

MOYE, WATERS, & ASSOCIATES, LLC
2425 ALAMO AVE SE
ALBUQUERQUE, NM 87106-3234
www.moyewaters.com

2007 Exempt Org. Return
prepared for:

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

Return of Organization Exempt From Income Tax

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

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning 7/01, 2007, and ending 6/30, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

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

D Employer Identification Number 85-0356946 E Telephone number 505-277-9880 F Accounting method: Cash, Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Schedule B

G Web site: casaesperanzanm.org

J Organization type (check only one) 501(c) 3

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 685,022.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Assets (lines 18-21).

Part I Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See *instructions*.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	48,014.	48,014.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	237,818.	158,246.	78,618.	954.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	71,654.	47,242.	23,979.	433.
29 Payroll taxes	29	24,371.	17,632.	6,643.	96.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	18,186.	18,186.		
34 Telephone	34				
35 Postage and shipping	35	7,159.	4,158.	1,255.	1,746.
36 Occupancy	36				
37 Equipment rental and maintenance	37	29,596.	26,802.	1,671.	1,123.
38 Printing and publications	38	9,845.	4,416.	3,190.	2,239.
39 Travel	39	4,153.	3,419.	579.	155.
40 Conferences, conventions, and meetings	40	2,119.	1,089.	886.	144.
41 Interest	41	2,082.	2,082.		
42 Depreciation, depletion, etc (attach schedule)	42	70,633.	68,517.	2,116.	
43 Other expenses not covered above (itemize): a See Statement 3	43a	175,436.	144,901.	26,503.	4,032.
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
f -----	43f				
g -----	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	701,066.	544,704.	145,440.	10,922.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>See Statement 4</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a 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. _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	544,704.
b _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	544,704.

BAA

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	156,004.	45	190,509.
	46 Savings and temporary cash investments.....	76,440.	46	
	47a Accounts receivable.....	47a 36,928.		
	b Less: allowance for doubtful accounts	47b	87,638.	47c 36,928.
	48a Pledges receivable.....	48a 4,692.		
	b Less: allowance for doubtful accounts	48b	3,129.	48c 4,692.
	49 Grants receivable.....			49 85,496.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		395.	52 2,164.
	53 Prepaid expenses and deferred charges		3,008.	53 463.
	54a Investments — publicly-traded securities.....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
b Investments — other securities (attach sch).....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments — land, buildings, & equipment: basis	55a			
b Less: accumulated depreciation (attach schedule)	55b		55c	
56 Investments — other (attach schedule)			56	
57a Land, buildings, and equipment: basis.....	57a 1,874,386.			
b Less: accumulated depreciation (attach schedule).....	57b 919,392.	995,825.	57c 954,994.	
58 Other assets, including program-related investments (describe ▶ <u>See Statement 6</u>		7,003.	58 133,385.	
59 Total assets (must equal line 74). Add lines 45 through 58		1,329,442.	59 1,408,631.	
LIABILITIES	60 Accounts payable and accrued expenses	47,352.	60	30,920.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule).....			64a
	b Mortgages and other notes payable (attach schedule).....	<u>See Statement 7</u>	31,280.	64b 18,337.
	65 Other liabilities (describe ▶			65
66 Total liabilities. Add lines 60 through 65.....		78,632.	66 49,257.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		1,166,030.	67 1,134,557.
	68 Temporarily restricted		84,780.	68 224,817.
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		1,250,810.	73 1,359,374.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,329,442.	74 1,408,631.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	730,999.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	46,038.
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	46,038.
c	Subtract line b from line a	c	684,961.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	684,961.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	747,104.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	46,038.
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	46,038.
c	Subtract line b from line a	c	701,066.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	701,066.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Statement 8		37,355.	10,659.	0.

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b 46,038.		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members.	N/A	
d	Section 162(e) lobbying and political expenditures.	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e).	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed ▶ NM		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		0
91a	The books are in care of ▶ Mary Loyd Telephone number ▶ 505-277-9880 Located at ▶ P.O. Box 40472 Albuquerque NM ZIP + 4 ▶ 87196-0472		
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
	If 'Yes,' enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c Yes No
 If 'Yes,' enter the name of the foreign country ▶
 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Room Rentals					252,483.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					3,182.
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop.					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					239.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Merchandise sales					3,120.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					259,024.
105 Total (add line 104, columns (B), (D), and (E))					259,024.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

	Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

	Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please Sign Here

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.

▶ _____
Signature of officer

_____ Date

▶ Eileen Cook, Executive Direc
Type or print name and title.

Paid Preparer's Use Only	Preparer's signature ▶ <u>Ollie D. Waters</u>	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) <u>N/A</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>MOYE, WATERS, & ASSOCIATES, LLC</u> <u>2425 ALAMO AVE SE</u> <u>ALBUQUERQUE, NM 87106-3234</u>	EIN ▶ <u>N/A</u>	Phone no. ▶ <u>(505) 260-0616</u>	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2007

Name of the organization Casa Esperanza, Inc.	Employer identification number 85-0356946
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000..... ▶	0			

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services..... ▶	0	

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of other contractors receiving over \$50,000 for other services..... ▶	0	

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. . . ▶		0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ -----
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc. 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations.(See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	521,931.	312,224.	416,299.	188,495.	1,438,949.
16 Membership fees received					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	268,511.	239,027.	203,527.	286,531.	997,596.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975.	1,526.	1,194.	443.	9,161.	12,324.
19 Net income from unrelated business activities not included in line 18.					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					0.
21 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.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt. 9.	1,235.	1,369.			2,604.
23 Total of lines 15 through 22.	793,203.	553,814.	620,269.	484,187.	2,451,473.
24 Line 23 minus line 17.	524,692.	314,787.	416,742.	197,656.	1,453,877.
25 Enter 1% of line 23.	7,932.	5,538.	6,203.	4,842.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. ▶					26a 29,078.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e). ▶					26c 1,453,877.
d Add: Amounts from column (e) for lines: 18 <u>12,324.</u> 19 _____ 22 <u>2,604.</u> 26b _____					26d 14,928.
e Public support (line 26c minus line 26d total). ▶					26e 1,438,949.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 98.97 %
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total. and line 27b total.					27d _____
e Public support (line 27c total minus line 27d total). ▶					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). ▶					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). ▶					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
	d Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges?		
	b Admissions policies?		
	c Employment of faculty or administrative staff?		
	d Scholarships or other financial assistance?		
	e Educational policies?		
	f Use of facilities?		
	g Athletic programs?		
	h Other extracurricular activities?		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
	b Has the organization's right to such aid ever been revoked or suspended?		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	If the amount on line 40 is —		
	The lobbying nontaxable amount is —		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
	a Volunteers		
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h .)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of 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 \$5,000 or 2% of the amount on line 1 of these forms. (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** check the box in the heading of their Form 990, 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 Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

Casa Esperanza, Inc.

85-0356946

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Con Alma Foundation ----- 144 Park Avenue ----- Santa Fe, NM 87501 -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Red Rock Foundation ----- P.O. Box 3706 ----- Albuquerque, NM 87190 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Frost Foundation ----- 511 Armijo, Suite A ----- Santa Fe, NM 87501 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	McCune Foundation ----- 750 Six PPG Place ----- Pittsburg, PA 15222 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Other ----- P.O. Box 40472 ----- Albuquerque, NM 87196 -----	\$ 100,254.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Benefit Events ----- P.O. Box 40472 ----- Albuquerque, NM 87196 -----	\$ 20,351.	Person <input checked="" 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 I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Casa Esperanza Endowment P.O. Box 40472 Albuquerque, NM 87196	\$ 70,432.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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 Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A ----- ----- -----	----- ----- ----- \$-----	----- ----- -----
_____	----- ----- -----	----- ----- ----- \$-----	----- ----- -----
_____	----- ----- -----	----- ----- ----- \$-----	----- ----- -----
_____	----- ----- -----	----- ----- ----- \$-----	----- ----- -----
_____	----- ----- -----	----- ----- ----- \$-----	----- ----- -----
_____	----- ----- -----	----- ----- ----- \$-----	----- ----- -----
_____	----- ----- -----	----- ----- ----- \$-----	----- ----- -----
_____	----- ----- -----	----- ----- ----- \$-----	----- ----- -----

BAA

Name of organization Casa Esperanza, Inc.	Employer identification number 85-0356946
---	---

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

Casa Esperanza, Inc.

85-0356946

Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Other Assets

Description:	Piano		
Date Acquired:	6/30/1999		
How Acquired:	Purchase		
Date Sold:	2/26/2008		
To Whom Sold:			
Gross Sales Price:		300.	
Cost or Other Basis:		500.	
Basis Method:	Cost		
Depreciation:		439.	
			Gain (Loss) 239.
			Total Gain (Loss) Other Assets <u>\$ 239.</u>
			Total Net Gain (Loss) From Noninventory Sales <u>\$ 239.</u>

Statement 2
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Discrepancy between prior year 990 and audit net asset bal.....	\$ 124,669.
Total	<u>\$ 124,669.</u>

Statement 3
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Advertising	6,950.	4,992.	638.	1,320.
Asst to Beneficiaries	4,240.	4,240.		
Bad Debt Writeoff	792.	792.		
Board Expenses	2,526.	43.	2,483.	
Cost of Sales	2,198.	2,198.		
Insurance	16,014.	14,514.	1,166.	334.
Loss on Asset Disposition	892.	892.		
Office Expenses	20,949.	10,195.	10,754.	
Patient Support	27,379.	22,099.	5,000.	280.
Professional Services	36,578.	34,017.	2,534.	27.
Staff & Donor Recognition	6,107.	2,688.	2,395.	1,024.
Utilities	50,811.	48,231.	1,533.	1,047.
Total	<u>\$ 175,436.</u>	<u>\$ 144,901.</u>	<u>\$ 26,503.</u>	<u>\$ 4,032.</u>

Casa Esperanza, Inc.

85-0356946

Statement 4
Form 990, Part III
Organization's Primary Exempt Purpose

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

Statement 5
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Automobiles / Transportation Equipment	\$ 2,550.	\$ 978.	\$ 1,572.
Furniture and Fixtures	425,302.	327,781.	97,521.
Machinery and Equipment	86,663.	44,615.	42,048.
Buildings	1,337,707.	538,935.	798,772.
Improvements	22,164.	7,083.	15,081.
Total	<u>\$ 1,874,386.</u>	<u>\$ 919,392.</u>	<u>\$ 954,994.</u>

Statement 6
Form 990, Part IV, Line 58
Other Assets

Computer Vouchers.....	\$ 7,000.
Contributed use of property.....	127,272.
Fixed asset adjustment.....	-887.
Total	<u>\$ 133,385.</u>

Statement 7
Form 990, Part IV, Line 64b
Mortgages and Other Notes Payable

Other Notes Payable

Lender's Name:	Wells Fargo Bank	
Date of Note:	11/15/2004	
Maturity Date:	10/15/2009	
Interest Rate:	6.00%	
Security Provided:	Account balances	
Purpose of Loan:	Repair roof	
Original Amount:	64,718.	
Balance Due:		\$ 18,337.
Total		<u>\$ 18,337.</u>

Casa Esperanza, Inc.

85-0356946

Statement 8
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Johnese M. Turri P.O. Box 40472 Albuquerque, NM 87196-0472	Chairman 1.00	\$ 0.	\$ 0.	\$ 0.
Leo Moya P.O. Box 40472 Albuquerque, NM 87196-0472	Vice Chair 1.00	0.	0.	0.
Anthony R. Masciotra, Jr. P.O. Box 40472 Albuquerque, NM 87196-0472	Treasurer 1.00	0.	0.	0.
Lily Curtis P.O. Box 40472 Albuquerque, NM 87196-0472	Secretary 1.00	0.	0.	0.
Beth Brodie P.O. Box 40472 Albuquerque, NM 87196-0472	Director 1.00	0.	0.	0.
Melanie Cravens P.O. Box 40472 Albuquerque, NM 87196-0472	Director 1.00	0.	0.	0.
Ryan Dobbs P.O. Box 40472 Albuquerque, NM 87196-0472	Director 1.00	0.	0.	0.
Mary Ann Howard P.O. Box 40472 Albuquerque, NM 87196-0472	Director 1.00	0.	0.	0.
Trevor Lewis P.O. Box 40472 Albuquerque, NM 87196-0472	Director 1.00	0.	0.	0.
Fred Moore P.O. Box 40472 Albuquerque, NM 87196	Director 1.00	0.	0.	0.
Betty L. Shaum P.O. Box 40472 Albuquerque, NM 87196-0472	Director 1.00	0.	0.	0.
Sherri Wells P.O. Box 40472 Albuquerque, NM 87196-0472	Director 1.00	0.	0.	0.

Casa Esperanza, Inc.

85-0356946

Statement 8 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Eileen Cook P.O. Box 40472 Albuquerque, NM 87196-0472	Executive Direc 50.00	\$ 37,355.	\$ 10,659.	\$ 0.
	Total	<u>\$ 37,355.</u>	<u>\$ 10,659.</u>	<u>\$ 0.</u>

Statement 9
Schedule A, Part IV-A, Line 22
Other Income

<u>Description</u>	<u>(a) 2006</u>	<u>(b) 2005</u>	<u>(c) 2004</u>	<u>(d) 2003</u>	<u>(e) Total</u>
	\$ 1,235.	\$ 1,369.	\$ 0.	\$ 0.	\$ 2,604.
Total	<u>\$ 1,235.</u>	<u>\$ 1,369.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 2,604.</u>

Casa Esperanza, Inc.

85-0356946

	2007	2006	Diff
REVENUE			
Contributions, gifts, and grants	425,937	521,931	-95,994
Program service revenue	252,483	268,511	-16,028
Interest on savings/temp cash invest	3,182	1,526	1,656
Net gain (loss) - noninv. assets/disp	239	-1,253	1,492
Other revenue	3,120	1,235	1,885
Total revenue	684,961	791,950	-106,989
EXPENSES			
Program services	544,704	457,097	87,607
Management and general	145,440	147,085	-1,645
Fundraising	10,922	24,329	-13,407
Total expenses	701,066	628,511	72,555
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year	-16,105	163,439	-179,544
Net assets/fund bal. at beg. of year	1,250,810	1,081,307	169,503
Other changes in net assets/fund bal	124,669	6,334	118,335
Net assets/fund bal. at end of year	1,359,374	1,250,810	108,564

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																
94	1994 Mazda Pickup	8/25/06		2,550							2,550	468	S/L HY	5	.20000	510
Total Auto / Transport Equipment				2,550		0	0	0	0	0	2,550	468				510
Buildings																
2	Building	2/28/92		1,216,588							1,216,588	471,238	S/L MM	31.5	.03175	38,627
6	Ceramic Tile	6/30/99		4,639							4,639	983	S/L MM	39	.02564	119
10	Playground Wall Tiles	1/14/00		1,808							1,808	340	S/L MM	39	.02564	46
11	Block Wall	1/18/00		3,450							3,450	647	S/L MM	39	.02564	88
12	Steel Gates	1/31/00		900							900	169	S/L MM	39	.02564	23
13	Stucco	2/17/00		1,000							1,000	188	S/L MM	39	.02564	26
15	Brick Wall	3/15/00		3,389							3,389	634	S/L MM	39	.02564	87
21	Res room a/c	8/15/00		725							725	716	S/L HY	7	.07140	9
27	New Counter Tops (Kitch/F	3/12/01		7,300							7,300	4,584	S/L HY	10	.10000	730
29	Res Room a/c	5/29/01		750							750	658	S/L HY	7	.07140	54
31	Retile Public Bathrooms	7/01/01		1,011							1,011	846	S/L HY	7	.14290	144
32	Bath Tile & Installation	7/31/01		905							905	772	S/L HY	7	.14290	129
50	Remodel Bathrooms	9/22/03		14,958							14,958	2,812	S/L HY	20	.05000	748
53	Upgrade 2 Handicap Bathro	1/14/04		4,281							4,281	749	S/L HY	20	.05000	214
56	Install Water hook-ups	1/29/04		2,995							2,995	685	S/L HY	15	.06670	200
74	New Roof	9/14/04		53,960							53,960	7,644	S/L HY	20	.05000	2,698
89	Tile 5 Bathrooms	6/30/07		716							716	1	S/L MM	39	.02564	18
96	4 Terminal A/C Units	7/14/07		2,652							2,652		S/L HY	7	.07140	189
97	Ductwork for Admin Office	7/30/07		865							865		S/L HY	7	.07140	62

Casa Esperanza, Inc.

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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.
99	Field Survey for park	7/31/07		3,741							3,741		S/L HY	7	.07140	267
100	Inkind Easement Survey	7/31/07		900							900		S/L HY	7	.07140	64
102	JMA Survey & Topographic	10/01/07		4,703							4,703		S/L HY	7	.07140	336
103	landscaping-new rock&fabr	10/31/07		1,600							1,600		S/L HY	7	.07140	114
107	New GHAR Office	1/22/08		2,173							2,173		S/L HY	7	.07140	155
108	Tile spacers&nippers	2/20/08		49							49		S/L HY	7	.07140	3
109	Cement,grout,sponge	2/29/08		68							68		S/L HY	7	.07140	5
110	Tools for installation	2/29/08		15							15		S/L HY	7	.07140	1
111	Tile for rooms	3/03/08		293							293		S/L HY	7	.07140	21
112	Tile & tiling supplies	4/16/08		655							655		S/L HY	7	.07140	47
113	Tile & tiling supplies	4/17/08		445							445		S/L HY	7	.07140	32
114	Tile & tiling supplies	4/18/08		162							162		S/L HY	7	.07140	12
115	Silicone & cleaner	4/18/08		11							11		S/L HY	7	.07140	1
Total Buildings				1,337,707		0	0	0	0	0	1,337,707	493,666				45,269
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	Piano	6/30/99	2/26/08	500							500	414	S/L HY	10	.10000	25
9	Carpet Cleaner	7/02/99		895							895	512	S/L HY	15	.06670	60
25	Framed art for rooms	11/14/00		3,500							3,500	3,327	S/L HY	7	.07140	173
30	Picture Framing	6/08/01		2,292							2,292	1,983	S/L HY	7	.07140	164
33	Conference Table	8/20/01		1,300							1,300	1,093	S/L HY	7	.14290	186

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.
34	Conf Room Lighting	8/23/01		1,356							1,356	795	S/L HY	10	.10000	136
35	Conf Room Chairs	8/28/01		3,020							3,020	2,540	S/L HY	7	.14290	432
36	Glass Tops Conf Table	8/28/01		535							535	535	S/L HY	5		0
37	Data Jacks, Cabling	8/31/01		1,065							1,065	1,065	S/L HY	5		0
54	Blinds for Palmer Confere	1/28/04		2,106							2,106	1,459	S/L HY	5	.20000	421
57	Network Cabling-Kelly Cab	4/22/04		1,110							1,110	713	S/L HY	5	.20000	222
68	Painting of Palmer Room	12/31/03		1,500							1,500	528	S/L HY	10	.10000	150
70	Key Storage Boxes	7/10/04		918							918	551	S/L HY	5	.20000	184
80	Oven	1/23/06		506							506	108	S/L HY	7	.14290	72
82	Dining Set, Buffet, Chair	12/31/05		2,000							2,000	452	S/L HY	7	.14290	286
84	Carpet	6/30/06		34,900							34,900	3,781	S/L HY	10	.10000	3,490
90	6 piece sectionalsofa&tab	3/31/07	11/30/07	1,000							1,000	33	S/L HY	10	.10000	50
91	28 twin mattresses	5/24/07		30,772							30,772	513	S/L HY	10	.10000	3,077
92	28 Full Mattresses	5/24/07		41,972							41,972	700	S/L HY	10	.10000	4,197
93	Computer -Navigator Prgm	8/28/06		1,115							1,115	130	S/L HY	5	.20000	223
Total Furniture and Fixtures				425,802		0	0	0	0	0	425,802	314,672				13,548
Improvements																
16	Landscaping	3/24/00		2,500							2,500	638	S/L HY	20	.05000	125
22	Patio/Landscaping	9/14/00		7,600							7,600	2,365	S/L HY	20	.05000	380
43	Xeric Landscaping Project	7/31/02		12,064							12,064	2,972	S/L HY	20	.05000	603
Total Improvements				22,164		0	0	0	0	0	22,164	5,975				1,108
Machinery and Equipment																

Casa Esperanza, Inc.

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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.
14	Playground System	3/01/00		7,590							7,590	3,778	S/L HY	15	.06670	506
17	Dryer Vent	4/14/00		885							885	165	S/L MM	39	.02564	23
20	Tuff Shed #2	7/14/00		1,250							1,250	869	S/L HY	10	.10000	125
23	Compressor	9/29/00		1,044							1,044	1,044	S/L HY	5		0
24	New Phone Sys	9/29/00		7,185							7,185	3,241	S/L HY	15	.06670	479
38	AC Room unit	9/24/01		608							608	608	S/L HY	5		0
40	New Boiler	2/12/02		11,471							11,471	5,117	S/L HY	10	.10000	1,147
41	Blower Motor	5/30/02		1,247							1,247	1,247	S/L HY	5		0
42	Rear Alarm	6/12/02		564							564	564	S/L HY	5		0
45	Home Security Systems	10/17/02		503					1		502	503	S/L HY	3		0
48	Replacement Boiler Part	4/23/03		505							505	427	S/L HY	5	.10000	51
55	Refrigerator	1/28/04		460							460	265	S/L HY	5	.20000	92
58	Dell Computer	4/27/04		1,250							1,250	803	S/L HY	5	.20000	250
59	Dell Computer	4/27/04		1,250							1,250	803	S/L HY	5	.20000	250
60	Dell Computer	4/27/04		1,250							1,250	803	S/L HY	5	.20000	250
61	Dell Computer	4/27/04		1,416							1,416	909	S/L HY	5	.20000	283
62	Server - Dell Computer	4/27/04		1,458							1,458	937	S/L HY	5	.20000	292
63	Dell Computer	5/04/04		1,623							1,623	1,028	S/L HY	5	.20000	325
64	Dell Computer	5/04/04		1,623							1,623	1,028	S/L HY	5	.20000	325
65	Dell Computer	5/04/04		1,623							1,623	1,028	S/L HY	5	.20000	325
66	Dell Computer	5/04/04		1,623							1,623	1,028	S/L HY	5	.20000	325
67	Battery back-ups/acrobat	5/11/04		668							668	386	S/L HY	5	.20000	134
71	Industrial washer/dryer	7/22/04		2,090							2,090	1,237	S/L HY	5	.20000	418
72	Air Conditioners	7/19/04		1,825							1,825	536	S/L HY	10	.10000	183
73	Carpet Cleaner	9/15/04		3,237							3,237	917	S/L HY	10	.10000	324
75	Air Conditioners	11/10/04		2,525							2,525	673	S/L HY	10	.10000	253
76	New boiler pump	3/17/05		1,433							1,433	1,105	S/L HY	3	.16670	239

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77	New Refrigerator	3/31/05		540							540	247	S/L HY	5	.20000	108
78	Electric Wheelchair	10/31/05		3,000							3,000	1,050	S/L HY	5	.20000	600
79	Trans Air Conditioners(3)	11/17/05		1,951							1,951	464	S/L HY	7	.14290	279
81	Terminal A/C Units	4/14/06		2,605							2,605	465	S/L HY	7	.14290	372
83	Waher and Dryer	1/31/06		2,157							2,157	462	S/L HY	7	.14290	308
85	3 terminal AC Units	6/30/06		1,954							1,954	212	S/L HY	10	.10000	195
86	Accounting Asst Computer	8/28/06		1,115							1,115	204	S/L HY	5	.20000	223
87	4 AC Units	8/18/06		2,605							2,605	239	S/L HY	10	.10000	261
88	2 Wheelchairs	4/30/07		1,000							1,000	25	S/L HY	10	.10000	100
95	Dell PowerEdge Computer	7/12/07		5,701							5,701		S/L HY	5	.10000	570
98	Inkind - Server Software	7/31/07		599							599		S/L HY	5	.10000	60
101	Air Conditioner	8/20/07		814							814		S/L HY	5	.10000	81
104	refrigerator	11/08/07		802							802		S/L HY	5	.10000	80
105	air conditioner	11/15/07		633							633		S/L HY	5	.10000	63
106	coke machine	11/19/07		800							800		S/L HY	5	.10000	80
116	Refrigerator	5/05/08		1,250							1,250		S/L HY	5	.10000	125
117	InKind refrigerator	5/05/08		931							931		S/L HY	5	.10000	93
Total Machinery and Equipment				86,663		0	0	0	1	0	86,662	34,417				10,197
Total Depreciation				<u>1,874,886</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>1,874,885</u>	<u>849,198</u>				<u>70,632</u>
Grand Total Depreciation				<u>1,874,886</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>1,874,885</u>	<u>849,198</u>				<u>70,632</u>
Depreciation Assets Sold				1,500		0	0	0	0	0	1,500	447				75
Depr Remaining Assets				<u>1,873,386</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>1,873,385</u>	<u>848,751</u>				<u>70,557</u>