

**MOYE, WATERS, & ASSOCIATES, LLC**

4317 C Lead Avenue SE  
Albuquerque, NM 87108  
[www.moyewaters.com](http://www.moyewaters.com)

**2008 Exempt Org. Return**  
prepared for:

**Casa Esperanza, Inc.**  
P.O. Box 40472  
Albuquerque, NM 87196-0472

Casa Esperanza, Inc.

85-0356946

	2008	2007	Diff
<b>REVENUE</b>			
Contributions and grants.....	597,283	425,937	171,346
Program service revenue.....	239,454	252,483	-13,029
Investment income.....	1,287	3,182	-1,895
Other revenue.....	17,081	3,120	13,961
Total revenue.....	855,105	684,961	170,144
<b>EXPENSES</b>			
Salaries, other compensation, employee b	422,824	357,486	65,338
Other expenses.....	366,119	343,580	22,539
Total expenses.....	788,943	701,066	87,877
<b>NET ASSETS OR FUND BALANCES</b>			
Revenue less expenses.....	66,162	-16,105	82,267
Total assets at end of year.....	1,465,209	1,408,631	56,578
Total liabilities at end of year.....	39,673	49,257	-9,584
Net assets or fund balances at end of ye	1,425,536	1,359,374	66,162

Casa Esperanza, Inc.

85-0356946

**Forms needed for this return**

Federal: 990, Sch A, Sch B, Sch D, Sch M, Sch R, Sch O, 8868

**Carryovers to 2009**

None

The organization's Federal tax return is **NOT FINISHED** until you complete the following instructions.

### **Prior to transmission of the return**

#### **Form 990**

The organization should review their Federal Return along with any accompanying schedules and statements.

#### **Paperless e-file**

The organization should read, sign and date the Form 8879-EO, IRS e-file Signature Authorization.

#### **Even Return**

No payment is required.

### **After transmission of the return**

#### **Receive acknowledgement of your e-file transmission status.**

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

**Keep a signed copy of Form 8879-EO, IRS e-file Signature Authorization in your files for 3 years.**

#### **Do not mail:**

Form 8879-EO IRS e-file Signature Authorization

The organization's Federal tax return is **NOT FINISHED** until you complete the following instructions.

### **Prior to transmission of the return**

#### **Form 8868**

No signature is required when filing Form 8868 electronically.

#### **Even Return**

No payment is required.

### **After transmission of the return**

#### **Receive acknowledgement of your e-file transmission status.**

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

Casa Esperanza, Inc.

85-0356946

Form 990, Part IX, Line 24  
Other Expenses

	(A)	(B)	(C)	(D)
	<u>Total</u>	<u>Program Services</u>	<u>Management &amp; General</u>	<u>Fundraising</u>
Asst to Beneficiaries	2,199.	2,199.		
Bad Debt Writeoff	3,628.	633.	1,125.	1,870.
Board Expenses	2,282.		2,282.	
Cost of Sales	2,152.			2,152.
In-Kind Materials	15,892.	11,706.	4,010.	176.
Patient Support	28,413.	27,842.		571.
Postage and Shipping	8,990.	4,399.	2,325.	2,266.
Printing and Publications	6,347.	3,063.	1,908.	1,376.
Repairs & Maintenance	29,358.	26,801.	2,557.	
Staff & Donor Recognition	5,740.	1,268.	3,135.	1,337.
Supplies	16,329.	16,329.		
Utilities	50,644.	49,035.	1,609.	
Total	<u>\$ 171,974.</u>	<u>\$ 143,275.</u>	<u>\$ 18,951.</u>	<u>\$ 9,748.</u>

## Casa Esperanza, Inc.

85-0356946

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Auto / Transport Equipment																
80	1994 Mazda Pickup	8/25/06		2,550							2,550	978	S/L HY	5	.20000	510
Total Auto / Transport Equipment				2,550		0	0	0	0	0	2,550	978				510
Buildings																
2	Building	2/28/92		1,216,588							1,216,588	509,865	S/L MM	31.5	.03175	38,627
6	Ceramic Tile	6/30/99		4,639							4,639	1,102	S/L MM	39	.02564	119
9	Playground Wall Tiles	1/14/00		1,808							1,808	386	S/L MM	39	.02564	46
10	Block Wall	1/18/00		3,450							3,450	735	S/L MM	39	.02564	88
11	Steel Gates	1/31/00		900							900	192	S/L MM	39	.02564	23
12	Stucco	2/17/00		1,000							1,000	214	S/L MM	39	.02564	26
14	Brick Wall	3/15/00		3,389							3,389	721	S/L MM	39	.02564	87
18	Res room a/c	8/15/00		725							725	725	S/L HY	7		0
23	New Counter Tops (Kitch/F	3/12/01		7,300							7,300	5,314	S/L HY	10	.10000	730
24	Res Room a/c	5/29/01		750							750	712	S/L HY	7		0
26	Retile Public Bathrooms	7/01/01		1,011							1,011	990	S/L HY	7	.07140	21
27	Bath Tile & Installation	7/31/01		905							905	901	S/L HY	7	.07140	4
40	Remodel Bathrooms	9/22/03		14,958							14,958	3,560	S/L HY	20	.05000	748
41	Upgrade 2 Handicap Bathro	1/14/04		4,281							4,281	963	S/L HY	20	.05000	214
44	Install Water hook-ups	1/29/04		2,995							2,995	885	S/L HY	15	.06670	200
61	New Roof	9/14/04		53,960							53,960	10,342	S/L HY	20	.05000	2,698
76	Tile 5 Bathrooms	6/30/07		716							716	19	S/L MM	39	.02564	18
82	4 Terminal A/C Units	7/14/07		2,652							2,652	189	S/L HY	7	.14290	379
83	Ductwork for Admin Office	7/30/07		865							865	62	S/L HY	7	.14290	124

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85-0356946

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis /Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
85	Field Survey for park	7/31/07		3,741							3,741	267	S/L HY	7	.14290	535
86	Inkind Easement Survey	7/31/07		900							900	64	S/L HY	7	.14290	129
88	JMA Survey & Topographic	10/01/07		4,703							4,703	336	S/L HY	7	.14290	672
89	landscaping-new rock&fabr	10/31/07		1,600							1,600	114	S/L HY	7	.14290	229
93	New GHAR Office	1/22/08		2,173							2,173	155	S/L HY	7	.14290	311
94	Tile spacers&nippers	2/20/08		49							49	3	S/L HY	7	.14290	7
95	Cement,grout,sponge	2/29/08		68							68	5	S/L HY	7	.14290	10
96	Tools for installation	2/29/08		15							15	1	S/L HY	7	.14290	2
97	Tile for rooms	3/03/08		293							293	21	S/L HY	7	.14290	42
98	Tile & tiling supplies	4/16/08		655							655	47	S/L HY	7	.14290	94
99	Tile & tiling supplies	4/17/08		445							445	32	S/L HY	7	.14290	64
100	Tile & tiling supplies	4/18/08		162							162	12	S/L HY	7	.14290	23
101	Silicone & cleaner	4/18/08		11							11	1	S/L HY	7	.14290	2
Total Buildings				1,337,707		0	0	0	0	0	1,337,707	538,935				46,272
Furniture and Fixtures																
1	Fully Depreciated	2/28/92		283,244							283,244	283,244	S/L HY	10		0
3	Futon Sofas	6/12/98		3,360							3,360	3,360	S/L HY	7		0
4	Artwork	1/31/99		2,076							2,076	2,076	S/L HY	7		0
5	Artwork InKind	1/31/99		1,400							1,400	1,400	S/L HY	7		0
7	Futon	6/30/99		3,360							3,360	3,360	S/L HY	7		0
8	Carpet Cleaner	7/02/99		895							895	572	S/L HY	15	.06670	60
22	Framed art for rooms	11/14/00		3,500							3,500	3,500	S/L HY	7		0
25	Picture Framing	6/08/01		2,292							2,292	2,147	S/L HY	7		0
28	Conference Table	8/20/01		1,300							1,300	1,279	S/L HY	7	.07140	21
29	Conf Room Lighting	8/23/01		1,356							1,356	931	S/L HY	10	.10000	136

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30	Conf Room Chairs	8/28/01		3,020							3,020	2,972	S/L HY	7	.07140	48
31	Glass Tops Conf Table	8/28/01		535							535	535	S/L HY	5		0
32	Data Jacks, Cabling	8/31/01		1,065							1,065	1,065	S/L HY	5		0
42	Blinds for Palmer Confere	1/28/04		2,106							2,106	1,880	S/L HY	5	.10000	211
45	Network Cabling-Kelly Cab	4/22/04		1,110							1,110	935	S/L HY	5	.10000	111
56	Painting of Palmer Room	12/31/03		1,500							1,500	678	S/L HY	10	.10000	150
57	Key Storage Boxes	7/10/04		918							918	735	S/L HY	5	.20000	183
67	Oven	1/23/06		506							506	180	S/L HY	7	.14280	72
69	Dining Set, Buffet, Chair	12/31/05		2,000							2,000	738	S/L HY	7	.14280	286
71	Carpet	6/30/06		34,900							34,900	7,271	S/L HY	10	.10000	3,490
77	28 twin mattresses	5/24/07		30,772							30,772	3,590	S/L HY	10	.10000	3,077
78	28 Full Mattresses	5/24/07		41,972							41,972	4,897	S/L HY	10	.10000	4,197
79	Computer -Navigator Prgm	8/28/06		1,115							1,115	353	S/L HY	5	.20000	223
Total Furniture and Fixtures				424,302		0	0	0	0	0	424,302	327,698				12,265
Improvements																
15	Landscaping	3/24/00		2,500							2,500	763	S/L HY	20	.05000	125
19	Patio/Landscaping	9/14/00		7,600							7,600	2,745	S/L HY	20	.05000	380
37	Xeric Landscaping Project	7/31/02		12,064							12,064	3,575	S/L HY	20	.05000	603
106	Parking Lot-Shared	7/09/08		127,625							127,625		S/L HY	20	.02500	3,191
Total Improvements				149,789		0	0	0	0	0	149,789	7,083				4,299
Machinery and Equipment																
13	Playground System	3/01/00		7,590							7,590	4,284	S/L HY	15	.06670	506
16	Dryer Vent	4/14/00		885							885	188	S/L MM	39	.02564	23

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17	Tuff Shed #2	7/14/00		1,250							1,250	994	S/L HY	10	.10000	125
20	Compressor	9/29/00		1,044							1,044	1,044	S/L HY	5		0
21	New Phone Sys	9/29/00		7,185							7,185	3,720	S/L HY	15	.06670	479
33	AC Room unit	9/24/01		608							608	608	S/L HY	5		0
34	New Boiler	2/12/02		11,471							11,471	6,264	S/L HY	10	.10000	1,147
35	Blower Motor	5/30/02		1,247							1,247	1,247	S/L HY	5		0
36	Rear Alarm	6/12/02		564							564	564	S/L HY	5		0
38	Home Security Systems	10/17/02		503					1		502	503	S/L HY	3		0
39	Replacement Boiler Part	4/23/03		505							505	478	S/L HY	5		0
43	Refrigerator	1/28/04		460							460	357	S/L HY	5	.10000	46
46	Dell Computer	4/27/04		1,250							1,250	1,053	S/L HY	5	.10000	125
47	Dell Computer	4/27/04		1,250							1,250	1,053	S/L HY	5	.10000	125
48	Dell Computer	4/27/04		1,250							1,250	1,053	S/L HY	5	.10000	125
49	Dell Computer	4/27/04		1,416							1,416	1,192	S/L HY	5	.10000	142
50	Server - Dell Computer	4/27/04		1,458							1,458	1,229	S/L HY	5	.10000	146
51	Dell Computer	5/04/04		1,623							1,623	1,353	S/L HY	5	.10000	162
52	Dell Computer	5/04/04		1,623							1,623	1,353	S/L HY	5	.10000	162
53	Dell Computer	5/04/04		1,623							1,623	1,353	S/L HY	5	.10000	162
54	Dell Computer	5/04/04		1,623							1,623	1,353	S/L HY	5	.10000	162
55	Battery back-ups/acrobat	5/11/04		668							668	520	S/L HY	5	.10000	67
58	Industrial washer/dryer	7/22/04		2,090							2,090	1,655	S/L HY	5	.20000	418
59	Air Conditioners	7/19/04		1,825							1,825	719	S/L HY	10	.10000	183
60	Carpet Cleaner	9/15/04		3,237							3,237	1,241	S/L HY	10	.10000	324
62	Air Conditioners	11/10/04		2,525							2,525	926	S/L HY	10	.10000	253
63	New boiler pump	3/17/05		1,433							1,433	1,344	S/L HY	3		0
64	New Refrigerator	3/31/05		540							540	355	S/L HY	5	.20000	108
65	Electric Wheelchair	10/31/05		3,000							3,000	1,650	S/L HY	5	.20000	600

Casa Esperanza, Inc.

85-0356946

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
66	Trans Air Conditioners(3)	11/17/05		1,951							1,951	743	S/L HY	7	.14280	279
68	Terminal A/C Units	4/14/06		2,605							2,605	837	S/L HY	7	.14280	372
70	Waher and Dryer	1/31/06		2,157							2,157	770	S/L HY	7	.14280	308
72	3 terminal AC Units	6/30/06		1,954							1,954	407	S/L HY	10	.10000	195
73	Accounting Asst Computer	8/28/06		1,115							1,115	427	S/L HY	5	.20000	223
74	4 AC Units	8/18/06		2,605							2,605	500	S/L HY	10	.10000	261
75	2 Wheelchairs	4/30/07		1,000							1,000	125	S/L HY	10	.10000	100
81	Dell PowerEdge Computer	7/12/07		5,701							5,701	570	S/L HY	5	.20000	1,140
84	Inkind - Server Software	7/31/07		599							599	60	S/L HY	5	.20000	120
87	Air Conditioner	8/20/07		814							814	81	S/L HY	5	.20000	163
90	refrigerator	11/08/07		802							802	80	S/L HY	5	.20000	160
91	air conditioner	11/15/07		633							633	63	S/L HY	5	.20000	127
92	coke machine	11/19/07		800							800	80	S/L HY	5	.20000	160
102	Refrigerator	5/05/08		1,250							1,250	125	S/L HY	5	.20000	250
103	InKind refrigerator	5/05/08		931							931	93	S/L HY	5	.20000	186
104	SmaTV9-Direct TV Install	6/18/09		4,439							4,439		S/L HY	5	.10000	444
105	Computer-Inter DG965WHMKR	11/12/07		1,325							1,325		S/L HY	5	.20000	265
Total Machinery and Equipment				92,427		0	0	0	1	0	92,426	44,614				10,343
Total Depreciation				<u>2,006,775</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>2,006,774</u>	<u>919,308</u>				<u>73,689</u>
Grand Total Depreciation				<u>2,006,775</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>2,006,774</u>	<u>919,308</u>				<u>73,689</u>

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning 7/01, 2008, and ending 6/30, 2009.

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

# 2008

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

Casa Esperanza, Inc.

85-0356946

Name and title of officer

Eileen Cook

Executive Direc

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a Form 990</b> check here. . . . . <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, line 12) . . . . .	<b>1b</b> <u>855,105.</u>
<b>2a Form 990-EZ</b> check here. . . . . <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> _____
<b>3a Form 1120-POL</b> check here. . . . . <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3b</b> _____
<b>4a Form 990-PF</b> check here. . . . . <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .	<b>4b</b> _____
<b>5a Form 8868</b> check here. . . . . <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) . . . . .	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize MOYE, WATERS, & ASSOCIATES, LLC to enter my PIN 03948 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature \_\_\_\_\_ Date \_\_\_\_\_

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. . . . . 85073685164  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date \_\_\_\_\_

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

**BAA For Paperwork Reduction Act Notice, see instructions.**

Form **8879-EO** (2008)

**Return of Organization Exempt From Income Tax**

**2008**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	Casa Esperanza, Inc. P.O. Box 40472 Albuquerque, NM 87196-0472	<b>D</b> Employer Identification Number 85-0356946  <b>E</b> Telephone number 505-277-9880  <b>G</b> Gross receipts \$ 855,105.
<b>F</b> Name and address of principal officer: Eileen Cook Same As C Above		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: casaesperanzanm.org		<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L</b> Year of Formation: 1987		<b>M</b> State of legal domicile: NM	

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <u>The mission of Casa Esperanza, Inc. is to provide a facility offering temporary lodging for cancer patients and their family members while the patient is undergoing diagnostic, treatment, or follow up care in a Albuquerque health care facility. Casa Esperanza operates and maintains</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		17
	5 Total number of employees (Part V, line 2a)	5		17
	6 Total number of volunteers (estimate if necessary)	6		20
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a		0.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	425,937.	Prior Year	597,283.
	9 Program service revenue (Part VIII, line 2g)	252,483.	Current Year	239,454.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,182.		1,287.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,120.		17,081.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	684,961.		855,105.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	357,486.		422,824.
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25)	10,169.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	343,580.		366,119.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	701,066.		788,943.	
19 Revenue less expenses. Subtract line 18 from line 12	-16,105.		66,162.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,408,631.	Beginning of Year	1,465,209.
	21 Total liabilities (Part X, line 26)	49,257.	End of Year	39,673.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,359,374.		1,425,536.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer _____ Eileen Cook Type or print name and title.	Date _____ Executive Direc	
<b>Paid Preparer's Use Only</b>	Preparer's signature	Ollie D. Waters	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	MOYE, WATERS, & ASSOCIATES, LLC 4317 C Lead Avenue SE Albuquerque, NM 87108	P00072561
		EIN 20-5855985 Phone no. (505) 260-0616	

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

See Schedule O

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

Yes No

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

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

Yes No

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

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

4a (Code: ) (Expenses \$ 618,552. including grants of \$ ) (Revenue \$ )

Casa Esperanza Inc expanded their support for residents, established a full time Patient Navigation Program and improved the dietary and nutritional services provided to residents.

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

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

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

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

4e Total program service expenses \$ 618,552. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

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

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

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

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Form 990 (2008)

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. . . . .		
<b>1a</b>	5		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .		
<b>1b</b>	0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		X
<b>2a</b>	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. . . . .		
<b>2a</b>	17		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		X
<b>3b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
<b>4b</b>	If 'Yes,' enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
<b>5c</b>	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .		X
<b>6b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .		X
<b>7b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>7d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . .		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		X
<b>7h</b>	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>9b</b>	Did the organization make any distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
<b>10b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from other members or shareholders . . . . .		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		
<b>12a</b>	<b>Section 4947(a)(1) nonexempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>12b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . .		

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

**Section A. Governing Body and Management**

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

**Section B. Policies**

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

**Section C. Disclosures**

- 17** List the states with which a copy of this Form 990 is required to be filed ►   NM
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website       Another's website       Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.   See Schedule O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ►   Mary Loyd P.O. Box 40472 Albuquerque NM 87196-0472 505-277-9880

**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**

1 a 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) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Johnese M. Turri Chair	1	X					0.	0.	0.	
Leo Moya Vice Chair	1	X					0.	0.	0.	
Anthony R. Masciotra, Jr. Treasurer	1	X					0.	0.	0.	
Julie Tierney Secretary	1	X					0.	0.	0.	
Lia Armstrong Director	1	X					0.	0.	0.	
Beth Brodie Director	1	X					0.	0.	0.	
Melanie Cravens Director	1	X					0.	0.	0.	
Lily Curtis Director	1	X					0.	0.	0.	
Ryan Dobbs Director	1	X					0.	0.	0.	
Trevor Lewis Director	1	X					0.	0.	0.	
Ginny Longbotham Director	1	X					0.	0.	0.	
Jennifer Lowrie Director	1	X					0.	0.	0.	
Justine Meehan Director	1	X					0.	0.	0.	
Fred Moore Director	1	X					0.	0.	0.	
T. Zane Reeves Director	1	X					0.	0.	0.	
Betty L. Schaum Director	1	X					0.	0.	0.	
Sherri Wells Director	1	X					0.	0.	0.	



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns . . . . .	<b>1 a</b> 50,000.					
	<b>b</b> Membership dues . . . . .	<b>1 b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1 c</b>					
	<b>d</b> Related organizations . . . . .	<b>1 d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1 e</b> 120,830.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1 f</b> 426,453.					
	<b>g</b> Noncash contribns included in lns 1a-1f: . . . . \$	17,362.					
<b>h Total.</b> Add lines 1a-1f. . . . . ▶		597,283.					
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a</b> <u>Room Rentals</u>	<b>Business Code</b>	239,454.	239,454.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f. . . . . ▶		239,454.				
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,287.	1,287.			
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶						
	<b>5</b> Royalties . . . . . ▶						
	<b>6 a</b> Gross Rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .					
		<b>d</b> Net rental income or (loss) . . . . . ▶					
	<b>7 a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .					
		<b>c</b> Gain or (loss) . . . . .					
		<b>d</b> Net gain or (loss) . . . . . ▶					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b> 13,214.					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . . ▶		13,214.	13,214.		
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less: direct expenses . . . . .		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶							
<b>10 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> <u>Merchandise sales</u>			3,867.		3,867.		
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d. . . . . ▶			3,867.				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶			855,105.	253,955.	0.	3,867.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	17,386.	17,386.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	275,263.	204,657.	70,606.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.	105,154.	73,045.	32,109.	
10 Payroll taxes.	25,021.	18,989.	6,032.	
11 Fees for services (non-employees).				
a Management.				
b Legal.				
c Accounting.	8,220.		8,220.	
d Lobbying.				
e Prof fundraising svcs. See Part IV, ln 17.				
f Investment management fees.				
g Other.	38,657.	35,728.	2,917.	12.
12 Advertising and promotion.	5,951.	4,979.	683.	289.
13 Office expenses.	19,947.	7,159.	12,730.	58.
14 Information technology.				
15 Royalties.				
16 Occupancy.	21,000.	21,000.		
17 Travel.	4,113.	3,623.	485.	5.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	2,331.	1,293.	981.	57.
20 Interest.	663.	663.		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	73,689.	72,605.	1,084.	
23 Insurance.	19,574.	14,150.	5,424.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Utilities	50,644.	49,035.	1,609.	
b Repairs & Maintenance	29,358.	26,801.	2,557.	
c Patient Support	28,413.	27,842.		571.
d Supplies	16,329.	16,329.		
e In-Kind Materials	15,892.	11,706.	4,010.	176.
f All other expenses.	31,338.	11,562.	10,775.	9,001.
25 Total functional expenses. Add lines 1 through 24f.	788,943.	618,552.	160,222.	10,169.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash — non-interest-bearing	190,509.	1	181,729.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	90,188.	3	54,602.
	4	Accounts receivable, net	36,928.	4	32,443.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	2,164.	8	3,281.
	9	Prepaid expenses and deferred charges	463.	9	1,856.
	10a	Land, buildings, and equipment: cost basis	10a 2,006,450.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 993,081.	954,994.	10c 1,013,369.
	11	Investments — publicly-traded securities		11	
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	133,385.	15	177,929.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,408,631.	16	1,465,209.	
LIABILITIES	17	Accounts payable and accrued expenses	30,920.	17	39,673.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	18,337.	23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	49,257.	26	39,673.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>				
	27	Unrestricted net assets	1,134,557.	27	1,245,560.
	28	Temporarily restricted net assets	224,817.	28	179,976.
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances.</b>	1,359,374.	33	1,425,536.	
34	<b>Total liabilities and net assets/fund balances.</b>	1,408,631.	34	1,465,209.	

**Part XI Financial Statements and Reporting**

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

BAA

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization <b>Casa Esperanza, Inc.</b>	Employer identification number <b>85-0356946</b>
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**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 cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, 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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 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 Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 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.
  - a  Type I
  - b  Type II
  - c  Type III — Functionally integrated
  - d  Type III — Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified 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).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11 g (i)</b>	
(ii) a family member of a person described in (i) above? .....	<b>11 g (ii)</b>	
(iii) a 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11 g (iii)</b>	

h Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	416,299.	312,224.	521,931.	425,937.	597,283.	2,273,674.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
<b>4 Total.</b> Add lines 1-3.	416,299.	312,224.	521,931.	425,937.	597,283.	2,273,674.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
<b>6 Public support.</b> Subtract line 5 from line 4.						2,273,674.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4.	416,299.	312,224.	521,931.	425,937.	597,283.	2,273,674.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	443.	1,194.	1,526.	3,182.	1,287.	7,632.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV.		1,369.	1,235.	3,120.	3,867.	9,591.
<b>11 Total support.</b> Add lines 7 through 10.						2,290,897.
<b>12</b> Gross receipts from related activities, etc. (see instructions).					12	0.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	<b>14</b>	99.3 %
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	<b>15</b>	99.0 %
<b>16a 33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
<b>b 33-1/3 support test – 2007.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

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

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

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



Casa Esperanza, Inc.

85-0356946

## Part II, Line 10 - Other Income

Nature and Source	2008	2007	2006	2005	2004
Merchandise Sales	3,867.	3,120.	1,235.	1,369.	
Total	<u>\$ 3,867.</u>	<u>\$ 3,120.</u>	<u>\$ 1,235.</u>	<u>\$ 1,369.</u>	<u>\$ 0.</u>

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, 990-EZ and 990-PF**  
▶ **See separate instructions.**

OMB No. 1545-0047

**2008**

Name of the organization

Casa Esperanza, Inc.

Employer identification number

85-0356946

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 501(c)(   3   ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule** –

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules** –

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

Casa Esperanza, Inc.

85-0356946

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Frost Foundation 511 Armijo, Suite A Santa Fe, NM 87501	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Casa Esperanza Endowment P.O. Box 40472 Albuquerque, NM 87196	\$ 244,371.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Other private grants P.O. Box 40472 Albuquerque, NM 87196	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Unrestricted contributions P.O. Box 40472 Albuquerque, NM 87196	\$ 96,895.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Various Inkind P.O. Box 40472 Albuquerque, NM 87196	\$ 17,362.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Casa Esperanza, Inc.

85-0356946

**Part II** Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	Various materials	\$ 17,362.	6/30/09

BAA

Name of organization <b>Casa Esperanza, Inc.</b>	Employer identification number <b>85-0356946</b>
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**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

Casa Esperanza, Inc.

85-0356946

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Table with 2 columns: Question, Held at the End of the Year. Rows include purpose of easements, total number of easements, total acreage, and various details about easement modifications and monitoring.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 2 columns: Question, Amount. Rows include questions about reporting works of art, historical treasures, and similar assets, with sub-questions for revenues and assets.

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land				
b Buildings		1,337,707.	585,207.	752,500.
c Leasehold improvements		149,789.	11,382.	138,407.
d Equipment		93,652.	56,446.	37,206.
e Other		425,302.	340,046.	85,256.
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,013,369.

BAA



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)		855,105.
2	Total expenses (Form 990, Part IX, column (A), line 25)		788,943.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		66,162.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4-8		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		66,162.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements		1	885,869.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2a		
	b Donated services and use of facilities	2b	30,764.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIV)	2d		
	e Add lines 2a through 2d	2e		30,764.
3	Subtract line 2e from line 1		3	855,105.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5	855,105.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements		1	819,707.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	30,764.	
	b Prior year adjustments	2b		
	c Losses reported on Form 990, Part IX, line 25	2c		
	d Other (Describe in Part XIV)	2d		
	e Add lines 2a through 2d	2e		30,764.
3	Subtract line 2e from line 1		3	788,943.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		5	788,943.

**Part XIV Supplemental Information**

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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**SCHEDULE M  
(Form 990)**

**Non-Cash Contributions**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **To be completed by organizations that answered 'Yes'  
on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.**

Name of the organization

Casa Esperanza, Inc.

Employer identification number

85-0356946

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art .....				
2 Art—Historical treasures .....				
3 Art—Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities—Publicly traded .....				
10 Securities—Closely held stock .....				
11 Securities—Partnership, LLC, or trust interests .....				
12 Securities—Miscellaneous .....				
13 Qualified conservation contribution (historic structures) .....				
14 Qualified conservation contribution (other) .....				
15 Real estate—Residential .....				
16 Real estate—Commercial .....				
17 Real estate—Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► ( _____ ) .....				
26 Other ► ( _____ ) .....				
27 Other ► ( _____ ) .....				
28 Other ► ( _____ ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If 'Yes,' describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008



**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related 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.**  
▶ **See separate instructions.**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

Casa Esperanza, Inc.

Employer identification number

85-0356946

**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
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**Part II Identification of Related Tax-Exempt Organizations**

(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
Casa Esperanza Endowment Foundation P.O. Box 40472 Albuquerque, NM 87196-0472 85-0479804	Supporting Organization for Casa Esperanza, Inc.	NM	501 C 3	Public	N/A
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**Part III Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
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**Part V Transactions With Related Organizations**

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

**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:

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties <b>(iv)</b> rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		X
<b>c</b> Gift, grant, or capital contribution from other organization(s)	X	
<b>d</b> Loans or loan guarantees to or for other organization(s)		X
<b>e</b> Loans or loan guarantees by other organization(s)		X
<b>f</b> Sale of assets to other organization(s)		X
<b>g</b> Purchase of assets from other organization(s)		X
<b>h</b> Exchange of assets		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		X
<b>n</b> Sharing of paid employees		X
<b>o</b> Reimbursement paid to other organization for expenses		X
<b>p</b> Reimbursement paid by other organization for expenses		X
<b>q</b> Other transfer of cash or property to other organization(s)		X
<b>r</b> Other transfer of cash or property from other organization(s)		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.

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) Casa Esperanza Endowment Foundation	c	244,371.
(2)		
(3)		
(4)		
(5)		
(6)		



Department of the Treasury  
Internal Revenue Service

▶ 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.

Name of the organization

Employer identification number

Casa Esperanza, Inc.

85-0356946

**Form 990, Part III, Line 1 - Organization Mission**

The mission of Casa Esperanza, Inc. is to provide a facility offering temporary lodging for cancer patients and their family members while the patient is undergoing diagnostic, treatment, or follow up care in a Albuquerque health care facility. Casa Esperanza operates and maintains twenty eight rooms specifically for this purpose.

In addition, Casa Esperanza provides comprehensive clinical counseling and patient navigation and survivor services

**Form 990, Part VI, Line 10 - Form 990 Review Process**

The form 990 is provided to members of the Finance Committee for review and approval prior to submission to the IRS

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

Management, staff and Board members are required to report actual and potential conflicts of interest as soon as the individual is aware of a conflict.

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees**

Management and staff compensation levels are reviewed by the Finance Committee annually during the budget approval process.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

Governing documents are made available on the organization website, the Guidestar website, and upon written request.

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **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 requesting 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>Casa Esperanza, Inc.</b>	Employer identification number <b>85-0356946</b>
	File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>P.O. Box 40472</b>
		City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Albuquerque, NM 87196-0472</b>

**Check type of return to be filed** (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

● The books are in the care of ▶ Mary Loyd \_\_\_\_\_

Telephone No. ▶ 505-277-9880 \_\_\_\_\_ FAX No. ▶ 505-277-9876 \_\_\_\_\_

- 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 the whole group, check this box. ▶ . If it is for part of the group, check this box. ▶  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ▶  calendar year 20\_\_ or
- ▶  tax year beginning 7/01, 20 08, and ending 6/30, 20 09.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> 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. ....	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. ....	<b>3b</b>	\$	0.
<b>c Balance Due.</b> 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. ....	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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