

Return of Organization Exempt From Income Tax

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

2008

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

For the 2008 calendar year, or tax year beginning , 2008, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C Name of organization HOGAR DE CRISTO USA, INC.		D Employer Identification Number 03-0599418
		Number and street (or P.O. box if mail is not delivered to street addr) Room/suite 318 INDIAN TRACE 128		E Telephone number (954) 336-9431
		City, town or country State ZIP code + 4 FORT LAUDERDALE FL 33326		G Gross receipts \$ 65,793.
F Name and address of principal officer: HECTOR SAGREDO 185 LAKEVIEW DR #204 WESTON FL 33326		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No if 'No,' attach a list. (see instructions)		
I Tax-exempt status <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input checked="" type="checkbox"/> 527		H(c) Group exemption number		
J Website: N/A		K Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other 527 Org		
		L Year of Formation: 2008		M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>NON FOR PROFIT ORGANIZATION</u> <u>COLLECT FUNDS TO FINANCE TWO SHELTERS FOR THE POOREST OF THE POOR PEOPLE IN CHILE ONE FOR ELDERLY AND ONE FOR CHILDREN IN CHILE.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 3
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 0
	5	Total number of employees (Part V, line 2a)	5 0
	6	Total number of volunteers (estimate if necessary)	6 45
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 65,793. Current Year 65,793.
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	65,793. 65,793.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,200.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25)	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	40,693. 0.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	62,893. 0.	
19	Revenue less expenses. Subtract line 18 from line 12	2,900. 65,793.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 4,670. End of Year 2,900.
	21	Total liabilities (Part X, line 26)	0. 0.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,670. 2,900.

Part II Signature Block

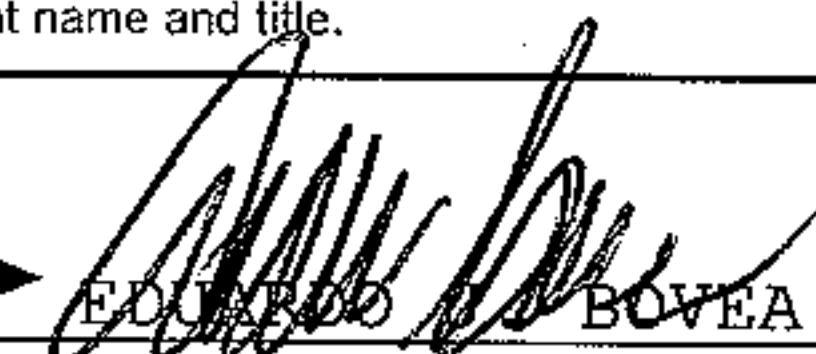
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: 03/08/09

HECTOR SAGREDO PRESIDENT
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature:  Date: 03/08/09

Firm's name (or yours if self-employed), address, and ZIP + 4: BOVEA ACCOUNTING, 821 SW 122ND AVE, MIAMI FL 33184

Check if self-employed: Preparer's identifying number (see instructions):

EIN: Phone no.: (305) 225-5229

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

NON FOR PROFIT ORGANIZATION

COLLECT FUNDS TO FINANCE TWO SHELTERS FOR THE POOREST OF THE POOR PEOPLE IN CHILE ONE FOR ELDERLY AND ONE FOR CHILDREN IN CHILE.

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

If 'Yes,' describe these new services on Schedule O.

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

If 'Yes,' describe these changes on Schedule O.

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

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

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

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

4d Other program services. (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ \$ _____ (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i>		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>		X
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If 'Yes,' complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If 'Yes,' complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? <i>If 'Yes,' complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If 'Yes,' complete Schedule L, Part I</i>		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X

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Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1 a Enter the number of voting members of the governing body		
1 b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?		X
b Each committee with authority to act on behalf of the governing body?		X
9 a Does the organization have local chapters, branches, or affiliates?		X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done		
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?		X
b Other officers of key employees of the organization?		X
Describe the process in Schedule O. (see instructions)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ _____
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ HECTOR SAGREDO 185 LAKEVIEW DR #204 WESTON FL 33326 (954) 336-9431

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a					
	b Membership dues	1 b	31,373.				
	c Fundraising events	1 c	34,420.				
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f					
	g Noncash contribns included in lns 1a-1f:	\$					
	h Total. Add lines 1a-1f			65,793.			
PROGRAM SERVICE REVENUE	2 a -----		Business Code				
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 34,420. of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a -----							
	b -----						
	c -----						
	d All other revenue			0.	0.		
	e Total. Add lines 11a-11d			0.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			65,793.		0.		

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
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 contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
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. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a -----				
b -----				
c -----				
d -----				
e -----				
f All other expenses	0.			
25 Total functional expenses. Add lines 1 through 24f	0.			
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
ASSETS	1		1	
	2	4,670.	2	2,900.
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	
	8		8	
	9		9	
	10a	10a		
	b	10b		10c
	11		11	
	12		12	
	13		13	
	14		14	
	15		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,670.	16	2,900.
LIABILITIES	17	0.	17	0.
	18	0.	18	0.
	19	0.	19	0.
	20	0.	20	0.
	21	0.	21	0.
	22	0.	22	0.
	23	0.	23	0.
	24	0.	24	0.
	25		25	
	26	Total liabilities. Add lines 17 through 25	0.	26
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27		27	
	28	4,670.	28	2,900.
	29		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30		30	
	31		31	
	32		32	
33	Total net assets or fund balances.	4,670.	33	2,900.
34	Total liabilities and net assets/fund balances.	4,670.	34	2,900.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits?		

BAA

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	NONE (total number)	(Add col. (a) through col. (c))
REVENUE	1	Gross receipts			
	2	Less: Charitable contributions			
	3	Gross revenue (line 1 minus line 2)			
DIRECT EXPENSES	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses			
	8	Direct expense summary. Add lines 4- through 7 in column (d)			
9	Net income summary. Combine lines 3 and 8 in column (d)				

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
REVENUE	1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If 'No,' Explain: ----- -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' Explain: ----- -----		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ -----

Address: ▶ -----

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.

c If 'Yes,' enter name and address:

Name: ▶ -----

Address: ▶ -----

16 Gaming manager information

Name: ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

	YES	NO
13a		
13b		
14		
15a		
16		
17a		

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2008, or fiscal year beginning _____, 2008, and ending _____

2008

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

HOGAR DE CRISTO USA, INC.

03-0599418

Name and title of officer

HECTOR SAGREDO

PRESIDENT

Part I Tax Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 1 line in Part I.

1 a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1 b	65,793.
2 a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2 b	
3 a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b	
4 a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	
5 a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2008 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.

Officer's signature _____ Date ▶ 03/08/2009

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN **65545167890**
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization 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.

ERO's signature _____ Date ▶ 03/08/2009

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

Supporting Statement of:

Form 990 p 1/Pt I, Ln 8, Prior yr

Description	Amount
INCOME FROM DINNER EVENT	34,420.
INCOME FROM MEMBERSHIPS	31,373.
Total	<u>65,793.</u>

Supporting Statement of:

Form 990 p 1/Pt I, Ln 13, Prior yr

Description	Amount
SENT TO FUNDACION HOGAR DE CRISTO CHILE	22,200.
Total	<u>22,200.</u>

Supporting Statement of:

Form 990 p 1/Pt I, Ln 17, Prior yr

Description	Amount
TRAVEL	8,359.
DINNER EXPENSES (SERVICES AND HOTEL BALL ROOM)	16,822.
LODGING	9,096.
SONIDO E ILUMINACION	2,688.
IMPRESIONES	1,160.
PER DIEM	960.
AWARDS	455.
FLOWERS	319.
WEB SIDE EXPENSES	114.
U PAY (MERCHANT ACCOUNT)	720.
Total	<u>40,693.</u>

HOGAR DE CRISTO USA
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RICARDO BOETTO

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Deposit Accounts

Business Advantage Checking

HOGAR DE CRISTO USA HECTOR H SAGREDO
RICARDO BOETTO

Your Account at a Glance

Account Number	0089 8313 1111	Statement Beginning Balance	\$4,670.20
Statement Period	01/01/08 through 01/31/08	Amount of Deposits/Credits	\$1,708.61
Number of Deposits/Credits	11	Amount of Withdrawals/Debits	\$80.78
Number of Withdrawals/Debits	5	Statement Ending Balance	\$6,298.03
Number of Deposited Items	2		
Number of Days in Cycle	31	Average Ledger Balance	\$5,345.37
		Service Charge	\$29.00

Your Business Advantage Pricing Relationship

Account Name	Account Number	Qualifying Balance (\$)	Type of Balance	Date
Business Advantage Checking	0089 8313 1111	5,298.37	Average	01-30
	Total Qualifying Balance	\$5,298.37		

Based on your combined balance of \$5,298.37, your Business Advantage account has been charged a monthly maintenance fee. You can avoid this fee in the future by maintaining \$35,000 in combined balances.

Deposits and Credits

Date Posted	Amount (\$)	Description	Bank Reference
01/02	200.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902302003268747
01/03	29.14	American Express Des:Settlement ID:4097992788 Indn:Hogar DE Cri4097992788 Co ID:1134992250 Ccd	902302005614202
01/10	80.00	BkofAmerica ATM 01/10 #000002716 Deposit Publix 583 Lakes Fort Lauderdale FL	946301100002716
01/11	18.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902311005994957
01/17	20.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902317009459234
01/18	30.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902318002081822
01/22	544.04	American Express Des:Settlement ID:4097992788 Indn:Hogar DE Cri4097992788 Co ID:1134992250 Ccd	902318003547692
01/22	250.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902322005523751
01/23	420.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902323009274498

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Business Advantage Checking

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Your Account at a Glance

Account Number	0089 8313 1111	Statement Beginning Balance	\$6,298.03
Statement Period	02/01/08 through 02/29/08	Amount of Deposits/Credits	\$1,542.04
Number of Deposits/Credits	13	Amount of Withdrawals/Debits	\$156.47
Number of Withdrawals/Debits	6	Statement Ending Balance	\$7,683.60
Number of Deposited Items	4		
Number of Days in Cycle	29	Average Ledger Balance	\$6,828.80
		Service Charge	\$29.95

Your Business Advantage Pricing Relationship

Account Name	Account Number	Qualifying Balance (\$)	Type of Balance	Date
Business Advantage Checking	0089 8313 1111	6,779.99	Average	02-28
Total Qualifying Balance		\$6,779.99		

Based on your combined balance of \$6,779.99, your Business Advantage account has been charged a monthly maintenance fee. You can avoid this fee in the future by maintaining \$35,000 in combined balances.

Deposits and Credits

Date Posted	Amount (\$)	Description	Bank Reference
02/01	25.00	BkofAmerica ATM 02/01 #000008297 Deposit Publix 583 Lakes Fort Lauderdale FL	946302010008297
02/04	200.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902335005713474
02/04	29.14	American Express Des:Settlement ID:4097992788 Indn:Hogar DE Cri4097992788 Co ID:1134992250 Ccd	902335006398289
02/05	25.00	BkofAmerica ATM 02/05 #000007358 Deposit Weston Town Cent Weston FL	946302050007358
02/08	30.00	BkofAmerica ATM 02/08 #000001096 Deposit Publix 583 Lakes Fort Lauderdale FL	946302080001096
02/13	20.00	BkofAmerica ATM 02/13 #000002414 Deposit Publix 583 Lakes Fort Lauderdale FL	946302130002414
02/19	544.04	American Express Des:Settlement ID:4097992788 Indn:Hogar DE Cri4097992788 Co ID:1134992250 Ccd	902350009202271
02/19	30.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902350008035986
02/22	200.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902353008975182
02/25	300.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902356001229218

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Your Account at a Glance

Account Number	0089 8313 1111	Statement Beginning Balance	\$7,683.60
Statement Period	03/01/08 through 03/31/08	Amount of Deposits/Credits	\$4,467.04
Number of Deposits/Credits	20	Amount of Withdrawals/Debits	\$8,191.38
Number of Withdrawals/Debits	10	Statement Ending Balance	\$3,959.26
Number of Deposited Items	7		
Number of Days in Cycle	31	Average Ledger Balance	\$1,993.04
		Service Charge	\$29.95

Your Business Advantage Pricing Relationship

Account Name	Account Number	Qualifying Balance (\$)	Type of Balance	Date
Business Advantage Checking	0089 8313 1111	1,638.04	Average	03-28
Total Qualifying Balance		\$1,638.04		

Based on your combined balance of \$1,638.04, your Business Advantage account has been charged a monthly maintenance fee. You can avoid this fee in the future by maintaining \$35,000 in combined balances.

Deposits and Credits

Date Posted	Amount (\$)	Description	Bank Reference
03/03	200.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902363011235161
03/03	29.14	American Express Des:Settlement ID:4097992788 Indn:Hogar DE Cri4097992788 Co ID:1134992250 Ccd	902363009598226
03/06	20.00	BkofAmerica ATM 03/06 #000008126 Deposit Publix 583 Lakes Fort Lauderdale FL	946303060008126
03/11	30.00	BkofAmerica ATM 03/11 #000009517 Deposit Publix 583 Lakes Fort Lauderdale FL	946303110009517
03/13	48.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902373005860100
03/14	500.00	BkofAmerica ATM 03/14 #000001372 Deposit Publix 583 Lakes Fort Lauderdale FL	946303140001372
03/17	192.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902377001894691
03/17	144.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902377002973246
03/18	30.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902378006053832

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Your Account at a Glance

Account Number	0089 8313 1111	Statement Beginning Balance	\$3,959.26
Statement Period	04/01/08 through 04/30/08	Amount of Deposits/Credits	\$12,703.95
Number of Deposits/Credits	25	Amount of Withdrawals/Debits	\$95.10
Number of Withdrawals/Debits	7	Statement Ending Balance	\$16,568.11
Number of Deposited Items	23		
Number of Days in Cycle	30	Average Ledger Balance	\$11,195.61
		Service Charge	\$29.95

Your Business Advantage Pricing Relationship

Account Name	Account Number	Qualifying Balance (\$)	Type of Balance	Date
Business Advantage Checking	0089 8313 1111	10,774.32	Average	04-29
Total Qualifying Balance		\$10,774.32		

Based on your combined balance of \$10,774.32, your Business Advantage account has been charged a monthly maintenance fee. You can avoid this fee in the future by maintaining \$35,000 in combined balances.

Deposits and Credits

Date Posted	Amount (\$)	Description	Bank Reference
04/01	1,482.00	BkofAmerica ATM 04/01 #000006449 Deposit Publix 583 Lakes Fort Lauderdale FL	946304010006449
04/02	466.32	American Express Des:Settlement ID:4097992788 Indn:Hogar DE Cri4097992788 Co ID:1134992250 Ccd	902392008937709
04/02	200.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902393000154471
04/04	671.06	BkofAmerica ATM 04/04 #000007314 Deposit Publix 583 Lakes Fort Lauderdale FL	946304040007314
04/04	29.14	American Express Des:Settlement ID:4097992788 Indn:Hogar DE Cri4097992788 Co ID:1134992250 Ccd	902394006401950
04/09	788.00	BkofAmerica ATM 04/09 #000008634 Deposit Publix 583 Lakes Fort Lauderdale FL	946304090008634
04/10	30.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902301009180260
04/11	144.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902302002369617
04/14	144.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902305006141350
04/15	3,980.00	BkofAmerica ATM 04/15 #000001101 Deposit Publix 583 Lakes Fort Lauderdale FL	946304150001101

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Your Account at a Glance

Account Number	0089 8313 1111	Statement Beginning Balance	\$16,568.11
Statement Period	05/01/08 through 05/31/08	Amount of Deposits/Credits	\$22,299.12
Number of Deposits/Credits	30	Amount of Withdrawals/Debits	\$8,453.64
Number of Withdrawals/Debits	29	Statement Ending Balance	\$30,413.59
Number of Deposited Items	48		
		Average Ledger Balance	\$23,850.35
Number of Days in Cycle	31	Service Charge	\$0.00

Your Business Advantage Pricing Relationship

Account Name	Account Number	Qualifying Balance (\$)	Type of Balance	Date
Business Advantage Checking	0089 8313 1111	23,170.06	Average	05-29
	Total Qualifying Balance	\$23,170.06		

Thank you for banking with us. With the balances in your accounts, there is no monthly maintenance fee for your Business Advantage account this month.

Deposits and Credits

Date Posted	Amount (\$)	Description	Bank Reference
05/01	216.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902322007596390
05/02	1,772.00	BkofAmerica ATM 05/02 #000005709 Deposit Publix 583 Lakes Fort Lauderdale FL	946305020005709
05/05	2,260.00	BkofAmerica ATM 05/05 #000007049 Deposit Publix 583 Lakes Fort Lauderdale FL	946305050007049
05/05	60.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902326006110021
05/05	29.14	American Express Des:Settlement ID:4097992788 Indn:Hogar DE Cri4097992788 Co ID:1134992250 Ccd	902326005303708
05/06	800.00	BkofAmerica ATM 05/06 #000006683 Deposit Publix 583 Lakes Fort Lauderdale FL	946305060006683
05/06	700.00	BkofAmerica ATM 05/06 #000006685 Deposit Publix 583 Lakes Fort Lauderdale FL	946305060006685
05/09	20.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902330007470749
05/12	395.00	BkofAmerica ATM 05/12 #000001640 Deposit Weston Town Cent Weston FL	946305120001640
05/13	624.00	BkofAmerica ATM 05/13 #000001962 Deposit Weston Town Cent Weston FL	946305130001962

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Your Account at a Glance

Account Number	0089 8313 1111	Statement Beginning Balance	\$30,413.59
Statement Period	06/01/08 through 06/30/08	Amount of Deposits/Credits	\$9,390.02
Number of Deposits/Credits	31	Amount of Withdrawals/Debits	\$26,292.36
Number of Withdrawals/Debits	12	Statement Ending Balance	\$13,511.25
Number of Deposited Items	26		
Number of Days in Cycle	30	Average Ledger Balance	\$12,771.24
		Service Charge	\$0.00

Your Business Advantage Pricing Relationship

Account Name	Account Number	Qualifying Balance (\$)	Type of Balance	Date
Business Advantage Checking	0089 8313 1111	13,283.09	Average	06-27
Total Qualifying Balance		\$13,283.09		

Thank you for banking with Bank of America.

Deposits and Credits

Date Posted	Amount (\$)	Description	Bank Reference
06/02	2,516.00	Counter Credit	813207250337056
06/02	2,434.00	Counter Credit	813207250337054
06/02	960.00	BkofAmerica ATM 05/30 #000002806 Deposit Publix 583 Lakes Fort Lauderdale FL	946305300002806
06/02	50.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902354006816293
06/02	48.57	American Express Des:Settlement ID:4097992788 Indn:Hogar DE Cri4097992788 Co ID:1134992250 Ccd	902354007893453
06/03	14.93	American Express Des:Settlement ID:4097992788 Indn:Hogar DE Cri4097992788 Co ID:1134992250 Ccd	902354010230341
06/04	403.41	CheckCard 0603 Sheraton Miami Mart Ho Miami FL 74323008155542923010849	929906030655064
06/04	24.64	American Express Des:Settlement ID:4097992788 Indn:Hogar DE Cri4097992788 Co ID:1134992250 Ccd	902355003663636
06/05	60.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902357007916745
06/06	239.00	BkofAmerica ATM 06/06 #000007570 Deposit Publix 583 Lakes Fort Lauderdale FL	946306060007570
06/06	140.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902358001293525

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Deposit Accounts

Business Advantage Checking

HOGAR DE CRISTO USA HECTOR H SAGREDO
RICARDO BOETTO

Your Account at a Glance

Account Number	0089 8313 1111	Statement Beginning Balance	\$13,511.25
Statement Period	07/01/08 through 07/31/08	Amount of Deposits/Credits	\$3,843.45
Number of Deposits/Credits	28	Amount of Withdrawals/Debits	\$15,612.33
Number of Withdrawals/Debits	7	Statement Ending Balance	\$1,742.37
Number of Deposited Items	13		
Number of Days in Cycle	31	Average Ledger Balance	\$7,049.98
		Service Charge	\$0.00

Your Business Advantage Pricing Relationship

Account Name	Account Number	Qualifying Balance (\$)	Type of Balance	Date
Business Advantage Checking	0089 8313 1111	7,429.63	Average	07-30
	Total Qualifying Balance	\$7,429.63		

Thank you for banking with Bank of America.

Deposits and Credits

Date Posted	Amount (\$)	Description	Bank Reference
07/01	270.00	BkofAmerica ATM 07/01 #000002681 Deposit Weston Lakes Weston FL	946307010002681
07/01	50.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902383002595786
07/03	48.57	American Express Des:Settlement ID:4097992788 Indn:Hogar DE Cri4097992788 Co ID:1134992250 Ccd	902384010345063
07/07	140.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902389005937397
07/07	60.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902389005725095

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Your Account at a Glance

Account Number	0089 8313 1111	Statement Beginning Balance	\$1,742.37
Statement Period	08/01/08 through 08/31/08	Amount of Deposits/Credits	\$1,992.38
Number of Deposits/Credits	22	Amount of Withdrawals/Debits	\$172.29
Number of Withdrawals/Debits	9	Statement Ending Balance	\$3,562.46
Number of Deposited Items	7		
Number of Days in Cycle	31	Average Ledger Balance	\$2,409.49
		Service Charge	\$0.00

Your Business Advantage Pricing Relationship

Account Name	Account Number	Qualifying Balance (\$)	Type of Balance	Date
Business Advantage Checking	0089 8313 1111	2,267.21	Average	08-28
Total Qualifying Balance		\$2,267.21		

Thank you for banking with Bank of America.

Deposits and Credits

Date Posted	Amount (\$)	Description	Bank Reference
08/04	48.57	American Express Des:Settlement ID:4097992788 Indn:Hogar DE Cri4097992788 Co ID:1134992250 Ccd	902317007861489
08/04	30.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902317008758941
08/04	23.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902317006880442
08/05	175.00	BkofAmerica ATM 08/05 #000005952 Deposit Weston Lakes Weston FL	946308050005952
08/05	60.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902318001198039
08/05	24.64	American Express Des:Settlement ID:4097992788 Indn:Hogar DE Cri4097992788 Co ID:1134992250 Ccd	902317010628641
08/06	110.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902319004189590
08/08	23.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902321010042870
08/11	20.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902324003554107
08/13	165.00	BkofAmerica ATM 08/13 #000008798 Deposit Weston Lakes Weston FL	946308130008798

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Your Account at a Glance

Account Number	0089 8313 1111	Statement Beginning Balance	\$3,562.46
Statement Period	09/01/08 through 09/30/08	Amount of Deposits/Credits	\$1,987.98
Number of Deposits/Credits	22	Amount of Withdrawals/Debits	\$283.22
Number of Withdrawals/Debits	7	Statement Ending Balance	\$5,267.22
Number of Deposited Items	5		
		Average Ledger Balance	\$4,137.19
Number of Days in Cycle	30	Service Charge	\$0.00

Your Business Advantage Pricing Relationship

Account Name	Account Number	Qualifying Balance (\$)	Type of Balance	Date
Business Advantage Checking	0089 8313 1111	4,056.78	Average	09-29
	Total Qualifying Balance	\$4,056.78		

Thank you for banking with Bank of America.

Deposits and Credits

Date Posted	Amount (\$)	Description	Bank Reference
09/02	216.00	BkofAmerica ATM 09/02 #000007203 Deposit Weston Lakes Weston FL	946309020007203
09/02	50.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902346009546745
09/02	19.43	American Express Des:Settlement ID:4097992788 Indn:Hogar DE Cri4097992788 Co ID:1134992250 Ccd	902342007443173
09/04	77.71	American Express Des:Settlement ID:4097992788 Indn:Hogar DE Cri4097992788 Co ID:1134992250 Ccd	902347006502104
09/04	30.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902348007831545
09/05	60.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902349001381361
09/08	90.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902352005310657
09/08	15.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902352005474837
09/09	55.00	BkofAmerica ATM 09/09 #000001117 Deposit Weston Lakes Weston FL	946309090001117
09/10	20.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902354000902893

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Your Account at a Glance

Account Number	0089 8313 1111	Statement Beginning Balance	\$5,267.22
Statement Period	10/01/08 through 10/31/08	Amount of Deposits/Credits	\$1,914.45
Number of Deposits/Credits	24	Amount of Withdrawals/Debits	\$6,830.83
Number of Withdrawals/Debits	11	Statement Ending Balance	\$350.84
Number of Deposited Items	5		
Number of Days in Cycle	31	Average Ledger Balance	\$5,020.42
		Service Charge	\$0.00

Your Business Advantage Pricing Relationship

Account Name	Account Number	Qualifying Balance (\$)	Type of Balance	Date
Business Advantage Checking	0089 8313 1111	5,179.01	Average	10-30
Total Qualifying Balance		\$5,179.01		

Thank you for banking with Bank of America.

Deposits and Credits

Date Posted	Amount (\$)	Description	Bank Reference
10/01	50.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902375006718651
10/02	19.43	American Express Des:Settlement ID:4097992788 Indn:Hogar DE Cri4097992788 Co ID:1134992250 Ccd	902375009818616
10/03	44.07	American Express Des:Settlement ID:4097992788 Indn:Hogar DE Cri4097992788 Co ID:1134992250 Ccd	902376003664191
10/03	10.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902377004738648
10/06	70.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902380009156140
10/06	30.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902380008984988
10/06	29.14	American Express Des:Settlement ID:4097992788 Indn:Hogar DE Cri4097992788 Co ID:1134992250 Ccd	902380008885902
10/08	205.00	BkofAmerica ATM 10/08 #000003548 Deposit Weston Lakes Weston FL	946310080003548
10/10	70.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902384000401346
10/14	20.00	BankCard ACH3 Des:Btot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902388004527828

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Your Account at a Glance

Account Number	0089 8313 1111	Statement Beginning Balance	\$2,303.87
Statement Period	12/01/08 through 12/31/08	Amount of Deposits/Credits	\$1,914.13
Number of Deposits/Credits	25	Amount of Withdrawals/Debits	\$128.77
Number of Withdrawals/Debits	8	Statement Ending Balance	\$4,089.23
Number of Deposited Items	4		
Number of Days in Cycle	31	Average Ledger Balance	\$2,899.96
		Service Charge	\$0.00

Your Business Advantage Pricing Relationship

Account Name	Account Number	Qualifying Balance (\$)	Type of Balance	Date
Business Advantage Checking	0089 8313 1111	2,809.73	Average	12-30
Total Qualifying Balance		\$2,809.73		

Thank you for banking with Bank of America.

Deposits and Credits

Date Posted	Amount (\$)	Description	Bank Reference
12/01	50.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902336000574643
12/01	50.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902336001725937
12/01	19.43	American Express Des:Settlement ID:4097992788 Indn:Hogar DE Cri4097992788 Co ID:1134992250 Ccd	902336001096615
12/03	175.00	BkofAmerica ATM 12/03 #000006971 Deposit Weston Lakes Weston FL	946312030006971
12/04	77.71	American Express Des:Settlement ID:4097992788 Indn:Hogar DE Cri4097992788 Co ID:1134992250 Ccd	902338011472096
12/04	30.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902339002487770
12/05	20.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902340005992561
12/08	40.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902343009201468
12/08	30.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902343009962866
12/10	20.00	BankCard ACH3 Des:Mtot Dep ID:518564530401025 Indn:Hogar DE Cristo USA Co ID:3592126793 Ccd	902345005315178