



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



# 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)

OMB No. 1545-0047

**2008**

Open to Public Inspection

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

**A** For the 2008 calendar year, or tax year beginning **OCT 1, 2008** and ending **SEP 30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. <b>C</b> Name of organization <b>REGIS HOUSE, INC.</b> Doing Business As	<b>D</b> Employer identification number 59-2446131 5902446131
	See Specific Instructions Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2010 N.W. 7TH STREET</b>	<b>E</b> Telephone number (305) 64207600
	City or town, state or country, and ZIP + 4 <b>MIAMI, FL 33125</b>	<b>G</b> Gross receipts \$ <b>1,245,797.</b>
	<b>F</b> Name and address of principal officer: <b>REV. FRANCISCO PEREZOLER</b> <b>12725 SW 6TH STREET, MIAMI, FL 33184</b>	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.REGISHOUSEORG</b>		
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1984</b> <b>M</b> State of legal domicile: <b>FL</b>

03  
 CANNED JAN 13 2010  
 Process as orgone

Part I Summary		Prior Year	Current Year
<b>1</b> Briefly describe the organization's mission or most significant activities. <b>THE AGENCY'S MISSION IS TO IMPROVE LIVES FOR A HEALTHY COMMUNITY THROUGH FAMILY SUPPORT, MENTAL</b>			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3		6
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4		6
<b>5</b> Total number of employees (Part V, line 2a)	5		32
<b>6</b> Total number of volunteers (estimate if necessary)	6		0
<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a		0.
<b>b</b> Net unrelated business taxable income from Form 990, line 34	7b		0.
<b>8</b> Contributions and grants (Part VIII, line 1h)		1,231,837.	1,245,683.
<b>9</b> Program service revenue (Part VIII, line 2g)		86,465.	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		528.	114.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		33,125.	
<b>12</b> Total revenue (add lines 8 through 11 (must equal Part VIII, column (A), line 12))		1,351,955.	1,245,797.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1a)			
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5a)		719,657.	843,237.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)			
<b>17</b> Other expenses (Part IX, column (A), lines 11a, 11d, 11f, 14f)		707,474.	542,998.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,427,131.	1,386,235.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		<75,176.>	<140,438.>
<b>20</b> Total assets (Part X, line 16)		Beginning of Year 431,812.	End of Year 355,155.
<b>21</b> Total liabilities (Part X, line 26)		276,379.	340,954.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		155,433.	14,201.

**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: Manuel Fraga, Jr. Date: 12/14/2010  
 Type or print name and title: Manuel Fraga, Jr. CEO

**Paid Preparer's Use Only**  
 Preparer's signature: [Signature] Date: 12/07/10 Check if self-employed   
 Preparer's identifying number (see instructions):  
 Firm's name (or your name if self-employed), address, and ZIP + 4: SHAWN W. TOLLEY, C.P.A., P.A.  
9350 S DIXIE HWY, PENTHOUSE V  
MIAMI, FL 33156  
 EIN: [Blank] Phone no.: (305) 67001001

P 23

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

THE AGENCY'S MISSION IS TO IMPROVE LIVES FOR A HEALTHY COMMUNITY THROUGH FAMILY SUPPORT, MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990EZ? 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 \$ 21,681. including grants of \$ ) (Revenue \$ )

DAY TREATMENT PROGRAM & SUPPORT ADULT SERVICES (S.A.S) IS AN INTENSIVE TREATMENT PROGRAM OFFERED TO ADULTS AND GERIATRIC POPULATION TO ADDRESS CHRONIC MENTAL ILLNESS THROUGH A COMPREHENSIVE PROGRAM.

4b (Code: ) (Expenses \$ 659,086. including grants of \$ ) (Revenue \$ )

PREVENTION PROGRAMS & POSITIVE OPTION PROGRAM: MELROSE WORKING FAMILY CENTER; SKILLS TRAINING PROGRAM, SERVICE LEADERSHIP AND RESILIENCY PROGRAM; ADOLESCENT & FAMILY CENTER; TOO GOOD FOR DRUGS & VIOLENCE AFTER SCHOOL.

4c (Code: ) (Expenses \$ 382,493. including grants of \$ ) (Revenue \$ )

OUTPATIENT PROGRAMS & FAMILY EMPOWERMENT & THERAPY PROGRAM. FAMILY EMPOWERMENT TARGETS ADOLESCENTS AND THEIR FAMILIES WHO ARE REFERRED BY LOCAL JUVENILE JUSTICE PROGRAMS TO PARTICIPATE AS A RESULT OF A FIRST TIME LAW OFFENCE.

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

(Expenses \$ 112,417. including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 1,175,677. (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>		X
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 as 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, 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>		X
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>		X
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

Form 990 (2008)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> 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>	<b>28a</b>	X
<b>b</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>	<b>28b</b>	X
<b>c</b> 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>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>	X
<b>32</b> 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>	<b>32</b>	X
<b>33</b> 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>	<b>33</b>	X
<b>34</b> 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>	<b>34</b>	X
<b>35</b> 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>	<b>35</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>36</b>	X
<b>37</b> 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>	<b>37</b>	X

Form 990 (2008)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1099, Annual Summary and Transmittal of U.S. Information Returns. Enter <del>00</del> not applicable	0	
1b	Enter the number of Forms W <del>9</del> G included in line 1a. Enter <del>00</del> not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W <del>2</del> , Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	32	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990 <del>0</del> for this year? If "No," provide an explanation in Schedule O		
4a	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
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90 <del>2</del> .1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886 <del>0</del> , Disclosure by Tax <del>e</del> xempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098 <del>0</del> as required?		X
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	<b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non<del>e</del>xempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax <del>e</del> xempt interest received or accrued during the year <b>N/A</b>		

**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 207b 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
1a	Enter the number of voting members of the governing body		
1b	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
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	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:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	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
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		X
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	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:		
15a	The organization's CEO, Executive Director, or top management official?		X
15b	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," 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. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990e (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: **MIGUEL VELASQUEZ @ (305)64207600**  
**2010 NW 7 STREET, MIAMI, FL 33125**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter 00 in columns (D), (E), and (F) if no compensation was paid
- 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 W2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W2/1099-MISC)	(E) Reportable compensation from related organizations (W2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
REV. FRANCISCO PEREZOLER PRESIDENT/CHAIRMAN	2.00	X					0.	0.	0.	
MARCO ANTONIO SUAREZOBUR SECRETARY	2.00	X					0.	0.	0.	
REV. GUILLERMO GARCIAOTU MEMBER	2.00	X					0.	0.	0.	
REV. SEAN O'SULLIVIAN MEMBER	2.00	X					0.	0.	0.	
ANTONIO MORENO DE AYALA MEMBER	2.00	X					0.	0.	0.	
JORGE FERNANDEZOCEBALLOS MEMBER	2.00	X					0.	0.	0.	
MANUEL FRAGA, JR. CHIEF EXECUTIVE OFFICER	40.00			X			65,000.	0.	0.	



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	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	901,536.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	344,147.			
	g Noncash contributions included in lines 1a-f \$					
	<b>h Total. Add lines 1a-f</b>		<b>1,245,683.</b>			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
<b>g Total. Add lines 2a-f</b>						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		114.	114.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(i) 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				
		(i) 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 \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less. cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-d						
<b>12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e</b>			<b>1,245,797.</b>	<b>114.</b>	<b>0.</b>	<b>0.</b>

**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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the 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	65,000.	65,000.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	778,237.	684,366.	93,871.	
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 Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology	18,780.	14,977.	3,803.	
15 Royalties				
16 Occupancy	165,110.	164,524.	586.	
17 Travel	659.	659.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	13,963.		13,963.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,574.		23,574.	
23 Insurance	24,592.	13,071.	11,521.	
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>CONTRACT SERVICES 0 PER</b>	75,481.	69,671.	5,810.	
b <b>FOOD &amp; BEVERAGES</b>	48,572.	48,239.	333.	
c <b>PROFESSIONAL FEES</b>	43,585.	20,967.	22,618.	
d <b>UTILITIES &amp; SERVICES</b>	29,193.	22,127.	7,066.	
e <b>REPAIRS &amp; MAINTENANCE</b>	19,021.	13,077.	5,944.	
f All other expenses	80,468.	58,999.	21,469.	
25 <b>Total functional expenses.</b> Add lines 1 through 24f	1,386,235.	1,175,677.	210,558.	0.
26 <b>Joint Costs.</b> 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) Beginning of year		(B) End of year
Assets	1 Cash (non-interest-bearing)	33,874.	1	2,271.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	145,539.	4	94,436.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	10a 563,412.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 341,526.	243,410.	10c 221,886.
	11 Investments (publicly traded securities)		11	
	12 Investments (other securities. See Part IV, line 11)		12	29,018.
	13 Investments (program-related. See Part IV, line 11)		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	8,989.	15	7,544.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	431,812.	16	355,155.	
Liabilities	17 Accounts payable and accrued expenses	67,133.	17	31,071.
	18 Grants payable		18	
	19 Deferred revenue	5,093.	19	<2,870.>
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	174,153.	23	155,115.
	24 Unsecured notes and loans payable	30,000.	24	68,999.
	25 Other liabilities. Complete Part X of Schedule D	0.	25	88,639.
	26 <b>Total liabilities.</b> Add lines 17 through 25	276,379.	26	340,954.
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 Unrestricted net assets	155,433.	27	14,201.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 <b>Total net assets or fund balances</b>	155,433.	33	14,201.	
34 <b>Total liabilities and net assets/fund balances</b>	431,812.	34	355,155.	

**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
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 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
b If "Yes," did the organization undergo the required audit or audits?		



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	713,515.	961,374.	1038841.	963,783.	901,536.	4579049.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	713,515.	961,374.	1038841.	963,783.	901,536.	4579049.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						4579049.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	713,515.	961,374.	1038841.	963,783.	901,536.	4579049.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,954.	9,616.	6,985.	528.	114.	24,197.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)			1,838.	12,828.	2,526.	17,192.
11 Total support. Add lines 7 through 10						4620438.
12 Gross receipts from related activities, etc. (see instructions)					12	1,728,035.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.10	%
15 Public support percentage from 2007 Schedule A, Part IV, line 26f	15		%
16a 33 1/3% support test 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% facts and circumstances test 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% facts and circumstances test 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV, line 27g	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV, line 27h	18	%

19a **33 1/3% support tests 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

**2008**

Open to Public Inspection

Name of the organization

**REGIS HOUSE, INC.**

Employer identification number

**5902446131**

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

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

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

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

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

Protection of natural habitat       Preservation of certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2008

832051  
12/23/08

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV

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

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

- 2 Provide the estimated percentage of the year end balance held as
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

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

**Part VI Investments in Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		106,994.		106,994.
b Buildings		345,800.	235,038.	110,762.
c Leasehold improvements				
d Equipment		40,414.	36,939.	3,475.
e Other		70,204.	69,549.	655.
<b>Total.</b> Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))				221,886.





SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

**REGIS HOUSE, INC.**

Employer identification number

**5902446131**

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**HEALTH AND SUBSTANCE ABUSE SERVICES.**

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

**DEVELOPMENT AND OUTREACH TO PROVIDE INTENSIVE HEALTH OUTREACH SERVICES IN UNDERSERVED COMMUNITIES AS A MEANS OF HELPING UNINSURED INDIVIDUALS GAIN ACCESS TO HEALTHCARE AND DETERMINE ELIGIBILITY FOR LOW COAST HEALTH CARE.**

**EXPENSES \$ 112417. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**FORM 990, PART VI, SECTION A, LINE 10: PROVIDED UPON REQUEST.**

**FORM 990, PART VI, SECTION C, LINE 19: PROVIDE UPON REQUEST.**

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
56	BUILDINGS 2010 NW 7TH STREET, MIAMI	022591SL		20.0016		108,679.			108,679.	95,548.		5,434.
59	ALARM	050791SL		20.0016		930.			930.	813.		47.
60	IRON BARS	041991SL		20.0016		400.			400.	348.		20.
61	IRON BARS	033092SL		20.0016		390.			390.	325.		20.
62	IRON DOORS	112191SL		20.0016		704.			704.	591.		35.
63	IRON CAGE A/C	110891SL		20.0016		250.			250.	214.		13.
64	IRON CAGE A/C	080398SL		20.0016		650.			650.	330.		33.
65	ROOFING	022092SL		20.0016		3,660.			3,660.	3,035.		183.
66	ROOFING ELECTRICAL	080398SL		20.0016		3,515.			3,515.	1,786.		176.
67	INSTALLATION	091592SL		20.0016		6,221.			6,221.	5,002.		311.
68	CONDENSED UNITS	080398SL		20.0016		950.			950.	483.		48.
69	SANSON ELECTRICAL	090298SL		20.0016		2,000.			2,000.	1,008.		100.
70	LAMPS & SUPPLIES	031692SL		20.0016		1,837.			1,837.	1,517.		92.
71	AIR CONDITIONING	070692SL		20.0016		2,925.			2,925.	2,375.		146.
72	AIR CONDITIONING	080398SL		20.0016		2,000.			2,000.	1,017.		100.
73	A/C ENGINEERING	093098SL		20.0016		4,500.			4,500.	2,250.		225.
74	PLUMBING	033092SL		20.0016		3,020.			3,020.	2,492.		151.

832102  
04/25/08

(D) Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
75	TILES	032092SL		20.0016		5,460.			5,460.	4,505.		273.
76	DROP CEILING	031892SL		20.0016		750.			750.	622.		38.
77	WALL INSULATION	011492SL		20.0016		330.			330.	278.		16.
78	REMODELATION	032392SL		20.0016		12,690.			12,690.	10,472.		634.
79	PAINTING (INT. & EXT.)	032092SL		20.0016		5,000.			5,000.	4,125.		250.
80	VERTICALS	041492SL		20.0016		130.			130.	104.		6.
81	REMODELATION	022796SL		20.0016		8,000.			8,000.	5,033.		400.
82	REMODELING	082698SL		20.0016		3,624.			3,624.	1,826.		181.
83	PAVING OF PARKING LOT COMPLETE	040296SL		20.0016		5,340.			5,340.	3,204.		267.
84	PAVING PARKING LOT	020797SL		20.0016		2,100.			2,100.	1,227.		105.
85	BUILDING REMODELING	091399SL		20.0016		30,080.			30,080.	13,536.		1,504.
86	BUILDING REMODELING	093000SL		20.0016		44,802.			44,802.	22,400.		2,240.
87	BUILDING REMODELING BUILDING IMPROVEMENTS	093001SL		20.0016		44,657.			44,657.	17,863.		2,233.
88	DONATED	093001SL		20.0016		8,000.			8,000.	2,800.		400.
89	BUILDING REMODELING SURVEILLANCE CAMERA	093002SL		20.0016		30,556.			30,556.	10,695.		1,528.
90	SYSTEM	091009SL		20.0016		1,650.			1,650.			5.
	* 990 PAGE 10 TOTAL BUILDINGS					345,800.		0.	345,800.	217,824.	0.	17,214.
	FURNITURE & FIXTURES											

832102 04/08/08

(D) Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2008 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 10

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
24	DONATED FURNITURE	093001SL	SL	5.00	16	3,000.			3,000.	3,000.		0.
25	DONATED FURNITURE	122302SL	SL	5.00	16	600.			600.	600.		0.
26	SOUND SYSTEM * 990 PAGE 10 TOTAL FURNITURE & FIXTURES	112103SL	SL	5.00	16	650.			650.	650.		0.
	MACHINERY & EQUIPMENT					4,250.		0.	4,250.	4,250.	0.	0.
1	PROJECTOR 310	092591SL	SL	5.00	16	319.			319.	319.		0.
2	SCREEN	092591SL	SL	5.00	16	119.			119.	119.		0.
3	TV QUASAR 27"	041692SL	SL	5.00	16	478.			478.	478.		0.
4	VC SYMPHONIC	041692SL	SL	5.00	16	212.			212.	212.		0.
5	SCOPIER OMEGA 1700	050192SL	SL	5.00	16	2,556.			2,556.	2,556.		0.
6	TEXAS CALCULATOR	070392SL	SL	5.00	16	42.			42.	42.		0.
7	FILM VIDEO 1/2" (4)	093092SL	SL	5.00	16	1,096.			1,096.	1,096.		0.
8	MAILING/FOLDING/SEALING EQ.	123092SL	SL	5.00	16	1,617.			1,617.	1,617.		0.
9	AUDIOCASSETTES (20)	022493SL	SL	5.00	16	198.			198.	198.		0.
10	TELEPHONE UNITS (2)	030893SL	SL	5.00	16	616.			616.	616.		0.
11	SLUG: "NONPROFIT ORGANIZ."	042893SL	SL	5.00	16	37.			37.	37.		0.
12	SLUG: "ABILITY IN ACTION"	051093SL	SL	5.00	16	53.			53.	53.		0.
13	WATER COOLER	071495SL	SL	5.00	16	273.			273.	273.		0.

828102  
040508

(D) Asset disposed  
\* IRC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone  
19.3

2008 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 10

990

Asset No	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
14(3)	AT&T TELEPHONE UNITS	0911195SL		5.00	16	915.			915.	915.		0.
15	80M BROTHER FACSIMILE	092895SL		5.00	16	499.			499.	499.		0.
16	TYPEWRITER CANNON	101395SL		5.00	16	98.			98.	98.		0.
17	TELEPHONE SYSTEM AT&T REFRIGERATOR	121295SL		5.00	16	400.			400.	400.		0.
18	KELVINATOR	121097SL		5.00	16	519.			519.	519.		0.
19	TELEPHONE EQUIPMENT	100199SL		5.00	16	3,291.			3,291.	3,291.		0.
20	DIGITAL CAMERA	121100SL		5.00	16	300.			300.	300.		0.
21	INTEGRATED VOICE MAIL SYSTEM	041107SL		5.00	16	1,650.			1,650.	330.		330.
22	BINDING MACHINE	032608SL		5.00	16	76.			76.	8.		15.
23	SAMSUNG PHONE SYSTEM	073108SL		5.00	16	2,650.			2,650.	88.		530.
91	EQUIPMENT * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT TRANSPORTATION	090109		.000	16	400.			400.			0.
55	FORD 2003 0 VAN (REGIS HOUSE PORTION) * 990 PAGE 10 TOTAL TRANSPORTATION EQUIPME	011703SL		5.00	16	18,414.		0.	18,414.	14,064.	0.	875.
57	LAND 2010 NW 7TH STREET, MIAMI 622 NW 20TH AVE., MIAMI	022591L				36,230.			36,230.			0.
58	MIAMI	091892L				70,764.			70,764.			0.

828102 04/05/08

(D) Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
* 990	PAGE 10 TOTAL					106,994.		0.	106,994.	0.	0.	0.
	LAND											
	OTHER											
27386	COMPUTER W/PRINTER	050291SL		5.00	16	3,700.			3,700.	3,700.		0.
28486	COMPUTER (4)	080795SL		5.00	16	4,498.			4,498.	4,498.		0.
29HP	LASERJET 5P PRINTER	081195SL		5.00	16	850.			850.	850.		0.
30HP	LASERJET 4L PRINTER	081195SL		5.00	16	478.			478.	478.		0.
31	PRINTERS	062200SL		5.00	16	992.			992.	992.		0.
322	DELL COMPUTERS	081300SL		5.00	16	2,770.			2,770.	2,770.		0.
2	COMPUTERS GATEWAY											
33	GP5200	100199SL		3.00	16	368.			368.	368.		0.
341	COMPUTER O GP630	100199SL		3.00	16	290.			290.	290.		0.
351	COMPUTER O GP6233	100199SL		3.00	16	647.			647.	647.		0.
362	COMPUTERS O GP6400	100199SL		4.00	16	2,040.			2,040.	2,040.		0.
371	COMPUTER O SL91LS	100199SL		4.00	16	1,724.			1,724.	1,724.		0.
381	COMPUTER O SL25LS	100199SL		4.00	16	1,609.			1,609.	1,609.		0.
5	COMPUTERS O											
39	COMPULAB 8GB	100199SL		4.00	16	6,004.			6,004.	6,004.		0.
1	COMPUTERS O											
40	COMPULAB	100199SL		4.00	16	103.			103.	103.		0.
41	TELEPHONE SYSTEM	100199SL		3.00	16	1,757.			1,757.	1,757.		0.
42	DELL COMPUTER	090201SL		4.00	16	1,899.			1,899.	1,899.		0.

825102  
04-08-08

(U) Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

19.5

2008 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 10

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
43	HP LASER JET PRINTER/COPIER 3320 MF051702SL HANDS ON MIAMI	073102SL		4.00	16	899.			899.	899.		0.
44	COMPUTER EQUIPMENT HP LASER JET	073102SL		4.00	16	7,400.			7,400.	7,400.		0.
45	PRINTER/COPIER 3330 MF080202SL	080202SL		4.00	16	699.			699.	699.		0.
46	DELL DESK TOP COMPUTER032503SL	032503SL		4.00	16	968.			968.	968.		0.
47	DELL DESK TOP COMPUTER032503SL DELL LAP TOP/DOCKING	032503SL		4.00	16	758.			758.	758.		0.
48	STATION DELL PRINTER/DESK	051403SL		4.00	16	1,779.			1,779.	1,779.		0.
49	TOP/SURGE PROTECTOR	081203SL		4.00	16	1,096.			1,096.	1,096.		0.
50	DELL DESK TOP COMPUTER071304SL RECORD CAPITAL LEASE	071304SL		4.00	16	679.			679.	679.		0.
51	W/FDS HP PAVILION DV6500T	093005SL		4.00	16	20,779.			20,779.	15,584.		5,195.
52	CTO NB TRANSFER OF EQUIPMENT	111907SL		4.00	16	900.			900.	187.		225.
53	TITLE	120507SL		.000	16	1.			1.	1.		0.
54	PRINTER CANON IP90V * 990 PAGE 10 TOTAL OTHER	040608SL		4.00	16	267.			267.	33.		67.
	* GRAND TOTAL 990 PAGE 10 DEPR					65,954.		0.	65,954.	59,812.	0.	5,487.
						563,412.		0.	563,412.	317,950.	0.	23,576.

828102  
04/05/08

(D) Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

19.6