GARCIA ESPINOSA MIYARES RODRIGUEZ TRUEBA 2600 S. DOUGLAS ROAD, SUITE 800 CORAL GABLES, FL 33134

HOGAR DE CRISTO USA, INC. 2754 W. ATLANTIC BLVD, SUITE 8 POMPANO BEACH, FL 33069

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CLIENT'S COPY



MARCH 24, 2025

HOGAR DE CRISTO USA, INC. 2754 W. ATLANTIC BLVD, SUITE 8 POMPANO BEACH, FL 33069

HOGAR DE CRISTO USA, INC .:

ENCLOSED IS THE ORGANIZATION'S 2024 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2025.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

JARNETTE RODRIGUEZ

Filing Instructions Prepared for: Prepared by: HOGAR DE CRISTO USA, INC. GARCIA ESPINOSA MIYARES RODRIGUEZ TRU 2600 S. DOUGLAS ROAD, SUITE 800 2754 W. ATLANTIC BLVD, SUITE 8 POMPANO BEACH, FL 33069 CORAL GABLES, FL 33134 2024 FORM 990 ELECTRONIC FILING: THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2025.

Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2024, or fiscal year beginning	, 2024, and ending	, 21	0

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer HOGAR DE CRISTO USA, INC. 03-0599418 HECTOR H SAGREDO Name and title of officer or person subject to tax PRESIDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b 1,822,245. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here За Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5b Form 8868 check here 5a Form 990-T check here 6a Form 4720 check here 7a Form 5227 check here 8a b FMV of assets at end of tax year (Form 5227, Item D) 8b Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of periury. I declare that 🐰 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 99418 X | authorize GARCIA ESPINOSA MIYARES RODRIGUEZ TRUEBA to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 60400862623 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 03/24/25 ERO's signature Date

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	e 2024 calendar year, or tax year beginning and endin	ng			
B c	Check if	C Name of organization		D Employer identif	ication number	
	_Addres	HOGAR DE CRISTO USA, INC.				
	Name change	Ů		03-05994	18	
	_Initial _return _Final _return/	2754 W AMIANMIC BIND CHIME 8	n/suite	E Telephone number 954-817-5251		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,822,245.		
L	☐Amend return ☐Applic	FOMPANO BEACH, PH 33009	H(a) Is this a group return			
	tion pendir	F Name and address of principal officer: IIECION II. DAGNEDO	REAC	for subordinate		
	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		a list. See instructions	
	Vebsit			H(c) Group exemption		
			L Year c		M State of legal domicile: FL	
	art I	Summary		•		
Θ.	1	Briefly describe the organization's mission or most significant activities: NOT FOR	PR	OFIT ORGANI	ZATION TO	
Activities & Governance		FUND RAISE DONATIONS TO FINANCE SHELTERS AN	ID P	ROGRAMS FOR	THE	
ern	l .	Check this box if the organization discontinued its operations or disposed of			ssets.	
Š		Number of voting members of the governing body (Part VI, line 1a)			4	
æ	l .	Number of independent voting members of the governing body (Part VI, line 1b)			4	
ies	l .	Total number of individuals employed in calendar year 2024 (Part V, line 2a)			0	
Ξ		Total number of volunteers (estimate if necessary)			0	
٩c		Total unrelated business revenue from Part VIII, column (C), line 12				
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····			
	_	0	_	Prior Year 2,458,399.	Current Year	
Revenue		Contributions and grants (Part VIII, line 1h)		2,450,399.	1,822,245.	
		Program service revenue (Part VIII, line 2g)		0.	0.	
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.		
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,458,399.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,430,399.		
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	l .	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	•	
Expenses	l .	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 0 •			0.	
Ä		Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		15,454.	27,197.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,457,033.		
		Revenue less expenses. Subtract line 18 from line 12		1,366.		
es	13	rievenue less expenses. Oubtract line 10 from line 12		ginning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		11,984.	7,557.	
Ass J Ba	21	Total liabilities (Part X, line 26)		0.	0.	
ĘĘ.	22	Net assets or fund balances. Subtract line 21 from line 20		11,984.	7,557.	
	rt II	Signature Block				
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and s	stateme	ents, and to the best of n	ny knowledge and belief, it is	
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer	has any knowledge.		
Sigi		Signature of officer		Date		
Her	е	HECTOR H. SAGREDO, PRESIDENT				
		Type or print name and title	- 15	-1-	DTIM	
_		Preparer's name Preparer's signature		ate Check	PTIN	
Paid		JARNETTE RODRIGUEZ	0	3/24/25 if self-emplo	P01062623	
	arer		RUE	BA Firm's EIN 8	33-0696713	
Use	Only	Firm's address 2600 S. DOUGLAS ROAD, SUITE 800			OF \ FOC F440	
		CORAL GABLES, FL 33134		Phone no. (3	305) 529-5440	
May	/ the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No	

Form	990 (2024)	HO	GAR DE	CRISTO	O USA, :	INC.		(3-0599418	Page 2
		nent of Prog	ram Servi	ce Accon	nplishmen	ts				
	Check if	Schedule O cor	ntains a respo	onse or note	to any line in	this Part III				
1		e the organization								·····
				ZATION	TO FUN	D RAISE	DONATIO	NS TO F	NANCE	
							THE POOR			
		OF CHIL		1010 11	10010		1112 10011	1 201 22	111 11111	
	COONTRI	OI CIIII	<u> </u>							
	-					-	ich were not list			77
	prior Form 990	•••							Yes	X No
	If "Yes," descri	be these new s	ervices on Sc	chedule O.						
3	Did the organiz	ation cease cor	nducting, or n	nake signific	ant changes i	n how it cond	ucts, any progra	m services?	Yes	X No
	If "Yes," descri	be these chang	ges on Schedi	ule O.						
4	Describe the or	rganization's pro	ogram service	e accomplist	hments for ea	ch of its three	largest program	services, as m	easured by expense	s.
									, the total expenses,	
		, for each progra					,		,	
	(Code:) (Expenses \$	ani scrvice re	porteu.	in almalia a anno	+ f 0) (Revenue \$		
			ORCANT 7	<u>7.∆ ጥ T ∩ Nī</u>	including gran		DONATIO		NANCE SHEI	<u>'''' '' '' '</u>
							COUNTRY			
	FOR THE	POUREST	OF THE	POOR	PEOPLE	IN THE	COUNTRY	OF CHIL	1E •	
4b	(Code:) (Expenses \$			including gran	ts of \$) (Revenue \$	S)
4c	(Code:) (Expenses \$			including gran	te of \$) (Revenue \$	<u> </u>	١
-10	(Code.	_) (Expenses #			_ including grain	LS 01 \$) (Nevenue v	·	
	•									
4d	Other program	services (Descr	ribe on Sched	dule O.)	_		_			
	(Expenses \$	1,826	,672. inc	luding grants of	\$ 1	,799,47	5 •) (Revenue \$)	
4e	Total program	service expense	es	1,82	26,672.					

Form 990 (2024) HOGAR DE CRISTO USA, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,,	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
4	public office? If "Yes," complete Schedule C, Part I	3		Λ
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? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			. v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>			22
8	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441.		X
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		Α_
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	110		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.7
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Α.
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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	11.0		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ _{3,7}
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 '`
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Page 4

Form 990 (2024) HOGAR DE CRISTO USA, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			7.7
04 -	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			7.7
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	00-		X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive more than \$23,000 in norcast contributions? If Tes, complete schedule in	29		1
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			~
25 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		- 25
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00.0		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			N _a
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

HOGAR DE CRISTO USA, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	NO
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		37
3a			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		١,		Х
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Λ
D	If "Yes," enter the name of the foreign country				
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		E		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		21
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		
ua			6a		Х
h	any contributions that were not tax deductible as charitable contributions?		- Oa		
b	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
Ĭ	to file Form 8282?	•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	l	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b		
10	Section 501(c)(7) organizations. Enter:	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1 1			
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	a at			
100	amounts due or received from them.)	11b	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041?	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.		100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	nt income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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 on Schedule Q. See instructions

	Charle if Caladula O contains a want and a world to apply line in this Boat VI.			X				
<u>Sac</u>	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management							
<u> </u>	tion 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 1a	4	163	140				
	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 on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b	4						
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?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
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?	7a		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?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	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 on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		Х				
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	X					
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			l				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			<u> </u>				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done		77					
13	Did the organization have a written whistleblower policy?		Х	37				
14	Did the organization have a written document retention and destruction policy?	14		Х				
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?			37				
	The organization's CEO, Executive Director, or top management official			X				
b	Other officers or key employees of the organization	15b		Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v				
	taxable entity during the year?	16a		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	401						
800	exempt status with respect to such arrangements?	16b						
	List the states with which a copy of this Form 990 is required to be filed NONE							
17		(2) a!·	ا'جندا	able .				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))	ajs only	ı avall	aule				
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)							
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and fine	ncial					
19	statements available to the public during the tax year.	anu iiiid	ııcıdı					
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
20	HECTOR H. SAGREDO - 954-817-5251							
	2754 W ATTLANTIC BLVD SILTE 8 POMPANO BEACH EL 33069							

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization n	or any related	orga	aniza	ation	cor	npe	nsat	ed any current officer,	director, or trustee.				
(A)	(B)			(0	C)			(D)	(E)	(F)			
Name and title	Average	(do	not c	Pos	ition) than	one	Reportable	Reportable	Estimated			
	hours per	box	box, unles		lo not check more than one ox, unless person is both an ificer and a director/trustee)			is bot	h an	compensation	compensation	amount of	
	week	-)/ ii us	100)	from	from related	other			
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the			
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization			
	organizations	ruste	ll trus		ee/	mpen		1099-NEC)	10001120)	and related			
	below	dualt	utiona	_	Key employee	st co		,		organizations			
	line)	Indivi	Institutional trustee	Officer	Key e	Highest compensated employee	Former						
(1) HECTOR H SAGREDO	15.00												
PRESIDENT		1		Х				0.	0.	0.			
(2) ROBERTO E ALONSO	0.00												
DIRECTOR		1		Х				0.	0.	0.			
(3) DESIREE LIRA	0.00												
DIRECTOR				Х				0.	0.	0.			
(4) MARIA FERNANDA SOZA	0.00												
DIRECTOR				Х				0.	0.	0.			
		1											
		1											
		4											
							_						
		4											
							_						
		4											
							_						
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		-											
		<u> </u>	_	<u> </u>	-	\vdash	_						
		-											

432007 12-10-24 Form **990** (2024)

Par	t VII Section A. Officers, Directors, Trus		ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A)	(B)			•	C)			(D)	(E)			(F)
	Name and title	Average	(do	not c	Pos heck	ition	1 than	one	Reportable	Reportable		Esti	mated
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation			ount of
		week	\vdash	oci ai	iu a u	6010	Jiraus	100)	from	from related			ther
		(list any hours for	irecto						the	organization		•	ensation
		related	or d	8			sated		organization	(W-2/1099-MIS			m the
		organizations	nstee.	trust		98	ubeu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	nization related
		below	lual tr	tional		yoldı	yee	L	1033-1120)				nizations
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ome				o. ga.	
			_	 -		×	1 0	_					
			1										
							\vdash						
	Cubtotal								0.		0.		0.
10	Subtotal Total from continuation sheets to Part VI	I Coation A						••	0.		0.		0.
									0.		0.		0.
2	Total (add lines 1b and 1c) Total number of individuals (including but n									000 of reportab			
_	compensation from the organization	ot illilited to ti	1030	, 11310	Ju ai	DOV	C) WI	10 11	cocived more than proc	,,000 of reportab	10		0
	componential from the organization											1	Yes No
3	Did the organization list any former officer,	director, trust	ee, I	key e	emp	loye	e, o	r hig	ghest compensated emp	oloyee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual										3	X
4	For any individual listed on line 1a, is the su	-		-					•	the organization			
-	and related organizations greater than \$150											4	X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				-			•		,	5	x
Sec	tion B. Independent Contractors	piete ochedur	C 0 1	01 30	ucn	pers	3011						1 22
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation fro	om
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.			
	(A) Name and business	address	NI	INC	F.				(B) Description of s	services	С	(C) ompens	
					_								
								-					
_	Total number of independent and an arrival	المراب والموارد	O+ 1.	- L! -	A 4 -	41	oc "		d abaya) wha wa a thire t	nava th sir			
	Total number of independent contractors (i \$100,000 of compensation from the organic		iot II	mite	u 10	tno (0 0	stec	above) who received in	iore trian			

Form	99	90 (2	2024) HOGAR DE CRIS	STO USA,	INC.		03-0599	418 Page 9
Pai	rt \	VIII						
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Révenue excluded
nts nts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
An'		С	Fundraising events 1c					
ia i		d	Related organizations 1d					
ns, Sim			Government grants (contributions) 1e					
e Hi		f	All other contributions, gifts, grants, and	000 045				
흔히				822,245.				
i d		_	Noncash contributions included in lines 1a-1f		1,822,245.			
9 0		n	Total. Add lines 1a-1f	Business Code	1,022,243.			
a	2	a a		Busiliess Code				
<u>ک</u>	_	b.	·					
Sel		c	·					
eve		d						
Program Service Revenue		е						
P.		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3	}	Investment income (including dividends, inter-					
			other similar amounts)					
	4		Income from investment of tax-exempt bond	·				
	5	•	Royalties (i) Real	(ii) Personal				
	6			(ii) i eisonai				
	U		Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	1				
	7		Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
_		b	Less: cost or other basis					
evenue			and sales expenses					
eve			Gain or (loss)					
<u>د</u>			Net gain or (loss)					
Other	8	а	Gross income from fundraising events (not					
١			including \$ of contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b	1				
	10	a	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold 10k	-				
-		С	Net income or (loss) from sales of inventory	Business Code				
snc	11	а		Busiless Code				
nec	' '	b	·					
ella		C						
Miscellaneous Revenue			All other revenue					
_			Total. Add lines 11a-11d					

0.

Total revenue. See instructions

Form 990 (2024) HOGAR DE CRISTO USA, INC. Part IX Statement of Functional Expenses

	Check if Schodula O contains a reason	neo or noto to any lina in	this Dart IV	, ()	
D-	Check if Schedule O contains a respon	(A)	(B) I	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundráising
70,			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations		ا ا		
	and domestic governments. See Part IV, line 21	1,194.	1,194.		
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	1,798,281.	1,798,281.		
4	Benefits paid to or for members	27.3072020	2773072021		
4	The state of the s				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management			+	
	Legal				
	Accounting				
	Lobbying				
е	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	1,753.	1,753.		
13	Office expenses	5,689.	5,689.		
14	Information technology	, -	,		
15	Royalties				
16					
	Occupancy	1,036.	1,036.		
17	Travel	1,030.	1,030.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	RENT	5,200.	5,200.		
b	PROFESSIONAL FEES	3,377.	3,377.		
	MEALS	3,305.	3,305.		
c C	MARKETING CAMPAINGS	3,142.	3,142.		
d		3,695.	3,695.		
	All other expenses				^
25	Total functional expenses. Add lines 1 through 24e	1,826,672.	1,826,672.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
43201	0 12-10-24				Form 990 (2024)

Form 990 (2024)
Part X Balance Sheet

		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
		errodit ir editodalo e doritamo a toopondo di not	<u> </u>	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	,
	2	Savings and temporary cash investments			11,984.	2	7,557.
	3	Pledges and grants receivable, net			3	,,,,,,,,	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst		· · · · ·			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit	-				
	"	under section 4958(f)(1)), and persons described	•	,		6	
"	_					7	
Assets	7	Notes and loans receivable, net				8	
Ass	8	Inventories for sale or use				9	
	9	Prepaid expenses and deferred charges	 I	I		9	
	lua	Land, buildings, and equipment: cost or other	40-				
		basis. Complete Part VI of Schedule D				40-	
		Less: accumulated depreciation				10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			11,984.	15	7,557.
	16	Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses			11,304.	16	1,331.
	17			17			
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
ij		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · F		23	
	24	Unsecured notes and loans payable to unrelated		_		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines		′ '			
		of Schedule D				25	
	26			37	0.	26	0.
S		Organizations that follow FASB ASC 958, che	ck hei	re X			
õ		and complete lines 27, 28, 32, and 33.					
ala	27	Net assets without donor restrictions			11 004	27	7
ф	28	Net assets with donor restrictions			11,984.	28	7,557.
ڃ		Organizations that do not follow FASB ASC 9	58, ch	eck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq				30	
χ¥	31	Retained earnings, endowment, accumulated in			11 004	31	7
ž	32	Total net assets or fund balances			11,984.	32	7,557.
	33	Total liabilities and net assets/fund balances			11,984.	33	7,557.

4 Tak-1	Check if Schedule O contains a response or note to any line in this Part XI revenue (must equal Part VIII, column (A), line 12)					
d Takel	revenue (must equal Part VIII, column (A), line 12)					=
# T=4-1	revenue (must equal Part VIII, column (A), line 12)	1 1	_		_	
1 Total	revenue (must equal) art viii, column (A), line 12)	1			, 24	
2 Total	expenses (must equal Part IX, column (A), line 25)	2	1,		,6	
3 Rever	nue less expenses. Subtract line 2 from line 1	3			, 42	
4 Net as	ssets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		11	,98	3 4.
5 Net u	nrealized gains (losses) on investments	5				
6 Donat	ted services and use of facilities	6				
7 Invest	tment expenses	7				
	period adjustments	8				
	changes in net assets or fund balances (explain on Schedule O)	9				0.
10 Net as	ssets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
colum	nn (B))	10		7	, 55	57.
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 Accou	unting method used to prepare the Form 990: Lash X Accrual Cother					
If the	organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.				
2a Were	the organization's financial statements compiled or reviewed by an independent accountant?		<u>:</u>	2a		X
If "Ye	s," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
separ	ate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b Were	the organization's financial statements audited by an independent accountant?			2b		Х
If "Ye	s," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,			
consc	blidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
c If "Ye	s" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audi	t,			
reviev	y, or compilation of its financial statements and selection of an independent accountant?			2c		
If the	organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	O			
3a Asar	esult of a federal award, was the organization required to undergo an audit or audits as set forth in the					
Unifor	m Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b If "Yes	s," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	udit			
or auc	dits, explain why on Schedule O and describe any steps taken to undergo such audits		;	3b		

Form **990** (2024)

SCHEDULE A

(Form 990)

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

ZUZ4Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

HOGAR DE CRISTO USA, INC.

Employer identification number 03-0599418

Pa	rt I	Reason for Public	Charity Status	•	omnlete th	nie nart \ S	see instructions	3 0333110
							ee instructions.	
	orgai	nization is not a private found			•	•	11/41/21	
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in sect						
3	Ш	A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).	
7		An organization that norma	-					public described in
		section 170(b)(1)(A)(vi). (C	•		3		J	•
8		A community trust describe		(1)(A)(vi). (Complete Par	t II)			
9		An agricultural research org				ad in coni	unction with a land-grant	college
9			-			-		
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of the colleg	e or
40	X	university:						
10	Λ	An organization that norma						
		activities related to its exen		•	` '		• •	· ·
		income and unrelated busing		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)					
11	Ш	An organization organized a	and operated exclus	ively to test for public sa	ifety. See s	section 50)9(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). 0	Check the box on
	_	_lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.	
а	ıL		anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	ving
		control or management o						
		organization(s). You mus			'		J 1	•
c	. [☐ Type III functionally inte	-		in connec	tion with	and functionally integrate	ed with
		its supported organizatio					• •	od Widii,
c		Type III non-functionally						zation(s)
٠	_	that is not functionally int					• • • • •	
		•		,	•		•	iveriess
		requirement (see instruct	•	-				
e	• ∟	☐ Check this box if the orga					ı Type I, Type II, Type III	
		functionally integrated, or	• .	nally integrated support	ing organi	zation.		
f		er the number of supported of						
		vide the following information		. 	(iv) Is the orga	nization lieted	(a) Amount of monotons	(vi) Amount of other
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Organization		àbove (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Tota	al							

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							
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		·		1		
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	-			-		
<u></u>	organization, check this box and stor						<u></u>
	ction C. Computation of Publ			(A)			0/
	Public support percentage for 2024 (14	<u>%</u>
	Public support percentage from 2023					15	<u>%</u>
Ioa	33 1/3% support test - 2024. If the c	-					
h	stop here. The organization qualifies 33 1/3% support test - 2023. If the o						
D							
17~	and stop here. The organization qual 10% -facts-and-circumstances tes						
11 a							
	and if the organization meets the fact			-		•	
h	meets the facts-and-circumstances to 10% -facts-and-circumstances tes	•			•	17a and line 15 is	
ū	more, and if the organization meets the	_	•			ŕ	1070 UI
	organization meets the facts-and-circ		•		•		
18	Private foundation. If the organization						
	garnzane	on oon u		, ,	, J NING DOM C		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, i	,				
Cale	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,575,464.	2,612,445.	2,734,258.	2,458,399.	1,822,245.	12,202,811.
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						_
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,575,464.	2,612,445.	2,734,258.	2,458,399.	1,822,245.	12,202,811.
	A Amounts included on lines 1, 2, and	2,373,101.	2,012,110.	2,731,230.	2,130,333.	1,022,213.	12,202,011.
	3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the ground on line 12 for the work.						0.
	amount on line 13 for the year C Add lines 7a and 7b						0.
							12,202,811.
	Public support. (Subtract line 7c from line 6.)						12,202,011.
	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(a) 2022	(4) 2022	(a) 2024	(f) Total
	· · · · · · · · · · · · · · · · · · ·	(a) 2020 2,575,464.	(b) 2021 2,612,445.	(c) 2022 2,734,258.	(d) 2023 2,458,399.	(e) 2024 1,822,245.	(f) Total 12,202,811.
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,373,404.	2,012,445.	2,754,250.	2,430,333.	1,022,243.	12,202,011.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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.)	2,575,464.	2,612,445.	2,734,258.	2,458,399.	1,822,245.	12,202,811.
14	First 5 years. If the Form 990 is for th	e organization's fire	st, second, third, f	ourth, or fifth tax y	ear as a section 5	i01(c)(3) organizati	on,
	check this box and stop here						<u></u>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2024 (li	ne 8, column (f), di	vided by line 13, c	olumn (f))			100.00 %
16	Public support percentage from 2023	Schedule A, Part I	II, line 15			16	100.00 %
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	24 (line 10c, colum	n (f), divided by lin	e 13, column (f))		17	.00 %
18	Investment income percentage from 2	2023 Schedule A, F	Part III, line 17			18	%
	a 33 1/3% support tests - 2024. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						X
k	33 1/3% support tests - 2023. If the	organization did no	ot check a box on	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%,	
	line 18 is not more than 33 1/3%, che			•		ŭ	·····-

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
3c		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
-		
7		
8		
9a		
_		
9b		
9c		
10a		
iva		
10b		
lule A (Fori	m 990	2024

Par	t IV	Supporting Organizations (continued)			
		, comments		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
·		de detail in Part VI.	11c		
Sec		3. Type I Supporting Organizations	110		
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	direct	ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	_	ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		to the second of	<u> </u>		
2		e organization operate for the benefit of any supported organization other than the supported			
	•	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		If how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Sact		vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
000		5. Type if Supporting Organizations		V	NIa
_	14/			Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	_		
Sac		pported organization(s). D. All Type III Supporting Organizations	1		
000	LIOII L	5. All Type III Supporting Organizations		Vac	Na
_	D: 4 4F			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
_		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	•	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	J	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
800		orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
		7			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions)).		
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
•		entity (see instructions).		Vac	Na
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	0-		
		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	۵.		
_		activities but for the organization's involvement.	2b		
		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	01-		
	of its	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	·
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2024

instructions).

	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	nizations (continued	d)
Sect	ion D - Distributions	, , , , , , , , , , , , , , , , , , , ,	Current Year	
1	Amounts paid to supported organizations to accomplish ex	empt purposes	1	1
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity		2	2
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	s 3	3
4	4 Amounts paid to acquire exempt-use assets			4
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			5
6	Other distributions (describe in Part VI). See instructions.		6	6
7	Total annual distributions. Add lines 1 through 6.		7	7
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions.	8	3	
9	Distributable amount for 2024 from Section C, line 6		9	9
10	Line 8 amount divided by line 9 amount		10	0
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
а	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
е	From 2023			
f	Total of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i_	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
С	Excess from 2022			
d	Excess from 2023			
е	Excess from 2024			

Schedule A (Form 990) 2024

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

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization Employer identification number HOGAR DE CRISTO USA, 03-0599418 INC. Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______\$ _

sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990) (Rev. 12-2024)

HOGAR DE CRISTO USA, INC.

03-0599418

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	AGUSTIN HUNEEUS FOUNDATION, CA 1010 LOMBARD STREET SAN FRANCISCO, CA 94109	\$ <u>1,500,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	PATRICIA ABARCA AND LUIS MAIZ 2674 CYPRESS LANE WESTON, FL 33332	\$ <u>12,600.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NATIONAL PHILANTROPIC TRUST(CLAUDIA LARRONDO) 165 TOWNSHIP LINE RD STE 1200 JENKINTOWN, PA 19046	\$120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 JP MORGAN CHASE FOUNDATION 383 MADISON AVENUE 41 ST NEW YORK, NY 10017	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	FIDELITY CHARITABLE - ROBERTO MUNOZ PO BOX 770001 CINCINNATI, OH 45277	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4 SOF RAMIREZ AND MAT RIVERA 2721 SW 22ND AVE MIAMI, FL 33133	\$ 5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

HOGAR DE CRISTO USA, INC.

03-0599418

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE WINES OF CHILE NY 221 CENTRE ST NEW YORK, NY 10013	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	BNY MELLON TRUST OF DELAWARE - NATIONAL FINANCIAL SERVICES LLC 499 WASHINGTON BOULEVARD JERSEY CITY, NJ 07310	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

HOGAR DE CRISTO USA, INC.

03-0599418

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		, ,	

Name of organization Employer identification number 03-0599418 HOGAR DE CRISTO USA, INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. (Rev. December 2024) Attach to Form 990. Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name	of the	organization
INAIIIE	OI LITE	Organization

Employer identification number

OL	GAR DE CRISTO	USA, IN	C.		03-059941	8
Pai	rt I General Info	rmation on A	ctivities Out	tside the United States. Comple	ete if the organization answered "Y	es" on
	Form 990, Part I\	/, line 14b.				
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ants and other assistance,	
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	Yes X No
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance outs	ide the
	United States.					
3	Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)	
	(a) Region		(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
		in the region	independent	gram services, investments, grants to	·	investments
			contractors in the region	recipients located in the region)	of service(s) in the region	in the region
3 a	Subtotal	0	0			0.
b	Total from continuation					
	sheets to Part I	0	0			0.
С	Totals (add lines 3a					
	and 3h)	l n	١			0

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

Schedule F (Form 990) (Rev. 12-2024)

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL,						
			FINANCE SHELTERS	1,798,281.		0.		FMV
2 Entertated average over								

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

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.								
Part III can be duplicated if a	dditional space is neede				1		T	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see the Instructions for Form 926)	X Yes	└── No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X 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 the Instructions for Form 5471)	Yes	X 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 the Instructions for Form 8621)	Yes	X 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 the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) (Rev. 12-2024)

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
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SCHEDULE I (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization HOGAR DE	CRISTO US	A. INC.					03-0599418
Part I General Information on Grants a							
Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's propert II Grants and Other Assistance to	stance? ocedures for moni	toring the use of grant	funds in the Unite	d States.			X Yes No
recipient that received more than						,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 							

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistar
Supplemental Information. Provide the information	ion required in Part I, lin	e 2; Part III, columi	n (b); and any other a	dditional information.	

SCHEDULE O (Form 990)

(Rev. December 2024)
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 Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization HOGAR DE CRISTO USA, INC.	Employer identification number 03-0599418
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
POOREST OF THE POOR PEOPLE IN THE COUNTRY OF CHILE.	
1001201 01 1111 1001 120122 111 1111 0001(1111 01 011212)	
FORM 990, PART VI, SECTION B, LINE 11B:	
ORGANIZATION REVIEWS FORM 990 BEFORE FINAL APPROVAL AND S	TIDMTMTON
ORGANIZATION REVIEWS FORM 990 BEFORE FINAL APPROVAL AND S	OBMITION.
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE TO PUBLIC	
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECT	ORS, ETC:
HECTOR H SAGREDO - 2754 W ATLANTIC BLVD UNIT 8, POMPANO E	EACH, FL 33069
ROBERTO E ALONSO - 2627 S BAYSHORE DRIVE #2602, COCONUT G	
DESIREE LIRA - 13221 SW 95 CT, MIAMI, FL 33176	•
MARIA FERNANDA SOZA - 5 WAYLAND HILLS RD, WAYLAND, MA 017	78
	7.0