•	×.				1
For	9	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod		<u>0MB No 1545-0047</u>
		of the Treasury	benefit trust or private foundation)		Open to Public
		nue Service	► The organization may have to use a copy of this return to satisfy state		
		· · · · · · · · · · · · · · · · · · ·	ar year, or tax year beginning JUL 1, 2008 and ending lame of organization	D Employer identifi	
B	Check if applicabl	use IRS		D Employer identil	cation number
	Addre chang Name	Print or PH	OENIX MANOR, INC		110646
	chang		loing Business As		119646
	return Termır	0	lumber and street (or P.O. box if mail is not delivered to street address) Room/suit 031 NE 6 AVENUE	· ·	r 757-0602
	Lation	126,469.			
Ē	Ireturn Applic tion		City or town, state or country, and ZIP + 4 AMI, FL 33161	G Gross receipts \$ H(a) Is this a group re	
	pendir		nd address of principal officer JORGE A. FERNANDEZ	for affiliates?	
			NE 6TH AVENUE MIAMI, FL 33161	H(b) Are all affiliates ind	cluded? Yes No
1.	Tax-exe	empt status:	X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)
		te: ▶ N/A		H(c) Group exemption	
			X Corporation Trust Association Other ► L Yea	r of formation: 1988	VI State of legal domicile: FL
Pa	art I				
e	1		e the organization's mission or most significant activities PROVIDE H	OUSING FOR L	OW INCOME
Activities & Governance			Y DISTURBED INDIVIDUALS		
ver		Check this bo	x > if the organization discontinued its operations or disposed of mo ring members of the governing body (Part VI, line 1a)		s. 5
ဗီ			ependent voting members of the governing body (Part VI, line 1a)	4	
8 8			of employees (Part V, line 2a)	5	0
vitie			of volunteers (estimate if necessary)	6	0
Acti			related business revenue from Part VIII, line 12, column (C)	<u>7a</u>	0.
	b	Net unrelated	business taxable income from Form 990 Telline 34	7b	0.
			and grapts (Part) (III line 1b)	Prior Year	Current Year
ne				100 505	106 081
Revenue		-	ce revenue (Part VIII, line 2g)	<u> </u>	126,071.
Re			come (Part VIII, column (A), lines 3, 4, and 3d MAR 0 2 2010	823.	398.
	1		ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and %d MAR 0 2 2010 (Part VIII, column (A), lines 5, 6d, 8c, 9c 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12	123,560.	126,469.
			nilar amounts paid (Part IX, column (A), ines 1:3	125,500.	120, 105.
			to or for members (Part IX, column (A), line 4)		
ŝ	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		
xpe	b	Total fundrais	ng expenses (Part IX, column (D), line 25) 🛛 🕨		
ш	17	•	es (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>116,355.</u>	131,331.
	1	-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	131,331.
20	19	Hevenue less	expenses. Subtract line 18 from line 12	<u>7,205.</u>	<4,862.
Assets or Ralances	20	Total assets (Part X line 16)	Beginning of Year 1,032,424.	End of Year 1,005,302.
Asse	20 21	•	(Part X, line 16)	61,444.	39,184.
et	22		fund balances, Subtract line 21/ from line 20	970,980.	966,118.
	art II	Signature			
		Under penalties of and complete De	perjury, I declare that I have examined this sturn, including accompanying schedules and statements cification of preparer (orner than officer) set set on all information of which preparer has any knowledge	s, and to the best of my knowled	ige and belief, it is true, correct,
४ २			MALIL OM		
🗧 Sig					- 22 - 10
Sig Hei	re		e of officer	Dale	
			E A. FERNANDEZ, PRESIDENT		
<u>]</u>		<u> </u>		Check If Prepar	er's identifying number
Pair Pair		Preparer's signature	(CA)	elf-	structions)
ξPre	parer's	Firm's name (or	OCARIZ, GITLIN & ZOMERFELD, LLP		
ถ์ ^{Use}	Only	yours if self-employed),	▶999 PONCE DE LEON BLVD., SUITE 1045		
		address, and ZIP + 4	CORAL GABLES, FL 33134	Phone no. 🕨 3	05-444-8288
Ma	y the I	RS discuss thi	s return with the preparer shown above? (see instructions)		X Yes No
					E 000 (0000

832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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	990 (2008)	PHOENIX MAN				65-011	9646	Page 2
1	Briefly describe the orga					INDIVIDUALS		
2	the prior Form 990 or 99 If "Yes", describe these	dertake any significant p 90-EZ? new services on Sched ase conducting, or make	ule O.					X No X No
4	If "Yes", describe these Describe the exempt pu Section 501(c)(3) and 5	e changes on Schedule (urpose achievements for 01(c)(4) organizations an ie total expenses, and re). each of the org d section 4947	ganızatıon's three '(a)(1) trusts are r	e largest program server required to report the a	uces by expenses.		
4a	(Code: PROVIDE HOUS) (Expenses \$ 1 SING FOR LOW		Including grants) (Revenue \$ INDIVIDUAL	126,	071.)
					· · · · · · · · · · · · · · · · · · ·			
4b	(Code) (Expenses \$		Including grants	s of \$) (Revenue \$)
						······································		
4c	(Code) (Expenses \$		including grants	s of \$) (Revenue \$)
						· · · · · · · · · · · · · · · · · · ·		
4d	Other program services (Expenses \$	s (Describe in Schedule including	grants of \$) (Revenue \$).		
<u>4e</u>	Total program service	e expenses 🕨 \$	105,7	11. (Must ed	gual Part IX, Line 25, c	olumn (B))	Form 9	90 (2008)

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12-1	18-08

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832003
12-18-08

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Form 980 (2008) PHOENIX MANOR, INC 65-0119 Part IV CheckList of Required Schedules 5 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1'''ros," complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 3 Did the organization engage in direct or indirect policial campage activities on behalf of or in opposition to candidates for public office? If ''res," complete Schedule C, Part I 4 Section 501(c)(3) organizations. But the organization as ubuspect to the section 6033(e) notice and reporting requirement and proxy tax? If ''res," complete Schedule C, Part II 6 Did the organization maintaria any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such hinds or accounts? II ''res,' complete Schedule D, Part I 7 Did the organization receive or fold a conservation easement, including easements to preserve open space, the environment, historic land areas, on historic structures? If ''res,' complete Schedule D, Part IV 7 Did the organization not asses in term, permanent. or quasi-adoon senvices? II ''res,' complete Schedule D, Part IV 8 Did the organization not assest in term, permanent. or quasi-adoon senvices? II ''res,' complete Schedule D, Part IV 9 Did the organization note assest in term, permoteadowments? II ''res	•	······································
 Part IV Checklist of Required Schedules is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A is the organization request to complete Schedule B, Schedule G Contributors? Dot the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public offere? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Dot the organization engage in bbying activities? If "Yes," complete Schedule C, Part II Det the organization maintain any donor advesed funds or any accounts where donors have the right to provide advice on the distribution or investiment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Ded the organization receive or hold a conservation assement, including easements to preserve open space, the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part II Ded the organization report an amount in Part X, hee 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repart, or debt negotation services? If "Yes," complete Schedule D, Part IV Ded the organization report an amount in Part X, hee 11, 13, 15, or 25? If 'Yes," complete Schedule D, Part V VI, IV, IV, IV, X; X as as probable Ded the organization assests in term, peries schedule D, Part V 10 Ded the organization maintain an office, employees, or agents outside of the US.? Ded the organization amount in Part X, hee 10, 12, 13, 15, or 25? If 'Yes," complete Schedule D, Part V VI, IV, VIV, X; X as as probable Ded the organization neares an adulted financial statement for the yaar for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule F, Part II Ded the organization neares arginegate re	Form	$\frac{1}{100}$
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 If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Continuutors? Dot the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 501(c)(A) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(A) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Did the organization nearies and proxy tax? If "Yes," complete Schedule C, Part III Did the organization neares or hold a conservation easement, including easements to preserve open space, the environment, histonc land areas, or histone structures? If "Yes," complete Schedule D, Part II Did the organization report on anotic the repart or ease a custodation for amounts not listed in Part X; or proved credit consensing, debt management, credit repart, or debt negotation services? II "Yes," complete Schedule D, Part IV Did the organization neare an amount in Part X, Ine 21, serve as a custodation for amounts not listed in Part X; or proved credit consensing, debt management, credit neares, or debt negotation serves? II "Yes," complete Schedule D, Part IV Did the organization neare an amount in Part X, Ines 21, 31, 50, 725? If "Yes," complete Schedule D, Part V, VI, VIII, IX, or X as applicable Did the organization neare an addet financial statement for the yes," complete Schedule E Did the organization neare an addet financial statement to the yes," complete Schedule E Did the organization neare NGAPPT "Yes," complete Schedule D, Part X, XI, and XIII Is the organization neare NGAPPT "Yes," complete Schedule F, Part I Did the organization neare NGAPPT "Yes," complete Schedule F, Part I Did the organization neare on the NGAPPT "Yes," com		
 2 Is the organization required to complete Schedule B, Schedule JC Contributors? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offee? <i>II</i> "Yes," <i>complete Schedule C, Part I</i> 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>II</i> "Yes," <i>complete Schedule C, Part I</i> 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>II</i> "Yes," <i>complete Schedule C, Part I</i> 4 Did the organization maintain any door advised funds or any accounts where donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts? <i>II</i> "Yes," <i>complete Schedule D, Part I</i> 4 Did the organization receive or hold a conservation easement, including easements to preserve open space. The environment, historic and areas, or hustone structures? <i>II</i> "Se," <i>complete Schedule D, Part II</i> 5 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, debit management, credit repart, or debit negotiation services? <i>II</i> "Yes," <i>complete Schedule D, Part II</i> 6 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, debit management, eredit reparts of requesendowners? <i>II</i> "Yes," <i>complete Schedule D, Part IV</i> 7 Did the organization report an amount in Part X, line 10, 12, 13, 15, or 25? <i>II</i> "Yes," <i>complete Schedule D, Part V, IV, VII, Xo r X as applicable</i> 7 Did the organization cence an audied financial statement for the year 'complete Schedule D, Part V 8 Did the organization report on Part IX, line 21, wes, 'complete Schedule D, Part X, JU, and XIII 8 Is the organization report on Part IX, column (A), line 37, more than 55,000 of parts or assistance to any organizat	1	-
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 Section 501(c)(3) organizations. Dd the organization engage in lobbying activities? // "Yes," complete Schedule C, Part II 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? // "Yes," complete Schedule C, Part II Dd 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? // "Yes," complete Schedule D, Part II Dd the organization maintain collections of works of art, histonical treasures, or other similar assets? // "Yes," complete Schedule D, Part III Dd the organization antian collections of works of art, histonical treasures, or other similar assets? // "Yes," complete Schedule D, Part III Dd the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit conseling, debt management, credit repar, or debt negotation services? // "Yes," complete Schedule D, Part V Dd the organization report an amount in Part X, line 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V, VII, VVII, VX, or Xa saphicable Dd the organization maintain an office, employees, or agents outsol and for grouplete Schedule E Dd the organization maintain an office, employees, or agents outsol and for a Stocol are Wasing, fundraising, business, and program service activites outside the US.? // "Yes," complete Schedule F, Part II Dd the organization nervice activites outside the US.? // "Yes," complete Schedule F, Part II Dd the organization nervice are NX, owned or agents outsol as or assistance to individuals located outside the United States? // "Yes," complete Schedule F, Part II Dd the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assist		Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for
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 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? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part VI, IVII, IVI, IX, or X as applicable 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? If "Yes," complete Schedule D, Part XI, XII, and XIII 13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization namitan an office, employees, or agents outside of the U.S.? 15 Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 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? If "Yes," complete Schedule F, Part II 16 Did the organization report more than \$15,000 total on Part IXII, column (A), line 10? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total on Part IXIII, lines 12 and 8a' If "Yes," complete Schedule G, Part II 18 Did the organization operat one or more hospitals? If "Yes," complete Schedule H 19 Did the organization report more than \$5,000 on Part IXIII, lines 12 If "Yes," complete Schedule G, Part II 19 Did the organization operat one or more hospitals? If "Yes," complete Schedule H 20 Did the organization answer "Yes" to Part IXII, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 Did the organization neport more than \$	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete
 Did the organization hold assets in term, permanent, or quasi-endowments? // "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? // "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 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? // "Yes," complete Schedule D, Parts XI, XII, and XIII Is the organization a school as described in section 170(b)(1)(A)(i)? // "Yes," complete Schedule E Did the organization have aggregate revenues or expenses of the US.? Did the organization neport on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? // "Yes," complete Schedule F, Part I 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? // "Yes," complete Schedule F, Part I Did the organization report more than \$15,000 on Part IX, column (A), line 1, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? // "Yes," complete Schedule F, Part III Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule I, Part I and II Did the organization report more than \$5,000 on Part IX, column (A), line 11e? 'Yes," complete Schedule I, Part I and II Did the organization report more than \$5,000 on Part IX, column (A), line 11e? 'Yes," complete Schedule I, Part I and II Did the organization report more t	9	U
 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VX, or X as applicable 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? If "Yes," complete Schedule D, Parts XI, XII, and XIII Is the organization a school as described in section 170(b)(1)(A)(in)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the U.S.? Did the organization maintain an office, employees, or agents outside of the U.S.? Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of ggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report more than \$15,000 on Part IX, loiumn (A), line 11e? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part IX, loiumn (A), line 11e? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II Did the organization report more than \$5,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II Did the organization report more than \$5,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II Did the organization report more than \$5,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule I, Parts I and II Did the organization nereport more t	10	
 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? If "Yes," complete Schedule D, Parts XI, XII, and XIII 13 Is the organization a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the U.S.? b Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 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? If "Yes," complete Schedule F, Part II 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? If "Yes," complete Schedule F, Part III 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 on Part VIII, lines 1c and Ba? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II 20 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 21 Did the organization neport more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization neport more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization neport more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 24 Did the organization	11	-
 prepared in accordance with GAAP? <i>II</i> "Yes," <i>complete Schedule D, Parts XI, XII, and XIII</i> Is the organization a school as described in section 170(b)(1)(A)(II) "II "Yes," <i>complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the U.S.? b) Did the organization have aggregate revenues or expenses of more than \$10,000 form grantmaking, fundraising, business, and program service activities outside the U.S.? <i>II</i> "Yes," <i>complete Schedule F, Part I</i> 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>II</i> "Yes," <i>complete Schedule F, Part II</i> 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>II</i> "Yes," <i>complete Schedule F, Part II</i> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>II</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 on Part IX, column (A), line 12 <i>II</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$5,000 on Part IX, column (A), line 12 <i>II</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>II</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>II</i> "Yes," <i>complete Schedule I, Parts I and II</i> Did the organization neport more than \$5,000 on Part IX, column (A), line 2? <i>II</i> "Yes," <i>complete Schedule I, Parts I and II</i> Did the organization nawer "Yes" to Part VII, Section A, questions 3, 4, or 59 <i>II</i> "Yes," <i>complete Schedule I</i> Did the organization nawe 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 De		If "Yes," complete Schedule D, Parts VI, VII, VII, IX, or X as applicable
 13 is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the U.S.? 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.? If "Yes," complete Schedule F, Part I 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? If "Yes," complete Schedule F, Part II 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? If "Yes," complete Schedule F, Part II 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$5,000 on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 10 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule G, Part II 11 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II 22 Did the organization neport more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule J 24 Did the organization neport more than \$10,000 on Part IX, column (A), line 2? If "Yes," complete Schedule J 24 Did the organization neport more than \$1,000 on Part IX, column (A), line 2? If "Yes," complete Schedule J 25 Did the organization naswer "Yes" to Part VIII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 24 Did the organization naswer "Yes" to Part VIII, Se	12	Did the organization receive an audited financial statement for the year for which it is completing this return that was
 14a Did the organization maintain an office, employees, or agents outside of the U.S.? 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.? If "Yes," complete Schedule F, Part I 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? If "Yes," complete Schedule F, Part II 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? If "Yes," complete Schedule F, Part III 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule I, Parts I and II 20 Did the organization report more than \$5,000 on Part X, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 on Part X, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 on Part X, column (A), line 2? If "Yes," complete Schedule I, Parts I and II 23 Did the organization naswer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule I, Parts I and III 24 Did the organization naswer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule K If "No", go to question 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25 Section 501(c)(3		
 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</i> "Yes," <i>complete Schedule F, Part I</i> 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</i> "Yes," <i>complete Schedule F, Part II</i> 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</i> "Yes," <i>complete Schedule F, Part III</i> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$5,000 on Part IX, column (A), line 12? <i>If</i> "Yes," <i>complete Schedule G, Part III</i> Did the organization report more than \$5,000 on Part IX, column (A), line 12? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> Did the organization never thore than \$5,000 on Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I</i>, Part I and <i>III</i> 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</i> "Yes," <i>answer questions 24b-24d and complete Schedule K If</i> "<i>No</i>", go to question 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Esection 501(c)(3) and 501(c)(4) organi	13	-
 and program service activities outside the U.S.? <i>If</i> "Yes," <i>complete Schedule F, Part I</i> 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>II</i> "Yes," <i>complete Schedule F, Part II</i> 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>II</i> "Yes," <i>complete Schedule F, Part II</i> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>II</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 on Part VIII, lines 1c and 8a? <i>II</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>II</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 on Part IX, column (A), line 1? <i>II</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>II</i> "Yes," <i>complete Schedule I, Parts I and II</i> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>II</i> "Yes," <i>complete Schedule I, Parts I and II</i> Did the organization new than \$5,000 on Part IX, column (A), line 2? <i>II</i> "Yes," <i>complete Schedule I, Parts I and II</i> 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>II</i> "Yes," <i>answer questions 24b-24d and complete Schedule K II</i> "<i>No</i>", <i>go to question 25</i> Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person form a prior year? <i>II</i> "Yes," <i>complete Schedul</i>	14a	
 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</i> "Yes," <i>complete Schedule F, Part II</i> 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</i> "Yes," <i>complete Schedule F, Part III</i> 17 Did the organization report more than \$15,000 on Part IX, column (A) line 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization operate one or more hospitals? <i>II</i> "Yes," <i>complete Schedule G, Part III</i> 20 Did the organization operate one or more hospitals? <i>II</i> "Yes," <i>complete Schedule G, Part III</i> 21 Did the organization report more than \$5,000 on Part XIX, column (A), line 2? <i>II</i> "Yes," <i>complete Schedule I, Parts I and II</i> 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>II</i> "Yes," <i>complete Schedule I, Parts I and II</i> 23 Did the organization nawer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>II</i> "Yes," <i>complete Schedule J</i> 24a Did the organization have a tax-exempt bond usue 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>II</i> "Yes," <i>answer questions 24b-24d and complete Schedule K II</i> "No", go to question 25 b Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 25a Section 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person from a prior year? <i>II</i> "Yes," <i>complete Schedule L, Part I</i> b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified pe	b	• • • • • • • • • • • • • • • • • • • •
 located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Part II</i> 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</i> "Yes," <i>complete Schedule F, Part III</i> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization operate one or more hospitals? <i>If</i> "Yes," <i>complete Schedule G, Part III</i> Did the organization operate one or more hospitals? <i>If</i> "Yes," <i>complete Schedule G, Part III</i> Did the organization report more than \$5,000 on Part XIX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> Did the organization neort more than \$5,000 on Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> Did the organization nave at 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</i> "Yes," <i>answer questions 24b-24d and complete Schedule K If</i> "No", go to question 25 Did the organization nuntain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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</i> "Yes," <i>complete Sche</i>		
 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</i> "Yes," <i>complete Schedule F, Part III</i> 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 18 Did the organization report more than \$15,000 on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule G, Part III</i> 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If</i> "Yes," <i>complete Schedule J</i> 24a Did the organization nawe a tax-exempt bond issue with an outstanding principal amount of more than \$10,0,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer questions 24b-24d and complete Schedule K If</i> "No", go to question 25 b Did the organization maintain an escrow account other than a refunding escrow 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 firm a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> b Did the organization become aware that it had engaged in an excess benefit transaction with a disqual	15	
 located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K If "No", go to question 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? If "Yes," complete Schedule L, Part I Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 	16	
 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 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? If "Yes," answer questions 24b-24d and complete Schedule K If "No", go to question 25 b 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? If "Yes," complete Schedule L, Part I b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I b Did the organization become of former officer, director, trustee, key employee, highly compensated employee, or disqualified 	10	
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26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	b	
•	~~	
	20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

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? If "Yes," complete Schedule L, Part III

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Form 990 (PHOENIX			
Part IV	Checklist o	of Required Sch	edules (con	tinued)	

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	·		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	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)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		_X
с	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? If "Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	_30		Z
1	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Z
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Σ
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		2
3	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		2
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		2

orm	990 (2008) PHOENIX MANOR, INC 65-01:	19646	P	age
Par				age
			Yes	N
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U S. Information Returns Enter -0- if not applicable 1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	L	X
2a	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	0		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		_
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		┢
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)?	<u>4a</u>		<u>X</u>
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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	<u>5c</u>		
	Did the organization solicit any contributions that were not tax deductible?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	<u>6b</u>		-
7	Organizations that may receive deductible contributions under section 170(c).		ŀ	
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	<u>7a</u>	<u> </u>	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>7b</u>		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		x
	to file Form 8282?	<u>7c</u>		<u> </u> ^
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7-		x
	benefit contract?	7e 7f		X
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			A X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7g 7h		A X
-	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			† <u>^</u>
8	supporting organizations. Did the supporting organizations or a fund maintained by a sponsoring organization, have		1	
	excess business holdings at any time during the year?	8		
0	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			\vdash
9	Did the organization make any taxable distributions under section 4966?	9a		
a h	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	1	1
ь 10	Section 501(c)(7) organizations. Enter N/A			\top
	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
ы 11	Section 501(c)(12) organizations. Enter. N/A			
''a	Gross income from members or shareholders 11a			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
0	amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		1	1

PHOENIX MANOR, INC

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

sec	tion A. Governing Body and Management						
	•		Yes	No			
	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.						
1a		5					
b	Enter the number of voting members that are independent 1b	5					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		<u>X</u>			
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?						
4	4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X			
6	Does the organization have members or stockholders?	6		X			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the						
	governing body?	_7a		X			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
	by the following.						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9a	Does the organization have local chapters, branches, or affiliates?	9a		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?	9b					
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	10_	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	11		X			
Sec	tion B. Policies						
			Yes	No			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise						
	to conflicts?	12b		X			
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this is done	12c		X			
13	Does the organization have a written whistleblower policy?	13	X	<u> </u>			
14	Does the organization have a written document retention and destruction policy?	14	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?
- Other officers or key employees of the organization? b Describe the process in Schedule O. (see instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

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. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	NONE

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 18 public inspection. Indicate how you make these available. Check all that apply.

Own website	Another's website	X Upon request
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- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 19 statements available to the public
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 20 FATIMA GONZALEZ - (305) 757-0602

11035 NE 6 AVENUE MIAMI 33161 \mathbf{FL}

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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 J-2 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 -0- 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 W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours	(c	(C) Position (check all that a					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JORGE A. FERNANDEZ PRESIDENT				X				0.	0.	0.
CAROL SOKOLOW TREASURER/SECRETARY				x				0.	0.	0.
MICHAEL MOSS VICE PRESIDENT				x				0.	0.	0.
MARIAN DUMAINE OFFICER AT LARGE				x				0.	0.	0.
JOAN SCHAEFFER OFFICER AT LARGE				x				0.	0.	0.
		+								
,						_				
						-	-			
	<u>L</u>	- b -			·		· · · ·	· · · · · · · · · · · · · · · · · · ·	•	

832007 12-18-08

Part VII Section A. Officers, Directors	, Trustees, Key E (B)	implo 	oyee			ligh	est	Compensated Employ (D)	rees (continued) (E)			
(A) Name and title	Average hours per	Average Position hours (check all that apply)			ily)	Reportable compensation from	Reportable compensatio	n	(F) Estimated amount of			
	week B	Highest compensated emptoyee	Former	(W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		other compensation from the organization and related organization					
												<u> </u>
		_										
1b Total 2 Total number of individuals (including score) compensation from the organization	those in 1a) who re	eceiv	ed r	nore	tha	n \$1	00,0	0 . 000 in reportable		0.		/es
3 Did the organization list any former of line 1a? If "Yes," complete Schedule J	for such individua	d -		-							3	
 For any individual listed on line 1a, is t and related organizations greater than Did any person listed on line 1a receiv 	\$150,000? <i>If</i> "Yes e or accrue compe	s, " <i>co</i> ensat	mpi ion	lete S	Sche	dul	e J fe	or such individual			4	
the organization? If "Yes," complete S Section B. Independent Contractors											5	
1 Complete this table for your five highe the organization. NONE		ndepe	ende	ent c	contr	acto	ors tl		\$100,000 of con	iperisati		
(A Name and busi								(B) Description of s	services	Cor	(C) npens	
							+	<u>.</u>				

Form 990 (2008	B) PHOENIX MAN	OR, INC	
Part VIII	Statement of Revenue	-	

65-0119646 Page 9

Pa		I Statement of Rever	nue			-		
		•			(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	<u>1a</u>					
	b	Membership dues	1b					
	с	F 1	1c					
aifi ar		Related organizations	1d					
S, O	e	0						
r si	f							
<u>the</u>	•	similar amounts not included abo						
d di		Noncash contributions included in lines						
a S	-	Total, Add lines 1a-1f	1a-11 5					
-	!			Business Code				
a	2 a	RENTAL INCOME		624200	126,071.	126,071.		
, ic				024200				·
Ser	b							
EN	C						•	·····
<u>Ra</u>	d							
Program Service Revenue	e					· · · -		
-	T	All other program service reve	enue		126,071.			
\rightarrow		Total. Add lines 2a-2f	duudoodo untor	▶	120,0/1.			
	3	Investment income (including	aividenas, inter	est, and	398.			398.
	•	other similar amounts)						390.
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties					·-···	
	_	O	(i) Real	(ii) Personal				
	6 a							
		Less. rental expenses						
		Rental income or (loss)		L				
Í		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)	L	L				
		Net gain or (loss)		_				
e	8 a	Gross income from fundraisin	•		1			
/eu		Including \$						
Other Revenue		contributions reported on line	a 1c). See					
Ŀ		Part IV, line 18	а					
đ		Less direct expenses	b	L				
-		: Net income or (loss) from fund	-	▶				
	9 a	Gross income from gaming a	ctivities. See					
		Part IV, line 19	а					
		Less direct expenses	b	L				
		: Net income or (loss) from gan	-	· · · · · ·				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less: cost of goods sold	b	L				
	c	Net income or (loss) from sale	s of inventory	· · · · ·				
ļ		Miscellaneous Revenu	1 0	Business Code				
	11 a	i					· <u> </u>	
	Ł)						
	c	;						
		All other revenue						
	e	Total. Add lines 11a-11d						
	12	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c, 9c, 1	0c, and 11e	126,469.	126,071.	0.	398.

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 Form 990 (2008)
 PHOENIX MANOR, INC

 Part IX Statement of Functional Expenses

	All other organizations must compl			ete columns (B), (C), and (C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	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				<u> </u>
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 11	Payroll taxes Fees for services (non-employees)				· · ·
	Management				
a b	Legal	216.		216.	
U C	Accounting	5,000.		5,000.	<u> </u>
с л	Lobbying				
u 0	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other		· • · · ·		<u> </u>
12 12	Advertising and promotion				
13	Office expenses	486.		486.	
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	42,266.	42,266.		
23	Insurance	23,744.	23,744.		
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.)				
а		31,573.	31,573.		
d 1	MANAGEMENT FEES	16,672.		16,672.	
- -	UTILITIES	7,099.	7,099.		
ט א	TELEPHONE	2,908.	,,,,,,,	2,908.	
0 0	LICENSES AND TAXES	1,029.	1,029.		
f	All other expenses	338.		338.	
25	Total functional expenses. Add lines 1 through 24f	131,331.	105,711.	25,620.	0
26	Joint Costs. Check here				······
_0	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Form 990 (2008)
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PHOENIX MANOR, INC

65-0119646 Page 11

Pa	rt X	Balance Sheet			
		•	(A) Beginning of year		(B) End of year
	1	Čash - non-interest-bearing	20,894.	1	500.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
4	9	Prepaid expenses and deferred charges		9	
	•	Land, buildings, and equipment cost basis 10a 1,454,499.			
	b	Less accumulated depreciation Complete	064 500		
		Part VI of Schedule D 10b 506,523.	964, <u>509</u> .		947,976.
	11	Investments - publicly traded securities	<u> </u>	11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	47,021.	14	56,826.
	15	Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	1,032,424.	15 16	1,005,302.
	16 17	Accounts payable and accrued expenses	26,000.	17	4,018.
	18	Grants payable	20,000.	18	<u> </u>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
s	21	Escrow account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
lide		highest compensated employees, and disqualified persons. Complete Part II			
Ë		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	35,444.	25	35,166.
	26	Total liabilities. Add lines 17 through 25	61,444.	26	39,184.
		Organizations that follow SFAS 117, check here 🕨 🔀 and complete			
es		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	141,514.		171,833.
Net Assets or Fund Balances	28	Temporarily restricted net assets	829,466.	28	794,285.
P	29	Permanently restricted net assets		29	<u> </u>
Fu		Organizations that do not follow SFAS 117, check here $igstarrow$ and			
٦ د		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Vet	32	Retained earnings, endowment, accumulated income, or other funds	070 000	32	066 110
-	33	Total net assets or fund balances	970,980.		966,118.
Da	<u>34</u> rt XI	Total liabilities and net assets/fund balances	1,032,424.	_34	1,005,302.
Га					Yes No
4	Acc.	ounting method used to prepare the Form 990 [.] Cash 🔀 Accrual 🗌	Other		
1		e the organization's financial statements compiled or reviewed by an independent a			2a X
		e the organization's financial statements audited by an independent accountant?			2a X
		es" to lines 2a or 2b, does the organization have a committee that assumes respor	subility for oversight of the	audit	
U		es to lines 2a of 2b, does the organization have a committee that assumes response, or compilation of its financial statements and selection of an independent account	• •		, 2c X
32		result of a federal award, was the organization required to undergo an audit or auc		ile Auc	
		and OMB Circular A-133?	- <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u>		3a X
b	-	es," did the organization undergo the required audit or audits?			. 3b

832011 12-18-08

Total

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

nonexempt charitable trusts.

pen to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. See separate instructions. Internal Revenue Service Inspection Employer identification number Name of the organization 65-0119646 PHOENIX MANOR, INC Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iiii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X 9 An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete the Part III.) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c ____ Type III - Functionally integrated d Type III - Other al Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes No (i) the governing body of the supported organization? 11g(i) 11g(ii) A family member of a person described in (i) above? (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11a(iii) Provide the following information about the organizations the organization supports. h (iii) Type of (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (i) Name of supported (vii) Amount of (ii) EIN organization in col. (j) listed in your organization in col. support (i) organized in the U.S.? organization (described on lines 1-9 governing document? (i) of your support? above or IRC section Yes (see instructions)) Yes No No Yes No

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

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

SCHI	EDUL	.E A
(Form	990 o	r 990-EZ

S

_	art II Support Schedule for O	rganization	s Described in	Sections 170	(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(v	/i)
	(Complete only if you checked	the box on line	5, 7, or 8 of Part I)				
Se	ction A. Public Support		T	· · · · · · · · · · · · · · · · · · ·	r ·		
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) ⊺o
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3							
	furnished by a governmental unit to						
	the organization without charge Total, Add lines 1 · 3		<u> </u>				
4	The portion of total contributions						
5	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						
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) To
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loaris, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						l
	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)						
	Total support. Add lines 7 through 10		<u> </u>				L
12		•	•	1 C. al C		12	
13	•	-	's first, second, thi	a, τουπη, or τίπη τ	ax year as a section	on 501(c)(3)	
Sa	organization, check this box and stop ction C. Computation of Public		ercentage				
	Public support percentage for 2008 (lin			column (fl)		14	
14						15	
	a 33 1/3% support test - 2008. If the or			n line 13 and line	14 is 33 1/3% or		x and
100	stop here. The organization qualifies a						
	b 33 1/3% support test - 2007. If the or				d line 15 is 33 1/3	% or more. check th	י ווs box
	and stop here. The organization qualifi					· · · · · · · · · · · · · · · · · ·	
17:	a 10% -facts-and-circumstances test		· · · •		e 13. 16a. or 16b	and line 14 is 10%	or more,
	and if the organization meets the "facts						
	meets the "facts-and-circumstances" to						
						17a and line 15 is	10% or
1	b 10% -facts-and-circumstances test	- 2007. If the or	ganization did not (леска оох он ш	e 13, 10a, 100. 0		10/0 01

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990 EZ) 2008 PHOENIX MANOR,	INC	65-0119646 Page 3
Part III Support Schedule for Organizations Descr	ibed in	Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

÷,

Se	ction A. Public Support						
Cal	endar 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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	90,218.	98,060.	110,538.	122,737.	126,071.	547,624.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 - 5	90,218.	98,060.	110,538.	122,737.	126,071.	547,624.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	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						
Ċ	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						<u>547,624.</u>
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
-	Amounts from line 6	90,218.	98,060.	110,538.	122,737.	126,071.	547,624.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20.	1,555.	2,073.	823.	398.	4,869.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	20.	1,555.	2,073.	823.	398.	4,869.
12	Other income Do not include gain or loss from the sale of capital	127.	23.				150.
13	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)						552,643.
	First five years. If the Form 990 is for	r the organization's	first second thir	d fourth or fifth ta	x vear as a sectio	n 501(c)(3) organiz	
•••	check this box and stop here	and organization o		u , roorun, or mark			▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2008 (olumn (f))		15	99.09 %
16			-	.,,		16	98.96 %
	ction D. Computation of Inve						
17	Investment income percentage for 20	08 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	.88 %
18	Investment income percentage from	2007 Schedule A, I	Part IV-A, line 27h			18	.96 %
19a	a 33 1/3% support tests - 2008. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a 33 1/3% support tests - 2007. If the	•	•		•• -		and X
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2008

Schedule D	
(Form 990)	

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832051 12-23-08

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.



Department of the Treasury Ν

Nam	e of the organization		Employer identification number
Pa	PHOENIX MANOR, INC	d Funds or Other Similar Fun	ds or Accounts Complete if the
Fai			as of Accounts. Complete it the
	organization answered "Yes" to Form 990, Part IV, Iin	(a) Donor advised funds	(b) Funds and other accounts
		(4) 20100 00100	
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		
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	• • •	
Des	for charitable purposes and not for the benefit of the donor of		
Pa			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e g , recreation or p		nistorically important land area
	Protection of natural habitat	Preservation of cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a co	onservation easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	the organization during the taxable
	year 🕨		
4	Number of states where property subject to conservation ea	asement is located 🕨	_
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, violations,	
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing easements during the year	· \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 1	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	es the organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	1 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and	balarice sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of	public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, e	or research in furtherance of public serv	ice, 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 tre	easures, or other similar assets for finan	cial gain, provide
	the following amounts required to be reported under SFAS	116 relating to these items	
а	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, se	e the Instructions for Form 990.	Schedule D (Form 990) 2008

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-		K MANOR, IN						011964	
Par	t III Organizations Maintaining		_						
3	Using the organization's accession and oth	er records, check any	y of the f	ollowing tha	t are a signifi	cant use	of its collection	items (cheo	ck all
	that apply)'		. —						
а		0			hange progra	ıms			
b	Scholarly research	e		Other					
С	Preservation for future generations								
4	Provide a description of the organization's			-	-			Part XIV	
5	During the year, did the organization solicit					er similar	assets		—
Dee	to be sold to raise funds rather than to be r							Yes	
Par	t IV Trust, Escrow and Custodia reported an amount on Form 990, P		Compl	ete if organi	zation answe	red "Yes	s" to Form 990, I	Part IV, line	9, or
1a	Is the organization an agent, trustee, custo	dian or other interme	diary for	contribution	is or other as	sets not	included		
	orı Form 990, Part X?							Yes	L No
b	If "Yes," explain the arrangement in Part XI	V and complete the fe	ollowing	table:					
								Amoun	t
С	Beginning balance						<u>1c</u>		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
	Did the organization include an amount on		21?					Yes	L No
	If "Yes," explain the arrangement in Part XI								
Par	t V Endowment Funds. Complete	of organization answ	ered "Ye	s" to Form 9	T				
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three years ba	ick (e) Fou	r years back
1a	Beginning of year balance		ļ				-		
b	Contributions								
С	Investment earnings or losses		ļ						
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs		ļ						
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year	ear end balance held	as						
а	Board designated or quasi-endowment		%						
b	Permanent endowment 🕨	%							
с	Term endowment	_%							
3a	Are there endowment funds not in the post	session of the organiz	ation that	at are held a	nd administe	red for th	ne organization		
	by.								Yes No
	(i) unrelated organizations							<u>3a(i)</u>	
	(ii) related organizations							<u>3a(ii)</u>	
b	If "Yes" to 3a(ii), are the related organizatio	ns listed as required	on Scheo	dule R?				3b	
4	Describe in Part XIV the intended uses of the								
Pa	rt VI Investments - Land, Buildir	ngs, and Equipm	ent. Se	e Form 990	, Part X, line	10			
	Description of investment	(a) Cost or o	other	(b) Cost	or other	(c) D	epreciation	(d) Boo	k value
		basis (invest	ment)	basis	(other)			<u> </u>	
1a	Land			29	6,335.				6,335
b	Buildings			96	7,481.	4	169,531.	49	7,950
	Leasehold improvements			17	7,072.		30,011.	14	7,061
	Equipment			1	1,471.		5,757.		5,714
	Other				2,140.		1,224.		916
	I. Add lines 1a-1e (Column (d) should equal	Form 000 Dort X and	(D)	1 10(1)				0 4	7,976

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2008

Part '	VII	l In
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Schedule D (Form 990) 2008

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PHOENIX MANOR, INC vestments - Other Securities See Form 990 Part X line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method	l of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
			<u>.</u>
<u> </u>			
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)			_
Part VIII Investments - Program Related.	See Form 990 Part X line		
	(b) Book value		of valuation
(a) Description of investment type	(b) BOOK Value		year market value
			· · · · · · · · · · · · · · · · · · ·
			·
			·····
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, lin	► 1 ^Γ		
	a) Description	·····	(b) Book value
ESCROW			1,09
RESERVE FOR REPLACEMENTS			35,88
RESIDUAL RECEIPT NOTE			16,46
TENANT SECURITY DEPOSIT		· · ·	3,37
TENANI SECONIII DEIOSII			
	·		
Total. (Column (b) should equal Form 990, Part X, col (B)			▶ 56,82
Part X Other Liabilities. See Form 990, Part 2	X, line 25		
(a) Description of liability		(b) Amount	
Federal income taxes		20.000	
DUE TO MIAMI BEHAVIORAL		<u> </u>	
TENANT SECURITY DEPOSIT		1,535.	
OTHER DEPOSIT		<u> </u>	
Total, (Column (b) should equal Form 990, Part X, col (B,) line 25)	35,166.	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2008 PHOENIX MANOR , INC				119646	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	o Financia	Statements			
1	Total revenue.(Form 990, Part VIII, column (A), line 12)				126	469.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			,331.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		<4	862.
4	Net unrealized gains (losses) on investments		4			_
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8		-	
9	Total adjustments (net) Add lines 4-8		9			0.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9		10		<4	<u>,862.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per	Return		
1	Total revenue, gains, and other support per audited financial statements			1	126	<u>,469.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	126	<u>,469.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.					
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a				
b	Other (Describe in Part XIV)	4b				
с	Add lines 4a and 4b			4c		0.
_5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5		<u>,469.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses p	er Returr		
1	Total expenses and losses per audited financial statements			1	131	<u>,331.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Losses reported on Form 990, Part IX, line 25	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	131	,331.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				-
с	Add lines 4a and 4b			4c		0.
_5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	131	<u>,331.</u>
Pa	t XIV Supplemental Information					
0	alists this ment to provide the descriptions required for Dart II, lines 2, 5, and 0; Dart	III knos 1a ar	d 4 Doct IV lines	a 1b and 2b	Dort V line	1. Dart

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

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			Grants and (Other Assistance	Grants and Other Assistance to Organizations.			OMB No 1545-0047	147
			Governme	Sovernments, and Individuals in the U.S.	als in the U.S.			5008	
Department of the Treasury Internal Revenue Service		Complet	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.	answered "Yes," on F ► Attach to Form 990.	' on Form 990, Pa 1 990.	rt IV, lines 21 or 22.		Open to Public Inspection	i.
Name of the organization	PHOENIX MANOR	C. INC						Employer identification number 65-0119646	mber 46
Part I General Info	General Information on Grants and Assistance	istance							
1 Does the organizati	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tantiate the a	mount of the grants c	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the select	[
criteria used to awa	criteria used to award the grants or assistance?							Yes X	No X
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	s for monitor	ing the use of grant fu	unds in the United	States				
Part II Grants and C	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	ments and C	Drganizations in the	United States. Co	omplete if the orga	nization answered "Y	es" on Form 990, Part	: IV, line 21, for any	[
recipient that	recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed	Check this b	ox if no one recipient	received more that	an \$5,000 Use Pai	rt IV and Schedule I-1	(Form 990) if addition	al space is needed	
1 (a) Name and address of organization or government		(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
	Enter total number of section 501(c)(3) and government organizations	ernment orga	inizations						
LHA For Privacy Act a	Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice. see the Instructions for Form 990.	tet Notice. se	e the Instructions for	or Form 990.				Schedule I (Form 990) 2008	2008
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832101 12-18-08

Schedule I (Form 990) 2008 PHOENIX MANOR, INC Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule 1.1 (Form 900) if additional space is needed	INC Inited States. Comp ded	olete if the organiza	ttion answered "Yes"	on Form 990, Part IV, line 22.	65-0119646 646 Page 2	•
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
CAPITAL ADVANCE AGREEMENT	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1 115 700.			`	
PROJECT RENTAL ASSISTANCE	50	87_263.	0			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	wide the information	required in Part I,	line 2, and any other	additional information		

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Schedule I (Form 990) 2008

832102 12-18-08

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.



Employer identification number 65-0119646

FORM 990, PART VI, SECTION A, LINE 10: AFTER THE TAX RETURN IS PREPARED,

IT IS PROVIDED TO THE ORGANIZATION AND REVIEWED BY THE MEMBERS OF THE

GOVERNING BODY BEFORE BEING FINALIZED.

PHOENIX MANOR, INC

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAINTAINS ITS

GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS

AT 11035 NE 6 AVENUE, MIAMI, FL 33161 AND ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

PART XI, LINE 2C

NO CHANGE FROM PRIOR YEAR.

SCHEDULE R, PART II (B)

CONTINUATION

PROVIDED IN THE MIAMI AREA TO PERSONS SUFFERING FROM MENTAL HEALTH

ILLNESS, DEPRESSION, AS WELL AS DRUG AND ALCOHOL DEPENDENCY.

RESIDENTIAL SERVICES ARE PROVIDED TO AID CERTAIN INDIVIDUALS OVERCOME

THEIR ILLNESS OR DEPENDENCIES. THE COST OF THESE SERVICES ARE COVERED

IN PART BY CHARGING FEES FOR TREATMENT, ETC.

SCHEDULE R (Form 990) Attach to Form 990. To Department of the Treasury Internal Revouce Service	► Attach to Form 990. To be completed by organizations and Unrelated Partnerships ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.	Related Organizations and Unrelated Partnerships d by organizations that answered "Yes" to Form 99 ► See separate instructions.	0, Part IV, lines 33,	34, 35, 36, or 37.	OMB No 1545-0047 2008 Open to Public Inspection
Name of the organization PHOENIX MANOR ,	, INC			<u> </u>	Employer identification number 65-0119646
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations	ations				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
MIAMI BEHAVIORAL HEALTH CENTERS - 59-1787777 11035 NE 6 AVENUE MIAMI SHORES FL 33161	FSYCHIATRIC TREATMENT, COUNSELING, HOSPITALIZATION AND OTHER SERVICES ARE	FLORIDA	501(C)(3)	170(B)(1)(A)(VIN/A	IN/A
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tice, see the Instructions for Form 990	G		-	Schedule R (Form 990) 2008

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INC	
MANOR,	
PHOENIX	
Schedule R (Form 990) 2008	

65-0119646 Page 2

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Part III Identification of Related Organizations Taxable as a Partnership

(J) General or managing partner? Yes No		
(I) (J) Code V-UBI General or amount in box managing 20 of Schedule partner? K-1 (Form 1065) Ves No		
(H) Disproportion- ate allocations? Yes No		
(G) Share of end-of-year assets		
(F) Share of total income		
(E) Predominant income (related, investment, unrelated)		
(D) Direct controlling entity		
(C) Legal domicile (state or foreign country)		
(B) Primary activity		
(A) Name, address, and EIN of related organization		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(H)	Percentage ownership								 m 990) 2008
	Share of end-of-year assets								Schedule R (Form 990) 2008
	ល								
(E)	Type of entity (C corp, S corp, or trust)								
<u>a</u>	Legal domicile Direct controlling T (state or toreign country) (C								
Q	Legal domicile (state or foreign country)					 			
(B)	Primary activity								23
(A)	Name, address, and EIN of related organization								832162 12-23-08

Schedule R (Form 990) 2008 PHOENIX MANOR, INC

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Organizations	
With Related	
Transactions	
Part V	

		•
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		•
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a X
b Gift, grant, or capital contribution to other organization(s)		1b X
c Gift, grant, or capital contribution from other organization(s)		1c X
		1d X
		1e X
f Sale of assets to other organization(s)		1f X
g Purchase of assets from other organization(s)		1g X
		th X
i Lease of facilities, equipment, or other assets to other organization(s)		11 X
i Lease of facilities equinament or other assets from other organization(s)		÷
k Performance of services or membership or fundraising solicitations for other organization(s)		
Performance of services or membership or fundraising solicitations by		11 X
		1m X
n Sharing of paid employees		1n X
o Reimbursement paid to other organization for expenses		10 X
p Reimbursement paid by other organization for expenses		1p X
d Other transfer of cash or property to other organization(s)		1g X
		1r X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	action thresholds.	
(A) Name of other organization(s)	(B) Transaction	(C) Amount involved
(1)	10000	

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(6) 832163 12-23-08

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Schedule R (Form 990) 2008

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MANOR,
PHOENIX
Form 990) 2008
Schedule R (

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Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

The all partner are al	Primary activity Legal domucie and external country) Legal domucie regal domucie rate or frongin Primary activity regal domucie regal domucie regal regal domucie regal do	Name, address, and EIN of entity			í.	0	E
Finary activity Legisla controls reasons fragments fragm	Finaly activity Leader of fond of table o	Name, address, and EIN of entity		<u>َ</u>	Ē		(m) (
Yes No	Action	-	Primary activity	Are all partners section 50 1(c)(3) organizations?	Uispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?
				Yes No	Yes No	(Form 1065)	Yes No
							-
				_			
	Structure						
							-
							-
	Schedule R (Form 990) 2008						
	Schedule R (Form 990) 2008						
	Schedule 8 (Form 990) 2008						
	Schedule R (Form 990) 2008						
	Schedule R (Form 990) 2008						_

	Deprec	iation and	Amortiz	zatio	n 990			2008
Department of the Treasury	(Including	g Information o	n Listed P	ropert	y)			Attachment
Internal Revenue Service (99) S	ee separate inst	ructions.	Attach to you					Sequence No 6
Name(s) shown on return			Business or act	ivity to whi	ch this form relate	S		Identifying number
PHOENIX MANOR, INC			FORM 9	90 P	AGE 10			65-01196
Part I Election To Expense Certain Proper	rty Under Section 1	79 Note: If you have				V before	e you	
1 Maximum amount. See the instructions						1	Ť	250,0
2 Total cost of section 179 property plac	•					2	:	· · · ····
3 Threshold cost of section 179 property						3		800,0
4 Reduction in limitation. Subtract line 3	from line 2 If zero	o or less, enter -0-				4		
5 Dollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter	-0- If married filing separ	ately, see instructi	ons		5	,	
6 (a) Description of pri			ost (business use o		(c) Elected	l cost		
				_			_	
<u></u>							-	
7 Listed property. Enter the amount from	line 29	I	- [7	·	ĩ		
8 Total elected cost of section 179 prope	erty. Add amounts	s in column (c), lines	s 6 and 7			8		
9 Tentative deduction. Enter the smaller						9		
10 Carryover of disallowed deduction from	,					10	<u>></u>	
11 Business income limitation Enter the s		•		ne 5		11	_	
12 Section 179 expense deduction. Add li			than line 11			12	2	
13 Carryover of disallowed deduction to 2			. 🕨	13				
Note: Do not use Part II or Part III below fo								
Part II Special Depreciation Allowa	nce and Other D	Depreciation (Do no	ot include liste	a prope	rty)			
I6 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not set the set of		reports) (See spotn	(ationa)			16	3	42,2
Tartin MACKS Depreciation (Do no	n include listed p	Section						
		Section						
		aara baayaayaa bafa				17	,	
			ore 2008		► Γ	17	7	
18 If you are electing to group any assets placed in ser	vice during the tax year	into one or more general	ore 2008 asset accounts, ch		eral Deprecia			m
	Placed in Service	into one or more general ce During 2008 Tax	asset accounts, ch	the Gen	eral Deprecia			m
18 If you are electing to group any assets placed in ser	vice during the tax year	into one or more general ce During 2008 Tax	asset accounts, ch Year Using ation t use (d) f		eral Deprecia (e) Convention	tion Sy	ster	
18 If you are electing to group any assets placed in sen Section B - Assets (a) Classification of property 19a 3-year property	Placed in Servic (b) Month and year placed	c) Basis for deprec (business/investmer	asset accounts, ch Year Using ation t use (d) f	the Gen Recovery		tion Sy	ster	
18 If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property	Placed in Servic (b) Month and year placed	tinto one or more general ce During 2008 Tax (c) Basis for deprec (business/investmer	asset accounts, ch Year Using ation t use (d) f	the Gen Recovery		tion Sy	ster	
18 If you are electing to group any assets placed in sen Section B - Assets (a) Classification of property 19a 3-year property	Placed in Servic (b) Month and year placed	tinto one or more general ce During 2008 Tax (c) Basis for deprec (business/investmer	asset accounts, ch Year Using ation t use (d) f	the Gen Recovery		tion Sy	ster	
18 If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 19a 3-year property b 5-year property	Placed in Servic (b) Month and year placed	tinto one or more general ce During 2008 Tax (c) Basis for deprec (business/investmer	asset accounts, ch Year Using ation t use (d) f	the Gen Recovery		tion Sy	ster	
18 If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property	Placed in Servic (b) Month and year placed	tinto one or more general ce During 2008 Tax (c) Basis for deprec (business/investmer	asset accounts, ch Year Using ation t use (d) f	the Gen Recovery		tion Sy	ster	
18 If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property	Placed in Servic (b) Month and year placed	tinto one or more general ce During 2008 Tax (c) Basis for deprec (business/investmer	asset accounts, ch Year Using ation t use (d) f	the Gen Recovery		tion Sy	ster	
18 If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property	Placed in Servic (b) Month and year placed	tinto one or more general ce During 2008 Tax (c) Basis for deprec (business/investmer	are 2008 asset accounts, ch (Year Using t ation ti use ons)	the Gen Recovery		tion Sy	ster	
18 If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property	Placed in Servic (b) Month and year placed	tinto one or more general ce During 2008 Tax (c) Basis for deprec (business/investmer	are 2008 asset accounts, ch (Year Using 1 ation 1t use ons)	the Gen Recovery period		(f) Methor	ster	
18 If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	(b) Month and year placed in Service (b) Month and year placed in service	tinto one or more general ce During 2008 Tax (c) Basis for deprec (business/investmer	are 2008 asset accounts, ch (Year Using (ation ti use ons) (d) F	the Gen Recovery period	(e) Convention	ation Sy: (1) Method	ster	
18 If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property	vice during the tax year Placed in Servic (b) Month and year placed in service	tinto one or more general ce During 2008 Tax (c) Basis for deprec (business/investmer	asset accounts, ch (Year Using thation (d) F it use (c) F (d)	the Gen Recovery errod 5 yrs 5 yrs	(e) Convention	(f) Method (f) Method S/L S/L	ster	
18 If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property	vice during the tax year Placed in Servic (b) Month and year placed in service	tinto one or more general ce During 2008 Tax (c) Basis for deprec (business/investmer	asset accounts, ch (Year Using thation (d) F it use (c) F (d)	the Gen Recovery seriod 5 yrs .5 yrs .5 yrs	(e) Convention	(f) Method (f) Method S/L S/L S/L	ster	
18 If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property	vice during the tax year Placed in Servic (b) Month and year placed in service / / / / /	Into one or more general 2e During 2008 Ta) (c) Basis for deprec (business/investmer only - see instruction	asset accounts, ch (Year Using thation (d) F ons) (d) F (d) F	the Gen Recovery seriod 5 yrs 5 yrs 5 yrs 5 yrs 9 yrs	(e) Convention	(f) Method (f) Method S/L S/L S/L S/L S/L		(g) Depreciation deduc
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816251 11-08-08 LHA For Paperwork Reduction Act Notice, see separate instructions.

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PHOENIX MANOR, INC

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? Yes No Yes (b) (e) (i) (c) (f) (a) (h) (d) (a) Date Business/ Elected Basis for depreciation Type of property Recovery Method/ Depreciation Cost or placed in investment (business/investment section 179 (list vehicles first) other basis period Convention deduction service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use: S/L % S/L % S/L % 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the	(a Vehr		(b Veh	-	(c Veh		(c Veh		(د Veh	•	(1 Veh	•
-	year (do not include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37	Do you maintain a written policy statement that	at prohibits a	Il personal use of vehicles,	, including commuti	ng, by your	Yes	s No
	employees?						
38	Do you maintain a written policy statement that	at prohibits p	ersonal use of vehicles, ex	cept commuting, b	y your		·
	employees? See the instructions for vehicles u	used by corp	orate officers, directors, o	r 1% or more owner	S		
39	Do you treat all use of vehicles by employees	as personal i	use?				
40	Do you provide more than five vehicles to you	r employees,	obtain information from y	our employees abou	it		
	the use of the vehicles, and retain the information	tion received	?				
41	Do you meet the requirements concerning qua	alified autom	obile demonstration use?			_	
	Note: If your answer to 37, 38, 39, 40, or 41 is	"Yes," do no	ot complete Section B for t	he covered vehicles	,		
P	art VI Amortization						
	(a)	(b)	(c)	(d)	(e)	(f)	-
	Description of costs	Date amortization begins	Amortizable amount	Code section	Amortization period or percentage	Amortizatio for this yea	

42 Amortization of costs that begin	s during your 2008 tax	year [.]		 		
		-		 	•	
43 Amortization of costs that begai	before your 2008 tax	year	•		43	
AA Total Add amounts in column (See the instructions 	for where to rer	oort		44	

Form	8868
(Rev. /	Aprıl 2009)
	nent of the Treasury Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

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

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

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

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs gov/efile* and click on e-file for Chanties & Nonprofits.

Type of print	Name of Exempt Organization	Emp	loyer identificati	on number
print	PHOENIX MANOR, INC	6	5-0119646	5
File by the due date filing you return S instruction	ne for I1031 NE 6 AVENUE			
Check	type of return to be filed (file a separate application for each return).			
	Form 990 Form 990-T (corporation) Form 47 Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 52 Form 990-EZ Form 990-T (trust other than above) Form 60 Form 990-PF Form 1041-A Form 88	27)69		
• The	FATIMA GONZALEZ books are in the care of ► 11035 NE 6 AVENUE MIAMI, FL - 33161			
If theIf the	ephone No ► <u>(305) 757-0602</u> FAX No. ► the organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the ↓ If it is for part of the group, check this box ► and attach a list with the names and EINs of all			
-	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unit FEBRUARY 15, 2010 , to file the exempt organization return for the organization named a s for the organization's return for: calendar year or X tax year beginning JUL 1, 2008, and ending JUN 30, 2009 If this tax year is for less than 12 months, check reason Initial return Final return	bove	The extension — Change in accou	ntıng period
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	<u> </u>		
	nonrefundable credits. See instructions	3a	\$	
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated			
	tax payments made Include any pnor year overpayment allowed as a credit	3b	\$	
С	Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,			
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)			
	See instructions	3c	\$	N/A
Cautio	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment I	nstructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

Form 8868 (Rev. 4-2009)		Page 2						
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo 	×	► X						
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed		8868						
• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).								
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies	needed)						
Type or Name of Exempt Organization	Emp	loyer identification number						
PHOENIX MANOR, INC	6	5-0119646						
File by the extended Number, street, and room or suite no. If a P O box, see instructions. due date for 11031 NE 6 AVENUE	For I	RS use only						
filing the return See City, town or post office, state, and ZIP code. For a foreign address, see instructions MIAMI, FL 33161								
Check type of return to be filed (File a separate application for each return) ⁻ X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	=	orm 5227 Form 8870						
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	sly file	ed Form 8868.						
FATIMA GONZALEZ • The books are in the care of ▶ 11035 NE 6 AVENUE MIAMI, FL - 33161 Telephone No. ▶ (305) 757-0602 FAX No ▶ • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	s is fo	r the whole group, check this						
box b If it is for part of the group, check this box b and attach a list with the names and EINs of all i	nemb	ers the extension is for.						
4 I request an additional 3-month extension of time until <u>MAY 15, 2010</u>								
5 For calendar year, or other tax year beginning <u>JUL_1, 2008</u> , and ending	<u>אַטַר</u>	<u>30, 2009</u> .						
6 If this tax year is for less than 12 months, check reason.		Change in accounting period						
7 State in detail why you need the extension								
ADDITIONAL TIME IS NEEDED TO GATHER THE NECESSARY INFO	RMA	TION TO PREPARE						
A COMPLETE AND ACCURATE RETURN.								
8a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any		•						
nonrefundable credits. See instructions	<u>8a</u>	\$						
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid.								
previously with Form 8868.	8b	\$						
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit	00	_Ψ						
with FTD coupori or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$ N/A						
Signature and Verification		<u> </u>						
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the	best o	f my knowledge and belief,						
it is true, correct, and complete, and that I am authorized to prepare this form.		► FEB 1 5 2010						
Signature Mirtha T. Carballo, CPA Title -	Date							

Form 8868 (Rev. 4-2009)

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