain or (loss)	▶ 25,275.	12.		25,263.	
	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.	▶	1,217,620.	11,710.	0.	53,274.	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	123,309.	88,314.	19,459.	15,536.
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	448,541.	318,319.	73,174.	57,048.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	42,359.	32,369.	5,025.	4,965.
10 Payroll taxes	31,275.	19,680.	5,639.	5,956.
11 Fees for services (non-employees):				
a Management				
b Legal	450.	450.		
c Accounting	23,012.	20,466.	1,731.	815.
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				
13 Office expenses	13,966.			13,966.
14 Information technology	5,886.	4,945.	640.	301.
15 Royalties				
16 Occupancy	21,020.	17,822.	2,174.	1,024.
17 Travel	16,060.	7,265.		8,795.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	7,224.	6,052.	797.	375.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	84,620.	84,620.		
23 Insurance	6,064.	3,476.	1,614.	974.
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 AUTO EXPENSE	82,559.	81,221.	910.	428.
b DONATED FOOD AND GOODS	79,761.	79,761.		
c COSTS FOR BOYS	48,755.	48,755.		
d PRINTING AND POSTAGE	43,457.	4,799.	547.	38,111.
e All other expenses SEE SCH O	190,952.	185,672.	3,500.	1,780.
25 Total functional expenses. Add lines 1 through 24e	1,269,270.	1,003,986.	115,210.	150,074.
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	750.	1	45,357.
	2 Savings and temporary cash investments	553,536.	2	445,745.
	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 1,969,073.		
	b Less: accumulated depreciation	10b 734,959.	1,274,096.	10c 1,234,114.
	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)		1,828,382.	16 1,725,216.	
Liabilities	17 Accounts payable and accrued expenses	7,429.	17	13,284.
	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	99,000.	23	50,805.
	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		106,429.	26 64,089.
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	1,074,850.	27	1,470,026.
	28 Temporarily restricted net assets	557,795.	28	102,801.
	29 Permanently restricted net assets	89,308.	29	88,300.
	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		1,721,953.	33 1,661,127.	
34 Total liabilities and net assets/fund balances		1,828,382.	34 1,725,216.	

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	1,217,620.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,269,270.
3	Revenue less expenses. Subtract line 2 from line 1	3	-51,650.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,721,953.
5	Net unrealized gains (losses) on investments	5	-11,755.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	892.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,687.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,661,127.

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	
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

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.

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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).
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).
6 [] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] 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).
8 [] A community trust described in section 170(b)(1)(A)(vi).
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.
10 [] An organization organized and operated exclusively to test for public safety.
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).
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e [] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations []

g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1300425.	1131135.	1095490.	1293783.	1152636.	5973469.
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	1300425.	1131135.	1095490.	1293783.	1152636.	5973469.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						5973469.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	1300425.	1131135.	1095490.	1293783.	1152636.	5973469.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,239.	20,840.	23,508.	23,992.	28,011.	106,590.
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 VI.)	471.	15,852.	7,674.	22,994.	11,698.	58,689.
11 Total support. Add lines 7 through 10						6138748.
12 Gross receipts from related activities, etc. (see instructions)					12	5,470.
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 2014 (line 6, column (f) divided by line 11, column (f))	14	97.31 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	97.34 %
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. 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 VI 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 - 2013. 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

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.

OMB No. 1545-0047

2014

Open to Public Inspection

▶ Information about Schedule D (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 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 value of contributions to (during year)		
3 Aggregate value of 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.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 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)?
- 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.

- 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.
- 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) Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- 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 Revenue 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, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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		748,367.	432,033.	316,334.
c Leasehold improvements				
d Equipment				
e Other		615,700.	302,926.	312,774.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,234,114.

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 (losses) 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:

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

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; do not file with Form 990)* Yes No

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

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

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

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

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:

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

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	27,864.	RETIREMENT		X
GREG YOVA	BOARD MEMBER	45,772.	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

2014

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	13	1,226.	RETAIL VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		1,349.	RETAIL VALUE
5 Clothing and household goods	X		21,336.	RETAIL VALUE
6 Cars and other vehicles	X	2	14,714.	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	46,750	71,121.	RETAIL VALUE PER LB.
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (DRY GOODS)	X	2,950	8,583.	RETAIL VALUE
26 Other ▶ (BLDG SUPPLIES)	X	26	2,146.	RETAIL VALUE
27 Other ▶ (TOYS GAMES)	X	83	1,533.	RETAIL VALUE
28 Other ▶ (TOOLS)	X	5	613.	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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?

	Yes	No
30a		X
31	X	
32a		X
33		

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?

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

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) (2014)

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

2014

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:

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:

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:

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:

BUILDING MATERIALS:

PROGRAM SERVICE EXPENSES	37,864.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	37,864.

FOOD:

PROGRAM SERVICE EXPENSES	37,803.
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Name of the organization	PROJECT MEXICO OF THE ORTHODOX CHURCH	Employer identification number	33-0521448
MANAGEMENT AND GENERAL EXPENSES			0.
FUNDRAISING EXPENSES			0.
TOTAL EXPENSES			37,803.
UTILITIES:			
PROGRAM SERVICE EXPENSES			34,969.
MANAGEMENT AND GENERAL EXPENSES			497.
FUNDRAISING EXPENSES			234.
TOTAL EXPENSES			35,700.
RECREATION:			
PROGRAM SERVICE EXPENSES			18,435.
MANAGEMENT AND GENERAL EXPENSES			0.
FUNDRAISING EXPENSES			0.
TOTAL EXPENSES			18,435.
TELEPHONE:			
PROGRAM SERVICE EXPENSES			10,876.
MANAGEMENT AND GENERAL EXPENSES			821.
FUNDRAISING EXPENSES			386.
TOTAL EXPENSES			12,083.
BANK CHARGES:			
PROGRAM SERVICE EXPENSES			9,097.
MANAGEMENT AND GENERAL EXPENSES			1,180.
FUNDRAISING EXPENSES			556.
TOTAL EXPENSES			10,833.

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

PROGRAM SERVICE EXPENSES	8,808.
MANAGEMENT AND GENERAL EXPENSES	167.
FUNDRAISING EXPENSES	79.
TOTAL EXPENSES	9,054.

ANIMAL SUPPLIES & FARMING:

PROGRAM SERVICE EXPENSES	7,686.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,686.

SUPPLIES:

PROGRAM SERVICE EXPENSES	6,914.
MANAGEMENT AND GENERAL EXPENSES	172.
FUNDRAISING EXPENSES	81.
TOTAL EXPENSES	7,167.

EDUCATION & SEMINARS:

PROGRAM SERVICE EXPENSES	3,735.
MANAGEMENT AND GENERAL EXPENSES	492.
FUNDRAISING EXPENSES	232.
TOTAL EXPENSES	4,459.

OTHER FEES & EXPENSES:

PROGRAM SERVICE EXPENSES	3,987.
MANAGEMENT AND GENERAL EXPENSES	5.
FUNDRAISING EXPENSES	2.

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

TOTAL EXPENSES	3,994.
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EQUIPMENT:

PROGRAM SERVICE EXPENSES	2,906.
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MANAGEMENT AND GENERAL EXPENSES	141.
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FUNDRAISING EXPENSES	67.
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TOTAL EXPENSES	3,114.
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OTHER MINISTRY EXPENSES:

PROGRAM SERVICE EXPENSES	1,158.
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MANAGEMENT AND GENERAL EXPENSES	0.
---------------------------------	----

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	1,158.
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DUES & SUBSCRIPTIONS:

PROGRAM SERVICE EXPENSES	784.
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MANAGEMENT AND GENERAL EXPENSES	25.
---------------------------------	-----

FUNDRAISING EXPENSES	11.
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TOTAL EXPENSES	820.
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DONATIONS:

PROGRAM SERVICE EXPENSES	650.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	650.
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BUSINESS MEALS:

PROGRAM SERVICE EXPENSES	0.
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Name of the organization PROJECT MEXICO OF THE ORTHODOX CHURCH	Employer identification number 33-0521448
---	--

MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	132.
TOTAL EXPENSES	132.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	190,952.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

BOOK TO TAX DEPRECIATION DIFFERENCE	1,687.
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**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.

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

OMB No. 1545-0047

2014

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) 2014

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		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		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.

	Yes	No
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?		
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)			

2014 DEPRECIATION AND AMORTIZATION REPORT

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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 (DEPT 10) #11100														
1	LAND	12/31/94	L				350,006.				350,006.			0.	
60	LAND	01/08/02	L				255,000.				255,000.			0.	
	* 990 PAGE 10 TOTAL - LAND (DEPT 10) #11100						605,006.				605,006.	0.		0.	0.
	LAND IMPROV (DEPT 11) #11150														
43	WATER & IRRIGATION	12/31/01	SL	20.00		16	427.				427.	295.		21.	316.
44	STREET LIGHTS & ELECTRICITY TO SITE	07/01/01	SL	20.00		16	643.				643.	438.		32.	470.
47	HILLSIDE STABILIZATION	07/01/01	SL	20.00		16	2,332.				2,332.	1,637.		117.	1,754.
61	WATER & IRRIGATION	12/31/01	SL	20.00		16	137.				137.	77.		7.	84.
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.
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.	4,502.		0.	4,502.
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.
105	LANDSCAPING	12/31/05	SL	10.00		16	122.				122.	102.		12.	114.
107	HILLSIDE STABILIZATION	12/31/05	SL	10.00		16	15,706.				15,706.	13,353.		1,571.	14,924.

428111 05-01-14

(D) - Asset disposed

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

2014 DEPRECIATION AND AMORTIZATION REPORT

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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
108	VOLLEYBALL COURT	12/31/05	SL	10.00		16	769.				769.	654.		77.	731.
112	PERIMETER WALL	12/31/05	SL	10.00		16	61,731.				61,731.	52,471.		6,173.	58,644.
127	PERIMETER WALL	12/31/06	SL	39.00	MM	16	54,695.				54,695.	9,931.		1,402.	11,333.
138	HILLSIDE STABILIZATION	12/31/06	SL	15.00		16	3,516.				3,516.	1,658.		234.	1,892.
139	LANDSCAPING - SOCCER HILL	12/31/06	SL	15.00		16	5,583.				5,583.	2,635.		372.	3,007.
140	LANDSCAPING	12/31/06	SL	15.00		16	592.				592.	276.		39.	315.
144	LANDSCAPING - SOCCER HILL	12/31/07	SL	15.00		16	1,092.				1,092.	438.		73.	511.
154	LEVEL FILL ON 2ND LAND	06/19/07	SL	15.00		16	1,887.				1,887.	819.		126.	945.
158	PERIMETER WALL	12/31/07	SL	39.00	MM	16	1,120.				1,120.	174.		29.	203.
1250	LEVEL FILL ON 2ND LAND	02/18/08	SL	15.00		16	7,824.				7,824.	3,045.		522.	3,567.
1264	PERIMETER WALL PHASE II	12/31/08	SL	10.00		16	1,087.				1,087.	545.		109.	654.
1265	HILLSIDE STABILIZATION	01/01/08	SL	10.00		16	521.				521.	312.		52.	364.
1270	VIZIO SA DE CV	06/16/09	SL	15.00		16	775.				775.	234.		52.	286.
1271	HILLSIDE STABILIZATION	12/31/09	SL	15.00		16	1,983.				1,983.	528.		132.	660.
1272	PERIMETER WALL	12/31/09	SL	15.00		16	12,061.				12,061.	3,216.		804.	4,020.
1295	CEMEX CONCRETE	04/11/13	SL	15.00		16	9,600.				9,600.	480.		640.	1,120.
1299	COURTYARD	05/07/13	SL	40.00		16	5,996.				5,996.	100.		150.	250.
2010	STEEL ENTRANCE GATES	01/07/14	SL	10.00		16	10,000.				10,000.			1,000.	1,000.

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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
2025	WALL IMPROVEMENT	09/22/14	SL	15.00		16	1,418.				1,418.			24.	24.
	* 990 PAGE 10 TOTAL - LAND IMPROV (DEPT 11) #11150						217,731.				217,731.	109,532.		13,770.	123,302.
	BUILDINGS (DEPT 12) #11200														
21	LEARNING CENTER	07/01/99	SL	34.00		16	38,373.				38,373.	16,370.		1,129.	17,499.
22	BUILDINGS	07/01/99	SL	34.00		16	2,725.				2,725.	1,160.		80.	1,240.
31	LEARNING CENTER	12/31/00	SL	34.00		16	42,517.				42,517.	16,263.		1,251.	17,514.
32	BUILDINGS	12/31/00	SL	34.00		16	51,382.				51,382.	19,643.		1,511.	21,154.
46	LEARNING CENTER	10/01/01	SL	40.00		16	1,852.				1,852.	737.		46.	783.
49	CLERGY ROOF	07/01/01	SL	20.00		16	2,307.				2,307.	1,611.		115.	1,726.
62	LEARNING CENTER	12/31/02	SL	40.00		16	396.				396.	110.		10.	120.
64	BUILDINGS	12/31/02	SL	40.00		16	4,290.				4,290.	1,886.		107.	1,993.
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.	187.		22.	209.
113	TL HOUSING	12/31/05	SL	10.00		16	3,879.				3,879.	3,298.		388.	3,686.
155	TL HOUSING #1	01/01/07	SL	10.00		16	82,567.				82,567.	57,799.		8,257.	66,056.
156	TL HOUSING #2	01/01/07	SL	10.00		16	66,219.				66,219.	46,354.		6,622.	52,976.

428111
05-01-14

(D) - Asset disposed

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

2014 DEPRECIATION AND AMORTIZATION REPORT

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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
157	CISTERN	12/31/07	SL	10.00		16	55,664.				55,664.	33,396.		5,566.	38,962.
159	CL HOUSING	12/31/07	SL	10.00		16	95,217.				95,217.	57,132.		9,522.	66,654.
160	FOSA	12/31/07	SL	10.00		16	21,953.				21,953.	13,170.		2,195.	15,365.
161	TL HOUSING	12/31/07	SL	10.00		16	24,523.				24,523.	14,712.		2,452.	17,164.
1262	TL HOUSING	12/31/08	SL	10.00		16	2,252.				2,252.	1,125.		225.	1,350.
1263	CL HOUSING	12/31/08	SL	10.00		16	6,161.				6,161.	3,080.		616.	3,696.
1283	PAVILION-CRAM CONSTRUCCIONES	12/10/10	SL	20.00		16	10,750.				10,750.	1,659.		538.	2,197.
1285	ADDITION TO PAVILION	12/31/11	SL	20.00		16	50,874.				50,874.	5,088.		2,544.	7,632.
	* 990 PAGE 10 TOTAL - BUILDINGS (DEPT 12) #11200 INFRASTRUCTURE (DEPT 13) #11300						587,984.				587,984.	318,645.		43,196.	361,841.
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.
45	ADDL UTILITIES TO SITE	07/01/01	SL	20.00		16	234.				234.	167.		12.	179.
70	ADDL UTILITIES TO SITE	12/31/03	SL	20.00		16	3,691.				3,691.	2,035.		185.	2,220.
80	UTILITIES TO SITE	12/31/04	SL	10.00		16	9,406.				9,406.	8,940.		466.	9,406.
102	OUTDOOR LIGHTS	05/11/05	SL	10.00		16	1,835.				1,835.	1,563.		184.	1,747.
103	ELECTRICITY	12/31/05	SL	13.86		16	28.				28.	17.		2.	19.
104	WATER SYSTEM	12/31/05	SL	3.46		16	3,528.				3,528.	3,528.		0.	3,528.

428111
05-01-14

(D) - Asset disposed

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

2014 DEPRECIATION AND AMORTIZATION REPORT

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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
114	WATER SYSTEM	12/31/05	SL	10.00		16	3,119.				3,119.	2,652.		312.	2,964.
128	WATER SYSTEM	12/31/06	SL	39.00	MM	16	1,252.				1,252.	227.		32.	259.
135	PRESSURE PUMP	12/31/06	SL	15.00		16	311.				311.	149.		21.	170.
136	(D)EQUIPMENT RENTAL	12/31/06	SL	15.00		16	271.				271.	128.		18.	
137	WATER SYSTEM	12/31/06	SL	15.00		16	1,479.				1,479.	701.		99.	800.
143	ELECTRICITY	12/31/07	SL	20.00		16	2,552.				2,552.	768.		128.	896.
1257	BRITEC ELECTRIC SUPPLY	04/11/08	SL	5.00		16	446.				446.	446.		0.	446.
1258	LIGHTING	04/16/08	SL	10.00		16	81.				81.	45.		8.	53.
1259	OBT LIGHTS	12/31/08	SL	10.00		16	469.				469.	235.		47.	282.
1267	GUS ELECTRICAL	12/31/09	SL	15.00		16	630.				630.	168.		42.	210.
1268	GUS GENERATOR	12/31/09	SL	15.00		16	9,319.				9,319.	2,484.		621.	3,105.
1269	GUS GENERAL	12/31/09	SL	15.00		16	6,538.				6,538.	1,744.		436.	2,180.
1276	UTILITIES-ONE SOURCE DISTRIBUTORS	01/05/10	SL	15.00		16	1,902.				1,902.	508.		127.	635.
1277	SOLAR-DEAN GAKOS	01/28/10	SL	15.00		16	439.				439.	114.		29.	143.
1287	WATER SYSTEM	11/01/12	SL	15.00		16	1,163.				1,163.	91.		78.	169.
1293	NEW ELECTRICAL BOX	05/18/13	SL	15.00		16	701.				701.	27.		47.	74.
1294	NEW PUMP & WATER SYSTEM	11/07/13	SL	15.00		16	7,260.				7,260.	81.		484.	565.
	* 990 PAGE 10 TOTAL - INFRASTRUCTURE (DEPT 13) #11						69,133.				69,133.	39,297.		3,378.	42,529.

428111
05-01-14

(D) - Asset disposed

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

2014 DEPRECIATION AND AMORTIZATION REPORT

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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
	CONSTR IN PROG (DEPT 14) #11400														
1301	CUSTOM WINDOWS	01/30/13	SL	40.00		16	47,879.				47,879.	1,097.		1,197.	2,294.
1302	PRIEST HOUSE	12/31/13	NC	40.00		HY	127,659.				127,659.			0.	
	* 990 PAGE 10 TOTAL - CONSTR IN PROG (DEPT 14) #11400						175,538.				175,538.	1,097.		1,197.	2,294.
	EQ/FURN/FIXT (DEPT 15) #11500														
2	CEMENT MIXER	12/31/94	SL	7.00		16	3,000.				3,000.	3,000.		0.	3,000.
6	(D)FREEZER	12/31/94	SL	5.00		16	700.				700.	700.		0.	
14	MOBILE HOME (DOUBLE WIDE)	02/15/97	SL	5.00		16	14,847.				14,847.	14,847.		0.	14,847.
15	(D)MOBILE HOME	06/15/97	SL	5.00		16	4,000.				4,000.	4,000.		0.	
19	FREEZERS (2)	01/01/98	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
26	PHONE SYSTEM	07/01/99	SL	5.00		16	3,941.				3,941.	3,941.		0.	3,941.
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.
39	TRACTOR	09/01/97	SL	7.00		16	12,960.				12,960.	12,960.		0.	12,960.
41	TELEPHONE SYSTEM	12/31/00	SL	5.00		MC16	993.				993.	993.		0.	993.
54	(D)VIDEO CAMERA & EQUIP	06/30/01	200DB	7.00		MC17	1,143.				1,143.	1,143.		0.	
55	TELEPHONE SYSTEM EQUIP	04/17/01	200DB	5.00		MC17	129.				129.	127.		0.	127.
57	CLOSETS	11/30/01	200DB	7.00		MC17	6,184.				6,184.	6,184.		0.	6,184.

428111
05-01-14

(D) - Asset disposed

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

2014 DEPRECIATION AND AMORTIZATION REPORT

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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
58	CLERGY TRAILER	08/02/01	SL	20.00		16	412.				412.	293.		21.	314.
66	EQUIPMENT	07/01/02	200DB	5.00	MC	17	544.				544.	544.		0.	544.
68	CLERGY TRAILER	07/01/02	200DB	10.00	MC	17	6,979.				6,979.	6,979.		0.	6,979.
72	CLERGY TRAILER	12/31/03	SL	10.00	MC	17	169.				169.	169.		0.	169.
95	TRACTOR	05/18/04	SL	5.00		16	943.				943.	930.		0.	930.
97	(D)VERIZON WIRELESS	04/21/04	SL	5.00		16	822.				822.	793.		0.	
111	PADRE'S TRAILER	12/31/05	SL	10.00		16	470.				470.	399.		47.	446.
117	SECURITY EQUIPMENT	12/31/05	SL	10.00		16	6,659.				6,659.	5,661.		666.	6,327.
119	(D)MOBILE HOME (MELINDA)	02/01/07	SL	5.00		16	3,080.				3,080.	3,080.		0.	
121	FURNITURE	12/31/05	SL	10.00		16	2,024.				2,024.	1,818.		202.	2,020.
130	TELEPHONE SYSTEM	12/31/06	SL	5.00		16	1,763.				1,763.	1,763.		0.	1,763.
132	FURNITURE	12/31/06	SL	5.00		16	150.				150.	150.		0.	150.
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.	3,827.		0.	3,827.
148	PLAYGROUND EQUIPMENT	07/30/07	SL	7.00		16	1,475.				1,475.	1,354.		121.	1,475.
149	SECURITY EQUIPMENT	04/12/07	SL	10.00		16	612.				612.	412.		61.	473.
150	2 SHIPPING CONTAINERS	01/16/07	SL	20.00		16	4,547.				4,547.	1,570.		227.	1,797.
153	CHAPEL FURNITURE	06/27/07	SL	10.00		16	1,400.				1,400.	910.		140.	1,050.

2014 DEPRECIATION AND AMORTIZATION REPORT

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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.	253.		4.	257.
1245	TELEPHONE SYSTEM	12/31/07	SL	5.00		16	245.				245.	245.		0.	245.
1256	OBT ICON STANDS	07/31/08	SL	10.00		16	553.				553.	298.		55.	353.
1260	FIRE EXTINGUISHERS	02/14/08	SL	5.00		16	564.				564.	564.		0.	564.
1261	OBT SOUND SYSTEM	07/11/08	SL	5.00		16	1,290.				1,290.	1,290.		0.	1,290.
1282	VIDEO CAMERA-N. PETRIDES	12/02/10	SL	7.00		16	707.				707.	311.		101.	412.
1288	GENERATOR	07/03/12	SL	7.00		16	1,419.				1,419.	304.		203.	507.
1296	WOOD STOVE	01/23/13	SL	40.00		16	3,148.				3,148.	72.		79.	151.
1306	MILWAUKEE M18 FUEL DRILL SETS (3)	07/18/13	SL	7.00		16	1,662.				1,662.	99.		237.	336.
1307	ZOLL AED PLUS PKG	05/08/13	SL	7.00		16	1,699.				1,699.	162.		243.	405.
1308	BOSCH DRILL SET	06/04/13	SL	7.00		16	175.				175.	15.		25.	40.
1311	NIGHTSTANDS, BOOKSHELVES	01/31/13	SL	7.00		16	1,345.				1,345.	176.		192.	368.
1312	75 NEW CHAIRS	09/30/13	SL	7.00		16	1,125.				1,125.	40.		161.	201.
1313	6 NEW SOFAS	12/06/12	SL	7.00		16	1,680.				1,680.	260.		240.	500.
1318	CHAPEL SHELVING	05/07/12	SL	7.00		16	4,000.				4,000.	571.		571.	1,142.
1319	HOSPITAL COMMUNION SET	12/06/12	SL	7.00		16	1,010.				1,010.	144.		144.	288.
1320	WHITE AND GOLD VESTMENTS FURNITURE (2 BEDS, 7 DRESSERS)	12/28/12	SL	7.00		16	1,000.				1,000.	143.		143.	286.
2011		01/07/14	SL	7.00		16	950.				950.			136.	136.

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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
2012	VERIZON WIRELESS PHONES	01/29/14	SL	3.00		16	782.				782.			239.	239.
2013	3 DESKS	03/31/14	SL	7.00		16	1,201.				1,201.			129.	129.
2014	WEIGHT SET	05/31/14	SL	10.00		16	824.				824.			48.	48.
2015	2 COMMERCIAL OVENS (DONATED)	06/17/14	SL	5.00		16	3,730.				3,730.			373.	373.
2016	HEBRON CURRICULUM	07/31/14	SL	5.00		16	710.				710.			59.	59.
2017	FURNITURE (2 BEDS, 7 DRESSERS)	08/16/14	SL	7.00		16	950.				950.			45.	45.
2018	CAMERA EQUIPMENT	12/05/14	SL	5.00		16	2,768.				2,768.			46.	46.
2019	TANDEM AXLE TRAILER (7' X 14')	12/09/14	SL	7.00		16	2,800.				2,800.			33.	33.
	* 990 PAGE 10 TOTAL - EQ/FURN/FIXT (DEPT 15) #1150						127,633.				127,633.	90,760.		4,991.	86,035.
	COMPUTERS (DEPT 16) #11600														
98	(D)COMPUTERS	12/31/04	SL	5.00		16	3,006.				3,006.	3,006.		0.	
120	(D)COMPUTER	12/31/05	SL	5.00		16	4,799.				4,799.	4,799.		0.	
131	(D)COMPUTERS	12/31/06	SL	5.00		16	8,565.				8,565.	8,565.		0.	
151	(D)COPIER-WORK CENTRE 4150	02/26/07	SL	5.00		16	5,601.				5,601.	5,601.		0.	
152	COMPUTERS	12/31/07	SL	5.00		16	3,680.				3,680.	3,680.		0.	3,680.
1255	COMPUTERS	12/31/08	SL	5.00		16	1,227.				1,227.	1,227.		0.	1,227.
1275	(D)DELL COMPUTERS-OFFICE MANAGER	12/31/09	SL	5.00		16	639.				639.	512.		127.	
1279	COMPUTER-BEANSTALK COMPUTING	04/26/10	SL	5.00		16	1,085.				1,085.	796.		217.	1,013.

428111 05-01-14

(D) - Asset disposed

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

2014 DEPRECIATION AND AMORTIZATION REPORT

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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
1280	COMPUTER-DMI*DELL BUS ONLINE	05/20/10	SL	5.00		16	904.				904.	648.		181.	829.
1281	(D)COMPUTER-BEASTALK COMPUTING	11/22/10	SL	5.00		16	544.				544.	336.		109.	
1292	12 NEW COMPUTERS W/ED DISC	11/28/12	SL	5.00		16	6,177.				6,177.	1,338.		1,235.	2,573.
1309	REFURBISHED DELLS FOR OFFICE	04/02/13	SL	5.00		16	340.				340.	51.		68.	119.
1310	BACK UP BATTERY	04/18/13	SL	5.00		16	264.				264.	35.		53.	88.
2020	MICROSOFT SURFACE	01/31/14	SL	5.00		16	500.				500.			92.	92.
2021	DOCUMENT CAMERA SYSTEM	11/25/14	SL	5.00		16	975.				975.			16.	16.
	* 990 PAGE 10 TOTAL - COMPUTERS (DEPT 16) #11600						38,306.				38,306.	30,594.		2,098.	9,637.
	VEHICLES (DEPT 17) #11700														
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.
146	2007 TOYOTA HIACE	04/01/07	SL	5.00		16	30,000.				30,000.	30,000.		0.	30,000.
1251	1996 HONDA CIVIC	02/14/08	SL	5.00		16	3,200.				3,200.	3,200.		0.	3,200.
1252	1998 TOYOTA TERCEL	03/12/08	SL	5.00		16	3,000.				3,000.	3,000.		0.	3,000.
1253	1999 TOYOTA TACOMA	03/25/08	SL	5.00		16	11,361.				11,361.	11,361.		0.	11,361.
1254	1999 TOYOTA 4RUNNER	08/15/08	SL	5.00		16	10,000.				10,000.	10,000.		0.	10,000.
1278	(D)1996 TOYOTA 4RUNNER	04/08/10	SL	5.00		16	4,700.				4,700.	3,525.		940.	
1284	2002 CHEV SUBURBAN	12/30/10	SL	5.00		16	8,000.				8,000.	4,800.		1,600.	6,400.

428111
05-01-14

(D) - Asset disposed

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

2014 DEPRECIATION AND AMORTIZATION REPORT

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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
1291	2007 TOYOTA SEQUOIA	07/01/12	SL	5.00		16	17,441.				17,441.	5,232.		3,488.	8,720.
1303	2007 CHEVY TRUCK	05/07/13	SL	5.00		16	10,154.				10,154.	1,354.		2,031.	3,385.
1304	1998 FORD VAN	01/01/13	SL	5.00		16	1,050.				1,050.	210.		210.	420.
1305	2006 TOYOTA TACOMA	12/30/13	SL	5.00		16	20,710.				20,710.			4,142.	4,142.
2022	1998 TOYOTA FORERUNNER	09/14/14	SL	5.00		16	10,470.				10,470.			698.	698.
2023	2003 HONDA CR-V LX 4WD	09/12/14	SL	5.00		16	4,244.				4,244.			283.	283.
	* 990 PAGE 10 TOTAL - VEHICLES (DEPT 17) #11700						138,967.				138,967.	77,319.		13,392.	86,246.
	WORKS OF ART (DEPT 18) #11800														
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 - WORKS OF ART (DEPT 18) #11800						3,000.				3,000.	0.		0.	0.
	BLDG/IMPROV (DEPT 25) #11250														
48	BOYS DORMS	10/01/01	SL	40.00		16	9,149.				9,149.	3,663.		229.	3,892.
50	OTHER BUILDING IMPROVEMENTS	07/01/01	SL	20.00		16	1,585.				1,585.	1,091.		79.	1,170.
74	MATERIAL STORAGE SHED	12/31/03	SL	10.00		16	1,699.				1,699.	1,699.		0.	1,699.
109	SPORTS SHED	12/31/05	SL	10.00		16	1,378.				1,378.	1,173.		138.	1,311.
110	KITCHEN REMODEL	12/31/05	SL	10.00		16	16,539.				16,539.	14,059.		1,654.	15,713.
126	SPORTS SHED	12/31/06	SL	20.00		16	563.				563.	196.		28.	224.

428111
05-01-14

(D) - Asset disposed

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

2014 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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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
142	SPORTS SHED	12/31/07	SL	10.00		16	562.				562.	336.		56.	392.
1289	PAVILION LIGHTING	07/03/12	SL	7.00		16	524.				524.	112.		75.	187.
1290	ORPHANAGE ROOF	07/03/12	SL	10.00		16	686.				686.	103.		69.	172.
1297	CLERGY HOUSE SHED	02/07/13	SL	40.00		16	808.				808.	19.		20.	39.
1298	BATHHOUSE PLUMBING UPGRADE	03/07/13	SL	40.00		16	2,827.				2,827.	59.		71.	130.
1300	ORPHANAGE ROOF	02/07/13	SL	40.00		16	1,720.				1,720.	39.		43.	82.
1315	EAGLE ROOFING BOYS DORM	03/28/12	SL	40.00		16	5,096.				5,096.	222.		127.	349.
2026	BATHHOUSE PLUMBING UPGRADE	03/21/14	SL	40.00		16	505.				505.			9.	9.
	* 990 PAGE 10 TOTAL - BLDG/IMPROV (DEPT 25) #11250						43,641.				43,641.	22,771.		2,598.	25,369.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,006,939.				2,006,939.	690,015.		84,620.	737,253.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. PROJECT MEXICO OF THE ORTHODOX CHURCH	Employer identification number (EIN) or 33-0521448
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 120028	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHULA VISTA, CA 91912-3128	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION
3802 MAIN STREET #6 - CHULA VISTA, CA 91911

• The books are in the care of ▶ **3802 MAIN STREET #6 - CHULA VISTA, CA 91911**
Telephone No. ▶ **619-426-4610** Fax No. ▶ **619-426-4610**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2014** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. PROJECT MEXICO OF THE ORTHODOX CHURCH	Employer identification number (EIN) or 33-0521448
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O SEEBA & ASSOCIATES INC - 1825 HAMILTON AVE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN JOSE, CA 95125	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

• The books are in the care of **3802 MAIN STREET #6 - CHULA VISTA, CA 91911**
Telephone No. **619-426-4610** Fax No. **619-426-4610**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2015.**

5 For calendar year **2014**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUESTED TO GATHER THE DATA NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **David A. Seeba** Title **CPA**

Date **8/4/15**