

Return of Organization Exempt From Income Tax

2008

Department of the Treasury
Internal Revenue Service

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

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	City, town or country State ZIP code + 4 FORT LAUDERDALE FL 33326	E Telephone number (954) 336-9431
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: 501(c) () (insert no.) 4947(a)(1) or <input checked="" type="checkbox"/> 527		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	

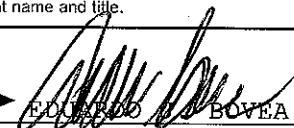
Part I Summary

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 Type or print name and title.	PRESIDENT

Paid Preparer's Use Only	Preparer's signature: 	Date: 03/08/09	Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4: BOVEA ACCOUNTING 821 SW 122ND AVE MIAMI FL 33184	EIN:	Phone no.: (305) 225-5229	

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