

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceUnder Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

A For the 2001 calendar year, or tax year beginning **2001**, and ending **20**

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See specific instructions

CASAS POR CRISTO
P O BOX 3726
EL PASO, TX 79923

D Employer identification number **74-2679881**

E Telephone number **(915) 565-7800**

F Accounting method ☐ Cash ☒ Accrual
☐ Other (specify) _____

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? ☐ Yes ☒ No

H (b) If yes enter number of affiliates **▶**

H (c) Are all affiliates included? ☐ Yes ☐ No
(If no attach a list See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4 digit group GEN **▶**

M Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site **▶ N/A**

J Organization type (check only one) ☒ 501(c) **03** (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 1 302,069**

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

1 Contributions gifts grants and similar amounts received			
a Direct public support	1a	347,233	
b Indirect public support	1b		
c Government contributions (grants)	1c		
d Total (add lines 1a through 1c) (cash \$ 304,587 noncash \$ 42,646)			1d 347,233
2 Program service revenue including government fees and contracts (from Part VII, line 93)			2 948,049
3 Membership dues and assessments			3
4 Interest on savings and temporary cash investments			4 726
5 Dividends and interest from securities			5
6a Gross rents	6a		
b Less rental expenses	6b		
c Net rental income or (loss) (subtract line 6b from line 6a)			6c
7 Other investment income (describe ▶)			7
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b Less cost or other basis and sales expenses	8a	2,567	
c Gain or (loss) (attach schedule) Statement 1	8b	3,385	
d Net gain or (loss) (combine line 8c columns (A) and (B))	8c	-818	8d -818
9 Special events and activities (attach schedule)			
a Gross revenue (not including reported on line 1a)	9a		
b Less direct expenses other than fundraising expenses	9b		
c Gain or (loss) from special events (subtract line 9b from line 9a)			9c
10a Gross sales of inventory less returns and allowances	10a	3,494	
b Less cost of goods sold	10b	2,647	
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c 847
11 Other revenue (from Part VII, line 103)			11
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 1,296,037
13 Program services (from line 44 column (B))			13 1,066,380
14 Management and general (from line 44 column (C))			14 144,567
15 Fundraising (from line 44 column (D))			15 18,196
16 Payments to affiliates (attach schedule)			16
17 Total expenses (add lines 16 and 44, column (A))			17 1,229,143
18 Excess or (deficit) for the year (subtract line 17 from line 12)			18 66,894
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19 192,588
20 Other changes in net assets or fund balances (attach explanation)			20
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 259,482

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REVENUE

EXPENSES

NET ASSETS

G14

16

Part II 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.

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
22 Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc.	25	98,776	79,021	18,767	988
26 Other salaries and wages	26	142,460	113,967	27,068	1,425
27 Pension plan contributions	27	2,810		2,810	
28 Other employee benefits	28	47,993		47,993	
29 Payroll taxes	29	18,562	14,850	3,526	186
30 Professional fundraising fees	30				
31 Accounting fees	31	5,648		5,648	
32 Legal fees	32				
33 Supplies	33	13,484	10,787	2,563	134
34 Telephone	34	5,264	4,210	1,001	53
35 Postage and shipping	35	5,575	4,460	1,060	55
36 Occupancy	36	15,524	12,419	2,949	156
37 Equipment rental and maintenance	37	4,998	3,999	950	49
38 Printing and publications	38	7,485	5,989	1,422	74
39 Travel	39				
40 Conferences, conventions, and meetings	40	6,627	5,302	1,259	66
41 Interest	41	1,916	1,533	383	
42 Depreciation, depletion, etc. (attach schedule)	42	32,368	25,894	6,150	324
43 Other expenses not covered above (itemize)					
a See Statement 3	43a	819,653	783,949	21,018	14,686
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22-43). Organizations completing columns (B), (D), carry these totals to lines 13-15.	44	1,229,143	1,066,380	144,567	18,196

Joint Costs Check ☐ if you are following SOP 98.2Are 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 AccomplishmentsWhat is the organization's primary exempt purpose? TO HELP POOR PEOPLE

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) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others.)

a See Statement 4		
(Grants and allocations \$ _____)		1,066,380
b		
(Grants and allocations \$ _____)		
c		
(Grants and allocations \$ _____)		
d		
(Grants and allocations \$ _____)		
e Other program services		
(Grants and allocations \$ _____)		
f Total of Program Service Expenses (should equal line 44, column (B), program services)		1,066,380

Part IV Balance Sheets (See 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	5,080	45	87,138
	46 Savings and temporary cash investments		46	50,637
	47 a Accounts receivable	47 a 8,337		
	b Less allowance for doubtful accounts	47 b	8,499	47 c 8,337
	48 a Pledges receivable	48 a		
	b Less allowance for doubtful accounts	48 b		48 c
	49 Grants receivable	25,000	49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch)	51 a		
	b Less allowance for doubtful accounts	51 b		51 c
	52 Inventories for sale or use	5,547	52	2,900
	53 Prepaid expenses and deferred charges	18,819	53	4,884
	54 Investments – securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments – land, buildings, & equipment basis	55 a		
b Less accumulated depreciation (attach schedule)	55 b		55 c	
56 Investments – other (attach schedule)		56		
57 a Land, buildings and equipment basis	57 a 327,979			
b Less accumulated depreciation (attach schedule)	57 b 106,373	226,914	57 c	221,606
58 Other assets (describe <input type="checkbox"/> See Statement 6)	1,427	58	550	
59 Total assets (add lines 45 through 58) (must equal line 74)	291,286	59	376,052	
LIABILITIES	60 Accounts payable and accrued expenses	30,665	60	43,476
	61 Grants payable		61	
	62 Deferred revenue	30,399	62	50,460
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)	37,634	64 b	22,634
	65 Other liabilities (describe <input type="checkbox"/>		65	
66 Total liabilities (add lines 60 through 65)	98,698	66	116,570	
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	165,388	67	259,482
	68 Temporarily restricted	27,200	68	
	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)	192,588	73	259,482
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	291,286	74	376,052

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.

BAA

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

a	Total revenue, gains, and other support per audited financial statements	a	1,296,037	a	Total expenses and losses per audited financial statements	a	1,229,143
b	Amounts included on line a but not on line 12 Form 990			b	Amounts included on line a but not on line 17 Form 990		
(1)	Net unrealized gains on investments \$			(1)	Donated services and use of facilities \$		
(2)	Donated services and use of facilities \$			(2)	Prior year adjustments reported on line 20 Form 990 \$		
(3)	Recoveries of prior year grants \$			(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) _____ \$			(4)	Other (specify) _____ \$		
	Add amounts on lines (1) through (4)	b			Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	1,296,037	c	Line a minus line b	c	1,229,143
d	Amounts included on line 12 Form 990 but not on line a			d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b Form 990 \$			(1)	Investment expenses not included on line 6b Form 990 \$		
(2)	Other (specify) _____ \$			(2)	Other (specify) _____ \$		
	Add amounts on lines (1) and (2)	d			Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12 Form 990 (line c plus line d)	e	1,296,037	e	Total expenses per line 17 Form 990 (line c plus line d)	e	1,229,143

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions.)

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

If 'Yes,' attach schedule – see instructions

► ☐ Yes ☒ No

Part VI Other Information (See specific instructions)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?	80a		X
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0	
81b	Did the organization file Form 1120-POL for this year?	81b		X
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?	82a		X
82b	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	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85a	501(c)(4), (5), or (6) organizations: Were substantially all dues nondeductible by members?	85a	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	
85c	Dues, assessments, and similar amounts from members	85c	N/A	
85d	Section 162(e) lobbying and political expenditures	85d	N/A	
85e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
85g	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g	N/A	
85h	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?	85h	N/A	
86a	501(c)(7) organizations: Enter: a. Initiation fees and capital contributions included on line 12	86a	N/A	
86b	b. Gross receipts included on line 12 for public use of club facilities	86b	N/A	
87a	501(c)(12) organizations: Enter: a. Gross income from members or shareholders	87a	N/A	
87b	b. Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88	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	88		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	89a		
89b	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	89b		X
90a	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958	90a	0	
90b	Enter: Amount of tax on line 90a above, reimbursed by the organization	90b	0	
91	List the states with which a copy of this return is filed: None	91		
92	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	92	0	
93	The books are in care of: Mark Koon Telephone number: Located at: 2416 GOLD AVE EL PASO TX ZIP + 4: 79930-1311	93		
94	Section 4947(a)(1) non-exempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year	94	N/A	

Part VII Analysis of Income Producing Activities (See instructions)

Note Enter gross amounts unless otherwise indicated

	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 PROJECT & EQUIPMENT F					948,049
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			14	726	
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			18	-818	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			3	847	
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				755	948,049
105 Total (add line 104 columns (B), (D), and (E))					948,804

Note Line 105 plus line 1d Part I should equal the amount on line 12 Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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)
1	See Statement 8
2	
3	

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

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. Preparation of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please

Date

7/31/02

Date

Preparer's

Preparer's SSN or PTIN (see

Schedule A
(Form 990 or 990-EZ)

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

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information — (See separate instructions)

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information — (see separate instructions)

► Must be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the Organization

CASAS POR CRISTO

Employer Identification Number

74-2679881

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 & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	0			

Part II 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	

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2001

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 **\$** N/A

(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

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?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)

- 4 Do you have a section 403(b) annuity plan for your employees?

Note. Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments.

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

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.)
- 11a ☐ 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.)
- 11b ☐ 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 supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

(a) Name(s) of supported organization(s)	(b) Line number from above

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

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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	386,372	332,002	205,845	114,952	1,039,171
16 Membership fees received					
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	805,171	616,640	515,529	229,351	2,166,691
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	824	147	959	3,726	5,656
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	1,192,367	948,789	722,333	348,029	3,211,518
24 Line 23 minus line 17	387,196	332,149	206,804	118,678	1,044,827
25 Enter 1% of line 23	11,924	9,488	7,223	3,480	

26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24 **N/A**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 1997 through 2000 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts.

c Total support for Section 509(a)(1) test. Enter line 24, column (e).

d Add: Amounts from column (e) for lines 18 19
22 26b

e Public support (line 26c minus line 26d total)

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator)).**

26a	
26b	
26c	
26d	
26e	
26f	%

27 Organizations described on line 12a 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.(2000) 10,360 (1999) 8,082 (1998) 7,284 (1997) 0b 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 11, 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.(2000) 0 (1999) 0 (1998) 0 (1997) 0c Add: Amounts from column (e) for lines 15 1,039,171 16
17 2,166,691 20 21 d Add: Line 27a total 25,726 and line 27b total 0

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) 3,211,518g **Public support percentage (line 27e (numerator) divided by line 27f (denominator)).**h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).**

27c	3,205,862
27d	25,726
27e	3,180,136
27g	99.02 %
27h	0.18 %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, 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 it. 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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
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?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
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?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
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 401 through 405 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

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**

(The term 'expenditures' means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
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 –		
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	
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) 2001	(b) 2000	(c) 1999	(d) 1998	(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

2001

Name of Organization

CASAS POR CRISTO

Employer Identification Number

74-2679881

Organization type (check one)

Filers of

Form 990 or 990-EZ

Section

- ☒ 501(c)(03) (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 box(es) 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 **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 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

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of Organization

Employer Identification Number

CASAS POR CRISTO

74-2679881

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
2		\$ 29,301	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
3	Cash contrib less than \$5,000	\$ 265,286	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
4	Non-cash contributions	\$ 42,646	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

CASAS POR CRISTO

74-2679881

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)

▶ \$

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

CASAS POR CRISTO

74-2679881

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

Other Assets

Description	1972 DODGE VAN		
Date Acquired	5/18/1998		
How Acquired	Purchase		
Date Sold	3/16/2001		
To Whom Sold	ENRIQUE TERAN		
Gross Sales Price	800		
Cost or Other Basis	550		
Depreciation	0		
		Gain (Loss)	250
Description	1978 DODGE TRUCK		
Date Acquired	9/23/1998		
How Acquired	Purchase		
Date Sold	3/08/2001		
To Whom Sold	MIGUEL FLORES		
Gross Sales Price	500		
Cost or Other Basis	945		
Depreciation	0		
		Gain (Loss)	-445
Description	1983 DODGE VAN		
Date Acquired	6/08/2000		
How Acquired	Purchase		
Date Sold	3/15/2001		
To Whom Sold	JOSE PEREZ		
Gross Sales Price	967		
Cost or Other Basis	1 590		
Depreciation	0		
		Gain (Loss)	-623
Description	1982 DATSUN CAR		
Date Acquired	8/31/2001		
How Acquired	Purchase		
Date Sold	10/31/2001		
To Whom Sold	MIGUEL FLOREZ		
Gross Sales Price	300		
Cost or Other Basis	300		
Depreciation	0		
		Gain (Loss)	0

Total Gain (Loss) Other Assets \$ -818

Total Net Gain (Loss) From Noninventory Sales \$ -818

CASAS POR CRISTO

74-2679881

Statement 2**Form 990, Part I Line 10****Gross Profit (Loss) From Sales Of Inventory**

T-SHIRT SALES	\$	3,494
Gross Sales	\$	3,494
Less Returns & Allowances		0
Net Sales	\$	3,494
Less Cost Of Goods Sold		2,647
Gross Profit From Sales Of Inventory	\$	847

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

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
AUTO EXPENSE	93,751	75,000	18,751	
BANK FEES	875	700	175	
BOARD MEETING EXPENSES	2,365	1,892	449	24
DONATIONS TO OTHERS	15,679	15,679		
EQUIPMENT	5,367	4,294	1,073	
EQUIPMENT WRITE-OFF	7,811	7,811		
FUNDRAISING	14,662			14,662
INSURANCE EXPENSE	1,782	1,426	356	
PROJECT EXPENSE	662,712	662,712		
RECRUITING PROJECT VOLUNTEER	13,577	13,577		
STORAGE EXPENSE	1,072	858	214	
Total	\$ 819,653	\$ 783,949	\$ 21,018	\$ 14,686

Statement 4**Form 990, Part III Line a****Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
WITH AID OF 4 824 VOLUNTEERS 246 SMALL HOUSES, AND 5 SMALL CHURCHES WERE BUILT AND GIVEN TO THE POOR PEOPLE IN JUAREZ MEXICO		
CLOTHING ACCESSORIES AND TOYS WERE RECEIVED AS DONATIONS AND PASSED ON TO POOR PEOPLE THESE ITEMS PLUS DONATED ELECTRICAL SUPPLIES WERE USED IN BUILDING 251 PROJECTS HAD AN ESTIMATED VALUE OF \$33 556 WHICH WERE INCLUDED IN THE ABOVE FIGURE		
THE ESTIMATED VALUE DONATED SERVICES IN THE FIELD AND AT OUR OFFICE WAS \$568 207		1,066,380
	\$ 0	\$ 1,066,380

CASAS POR CRISTO

74-2679881

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

Category	Basis	Accum Deprec.	Book Value
Automobiles / Transportation Equipment	\$ 153,867	\$ 74,878	\$ 78,989
Furniture and Fixtures	8,382	3,879	4,503
Machinery and Equipment	44,897	17,587	27,310
Buildings	66,415	9,873	56,542
Improvements	3,925	156	3,769
Land	50,493		50,493
Total	\$ 327,979	\$ 106,373	\$ 221,606

Statement 6
Form 990, Part IV Line 58
Other Assets

SECURITY DEPOSITS WITHHELD	Total	\$ 550
		\$ 550

Statement 7
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contri- bution to EBP & DC	Expense Account/ Other
Nancy Louiselle 717 Waltham Court El Paso TX 79922	President 1	\$ 0	\$ 0	\$ 0
Ted Collas 3160 Boothill Dr Colorado Springs CO 80922	Vice President 1	0	0	0
John Hobbs 10931 Joe DiMaggio El Paso TX 79934	Treasurer 1	0	0	0
John Dillon 600 Sunland Park Dr Ste 6-300 El Paso, TX 79912	Secretary 1	0	0	0
Ben Meade 8606 Red Bud Ln Kansas City MO 64145 MO 64145	Member 1	0	0	0
Wally Chapman Minister 3200 Altura El Paso TX 79930	Member 1	0	0	0

CASAS POR CRISTO

74-2679881

Statement 7 (continued)

Form 990, Part V

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Gary Matson 5404 Wooden Ave Kansas City MO 66106	Member 1	\$ 0	\$ 0	\$ 0
Ken Quon 3003 N Mesa El Paso, TX 79902 TX 79902	Member 1	0	0	0
Nathaniel Bell 3316 Tularosa El Paso, TX 79903	Dir of operati 40	36 780	0	0
Mark Koon 6213 Fiesta Dr El Paso TX 79912	Dir of Finance 40	18,690	0	0
Sara Berkbighler 3204 Montana Apt A El Paso TX 79903	Dir of Develop 40	17 143	0	0
Allen W Miller 5612 Salem El Paso TX 79924	Dir of Operati 40	32,573	0	0
Total		\$ 105,186	\$ 0	\$ 0

Statement 8

Form 990, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes

Line #	Explanation of Activities
93a	THESE FEES WERE PAID BY AND FOR PERSONS FROM SCHOOLS AND CHURCHES WHO WANTED TO BUILD HOUSING FOR POOR PEOPLE THE TEAM MEMBERS WHO CAME AND WORKED EXPERIENCED A HEIGHTENED AWARENESS OF THE TREMENDOUS NEEDS IN THIRD WORLD COUNTRIES AND HELPED BUILD HOUSES FOR NEEDY FAMILIES

CASAS POR CRISTO

74-2679881

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct.	Cur 179 Bonus	Special Dep. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductn	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.	
Form 980/990 PF																	
Auto / Transport Equipment																	
3	115 1964 CHEVY	4/28/98		2,261							2,261	1,130	S/L	HY	5	20000	452
4	117 1986 DODGE VAN	5/05/98		2,454							2,454	1,227	S/L	HY	5	20000	491
5	119 1963 CHEVY TRUCK	5/18/98		756							756	378	S/L	HY	5	20000	151
7	121 1968 CHEVY TRUCK	6/12/98		2,090							2,090	1,045	S/L	HY	5	20000	418
8	122 1966 CHEVY TRUCK	6/22/98		2,554							2,554	1,277	S/L	HY	5	20000	511
9	123 1989 FORD VAN	7/08/98		4,552							4,552	2,275	S/L	HY	5	20000	910
11	129 1985 CHEVY TRUCK	10/01/98		1,000							1,000	500	S/L	HY	5	20000	200
12	130 1984 DODGE VAN	11/12/98		3,000							3,000	1,500	S/L	HY	5	20000	600
13	132 1989 FORD VAN	12/08/98		4,476							4,476	2,238	S/L	HY	5	20000	895
25	134 1970 GMC TRUCK	2/01/99		1,650							1,650	495	S/L	HY	5	20000	330
26	135 1967 GMC TRUCK	2/01/99		1,989							1,989	597	S/L	HY	5	20000	398
27	136 1989 NISSAN	3/19/99		2,000							2,000	600	S/L	HY	5	20000	400
28	137 1972 CHEVY TRUCK	4/08/99		400							400	120	S/L	HY	5	20000	80
30	139 1995 CHEVY ASTRO VAN	5/13/99		12,173							12,173	3,652	S/L	HY	5	20000	2,435
32	141 1981 FORD VAN	6/14/99		1,500							1,500	450	S/L	HY	5	20000	300
33	142 1982 FORD VAN	6/30/99		1,500							1,500	450	S/L	HY	5	20000	300
35	144 1972 GMC TRUCK	12/08/99		6,500							6,500	1,950	S/L	HY	5	20000	1,300
75	131 1988 FORD VAN	2/24/99		4,250							4,250	1,275	S/L	HY	5	20000	850
76	114 1966 CHEVY	4/24/98		815							815	408	S/L	HY	5	20000	163
79	100 1994 CHEVY TRUCK	4/22/94		15,108							15,108	15,108	S/L	S/L	5		0
80	108 1983 FORD CLUB WAGON	12/30/96		4,500							4,500	4,050	S/L	S/L	5		450
81	109 1981 FORD CLUB WAGON	9/15/97		900							900	630	S/L	S/L	5		180
82	113 1989 DODGE RAM LE 150	11/06/97		2,800							2,800	1,960	S/L	S/L	5		560
118	145 1970 GMC TRUCK	1/12/00		1,170							1,170	234	S/L	S/L	5		234

CASAS POR CRISTO

74-2679881

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Dep Allow	Prior 179/ Bonus/ Sp. Dep.	Prior Dec Bal Dep.	Salvage /Basis Reductn	Dep Basis	Prior Dep.	Method	Life	Rate	Current Dep.
119	146 1999 CHEVY VAN	2/08/00		26,777							26,777	4,909	S/L	5		4,909
120	147 1987 CHEVY TRUCK	2/14/00		2,000							2,000	367	S/L	5		367
121	148 1990 CHEVY VAN	2/18/00		5,000							5,000	833	S/L	5		833
122	149 1967 CHEVY TRUCK	3/03/00		1,800							1,800	300	S/L	5		300
124	151 1985 DODGE VAN	5/04/00		2,100							2,100	280	S/L	5		280
125	153 CHEVY TRUCK	6/09/00		2,000							2,000	233	S/L	5		233
127	154 1979 FORD VAN	7/22/00		1,100							1,100	92	S/L	5		92
128	155 1988 CHEVY VAN	12/23/00		1,200							1,200		S/L	5		240
129	156 1986 FORD VAN	12/31/00		1,850							1,850		S/L	5		154
152	157 1979 CHEVY TRUCK	1/18/01		1,855							1,855		S/L	5		340
153	158 1982 CHEVY TRUCK	1/22/01		2,500							2,500		S/L	5		458
154	159 1995 CHEVY TRUCK	2/14/01		5,444							5,444		S/L	5		998
155	160 1989 GMC TRUCK	2/15/01		2,957							2,957		S/L	5		493
156	161 1983 GMC TRUCK	2/15/01		1,589							1,589		S/L	5		265
157	162 1988 CHEVY TRUCK	2/16/01		3,216							3,216		S/L	5		536
158	163 1988 CHEVY TRUCK	2/17/01		4,270							4,270		S/L	5		712
159	164 1979 CHEVY TRUCK	4/24/01		711							711		S/L	5		95
160	165 1973 FORD TRUCK	7/04/01		950							950		S/L	5		95
161	166 1989 FORD VAN	8/20/01		3,075							3,075		S/L	5		205
162	168 1991 TOYOTA TRUCK	10/06/01		3,075							3,075		S/L	5		103

Total Auto / Transport Equipment

153,867 0 0 0 0 153,867 50,563 24,316

Buildings

73	WAREHOUSE	1/01/99		3,585							3,585	180	S/L	40		90
74	CPC WEST	6/09/99		8,555							8,555	553	S/L	20		428
78	BUILDING 2416 GOLD	6/01/95		51,000							51,000	7,066	S/L	40		1,275
115	WAREHOUSE CPC WEST	7/06/00		1,093							1,093	27	S/L	20		55

CASAS POR CRISTO

74-2679881

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct.	Cur 179 Bonus	Special Dep Allow.	Prior 179/ Bonus/ Sp. Dep.	Prior Dec Bal Dep.	Salvage /Basis Reductn.	Dep Basis	Prior Dep.	Method	Life	Rate	Current Dep.	
117	WAREHOUSE CPC CENTRAL	2/21/00		2,182							2,182	91	S/L	20		109	
Total Buildings				66,415		0	0	0	0	0	66,415	7,917				1,957	
Furniture and Fixtures																	
21	522 CANNON CAMERA	6/25/98		437							437	155	S/L	HY	7	14280	62
22	523 DESK	1/12/98		100							100	35	S/L	HY	7	14280	14
23	524 CORDLESS PHONE	1/15/98		89							89	32	S/L	HY	7	14280	13
24	525 REFRIGERATOR	5/25/98		100							100	35	S/L	HY	7	14280	14
72	DONATED FURNITURE	5/10/99		5,316							5,316	1,140	S/L	HY	7	14290	760
101	500 OFFICE CHAIRS	7/20/94		237							237	155	S/L	10		24	
102	502 GE TELEPHONES	7/30/94		108							108	71	S/L	10		11	
103	503 SAUDER DESK W/HUTCH	7/30/94		189							189	123	S/L	10		19	
104	504 DESKS	7/30/94		240							240	156	S/L	10		24	
105	505 STORAGE CABINET	7/30/94		200							200	130	S/L	10		20	
106	511 DESK	1/19/95		125							125	69	S/L	10		13	
107	512 GAS RANGE/COOK TOP	1/19/95		295							295	163	S/L	10		30	
108	513 1981 GOLDSTAR TV	3/22/95		75							75	42	S/L	10		8	
109	514 SLEEPER SOFA/USED	3/22/95		250							250	138	S/L	10		25	
110	515 SEARS WASHER	3/27/95		88							88	49	S/L	10		9	
111	517 GE VCR	4/03/95		144							144	78	S/L	10		14	
112	518 SYMPHONIC TV/VCR	7/01/96		240							240	108	S/L	10		15	
151	501 COMPOUTER STANDS (2)	7/20/94		150							150	101	S/L	10		15	
Total Furniture and Fixtures				8,383		0	0	0	0	0	8,383	2,780				1,090	
Improvements																	
114	IMPROVEMENT CPC WEST	6/28/00		1,138							1,138	28	S/L	20		28	

CASAS POR CRISTO

74-2679881

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct.	Cur 179 Bonus	Special Dep'r Allow.	Prior 179/ Bonus/ Sp. Dep'r	Prior Dec Bal Dep'r	Salvage /Basis Reductn	Dep'r Basis	Prior Dep'r	Method	Life	Rate	Current Dep'r
116	ADDITIONS GOLD	5/15/00		1,041							1,041			S/L	20	52
167	GOLD BLDG FRONT DRIVEWAY	12/10/01		819							819			S/L	20	3
168	CENTRAL WAREHOUSE LIGHT	6/18/01		117							117			S/L	20	3
169	CENTRAL BATHROOM ADDITI	11/15/01		700							700			S/L	20	6
170	CPC WEST DRYWALL	10/24/01		111							111			S/L	20	1
<hr/>																
Total Improvements				3,926	0	0	0	0	0	0	3,926	63				93
<hr/>																
Land																
<hr/>																
1	LAND JUAREZ	5/13/98		7,109							7,109					0
2	COTTON	5/13/98		34,572							34,572					0
77	LAND 2416 GOLD, EL PASO	6/01/95		8,812							8,812					0
<hr/>																
Total Land				50,493	0	0	0	0	0	0	50,493	0				0
<hr/>																
Machinery and Equipment																
<hr/>																
14	214 CEMENT MIXER	2/10/98		387							387	138	S/L	HY	7	55
15	216 CEMENT MIXER	5/25/98		50							50	18	S/L	HY	7	7
16	317 IBM COMPUTER	2/11/98		2,087							2,087	745	S/L	HY	7	298
17	318 IBM MONITOR	2/11/98		550							550	197	S/L	HY	7	79
18	319 SIGNET COMPUTER	6/18/98		1,890							1,890	675	S/L	HY	7	270
19	320 MONITOR	6/18/98		159							159	57	S/L	HY	7	23
20	321 NETWORK PRINTER	6/15/98		1,275							1,275	347	S/L	HY	10	128
36	221 CONCRETE MIXER	3/26/99		436							436	93	S/L	HY	7	62
37	222 CONCRETE MIXER	3/03/99		387							387	83	S/L	HY	7	55
38	223 CONCRETE MIXER	3/03/99		387							387	83	S/L	HY	7	55
39	224 CONCRETE MIXER	3/03/99		387							387	83	S/L	HY	7	55
40	225 CONCRETE MIXER	3/03/99		387							387	83	S/L	HY	7	55

CASAS POR CRISTO

74-2679881

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Dep Allow	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr	Salvage /Basis Reductn	Depr Basis	Prior Depr	Method	Life	Rate	Current Depr	
41	226 CONCRETE MIXER	3/03/99		387							387	83	S/L	HY	7	14290	55
42	227 CONCRETE MIXER	3/14/99		387							387	83	S/L	HY	7	14290	55
45	230 KENWOOD RADIO	2/01/99		399							399	85	S/L	HY	7	14290	57
46	203 KENWOOD RADIO	2/01/99		399							399	85	S/L	HY	7	14290	57
47	232 KENWOOD RADIO	4/06/99		400							400	85	S/L	HY	7	14290	57
48	233 KENWOOD RADIO	4/06/99		400							400	85	S/L	HY	7	14290	57
49	234 KENWOOD RADIO	4/06/99		400							400	85	S/L	HY	7	14290	57
50	235 KENWOOD RADIO	4/06/99		400							400	85	S/L	HY	7	14290	57
51	236 KENWOOD RADIO	4/06/99		400							400	85	S/L	HY	7	14290	57
52	237 KENWOOD RADIO	4/06/99		400							400	85	S/L	HY	7	14290	57
53	238 KENWOOD RADIO	4/06/99		400							400	85	S/L	HY	7	14290	57
54	239 KENWOOD RADIO	4/06/99		400							400	85	S/L	HY	7	14290	57
55	240 KENWOOD RADIO	4/06/99		400							400	85	S/L	HY	7	14290	57
56	241 KENWOOD RADIO	4/06/99		400							400	85	S/L	HY	7	14290	57
57	242 KENWOOD RADIO	4/06/99		400							400	85	S/L	HY	7	14290	57
58	243 KENWOOD RADIO	6/28/99		399							399	85	S/L	HY	7	14290	57
59	244 KENWOOD RADIO	6/28/99		399							399	85	S/L	HY	7	14290	57
60	245 KENWOOD RADIO	6/28/99		399							399	85	S/L	HY	7	14290	57
61	246 KENWOOD RADIO	6/28/99		399							399	85	S/L	HY	7	14290	57
62	248 KENWOOD RADIO	6/28/99		399							399	85	S/L	HY	7	14290	57
63	249 KENWOOD RADIO	6/28/99		399							399	85	S/L	HY	7	14290	57
64	250 KENWOOD RADIO	6/28/99		399							399	85	S/L	HY	7	14290	57
66	252 CONCRETE MIXER	7/28/99		387							387	83	S/L	HY	7	14290	55
68	322 COMPUTER & MONITOR	5/14/99		1 610							1,610	345	S/L	HY	7	14290	230
69	323 COMP /MONITOR/PRINT	5/14/99		498							498	106	S/L	HY	7	14290	71
70	324 PRINT /COPIER/SCANNER	5/17/99		599							599	129	S/L	HY	7	14290	86
71	325 COMPAQ PRSARIO COMP	12/07/99		579							579	124	S/L	HY	7	14290	83
83	201 IMER CONCRETE MIXER	3/27/95		394							394	216		S/L	10		35

CASAS POR CRISTO

74-2679881

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct.	Cur 179 Bonus	Special Depri Allow.	Prior 179/ Bonus/ Sp. Depri.	Prior Dec Bal Depri.	Salvage 7/Basis/ Reductn.	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.
84	203 AIR COMPRESSOR	12/19/95		170							170			S/L	10	17
85	204 AIR COMPRESSOR	1/09/96		177							177			S/L	10	18
86	205 SIDE HANDLE DRILL	1/09/96		152							152			S/L	10	15
87	207 COMPOUND MILTER SAW	1/19/96		334							334			S/L	10	33
88	208 COLEMAN POWER HOM GEN	3/28/97		357							357			S/L	10	36
89	209 IMER CONCRETE MIXER	3/19/97		399							399			S/L	10	40
90	210 POWER INVERTER	4/03/97		474							474			S/L	10	48
91	300 IBM LASER PRINTER	11/01/93		798							798			S/L	5	0
92	301 PB LEGEND 486	11/10/93		1,235							1,235			S/L	5	0
93	303CUMULUS GLC COMP	5/09/95		1,200							1,200			S/L	5	0
94	306 SHARP UX 104 FAX	10/03/95		200							200			S/L	5	0
95	307 LOGIC MONITOR	2/09/96		300							300			S/L	5	30
97	309 VISION 120 CPU	9/25/96		1,000							1,000			S/L	5	100
98	313 4 PORT NETWORK HUB	3/11/97		350							350			S/L	5	76
99	314 SONY MONITOR	4/14/97		380							380			S/L	5	76
100	315 SONY MONITOR	4/14/97		380							380			S/L	5	76
130	254 IMER CONCRETE MIXER	2/10/00		387							387			S/L	7	51
131	255 IMER CONCRETE MIXER	2/10/00		387							387			S/L	7	51
132	256 IMER CONCRETE MIXER	2/10/00		387							387			S/L	7	51
133	257 IMER CONCRETE MIXER	2/14/00		387							387			S/L	7	51
134	258 KENWOOD RADIO	2/29/00		399							399			S/L	7	48
135	259 KENWOOD RADIO	5/17/00		399							399			S/L	7	33
136	260 GENERATOR	5/24/00		778							778			S/L	7	65
137	261 KENWOOD RADIO	6/10/00		399							399			S/L	7	33
138	262 KENWOOD RADIO	6/10/00		399							399			S/L	7	33
139	263 KENWOOD RADIO	6/10/00		399							399			S/L	7	33
140	264 IMER CONCRETE MIXER	6/09/00		387							387			S/L	7	32
141	265 IMER CONCRETE MIXER	6/09/00		387							387			S/L	7	32

12/31/01

2001 Federal Book Depreciation Schedule

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CASAS POR CRISTO

74-2679881

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 Reduced	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.
142	266 GENERATOR	6/23/00		400							400	29	S/L	7		29
143	267 IMER CONCRETE MIXER	3/20/00		387							387	41	S/L	7		41
145	327 COMPAQ INTERNET COMP	5/08/00		800							800	76	S/L	7		76
146	328 NETWORK HARD DRIVE	6/07/00		558							558	47	S/L	7		47
147	329 VEHICLE BIG BOARD	2/11/00		421							421	55	S/L	7		55
148	330 DSL INTERNET ROUTER	7/13/00		400							400	29	S/L	7		29
149	331 SCHEDULING BIG BOARD	8/15/00		620							620	37	S/L	7		37
150	220 DEWALT TABLE SAW	7/11/98		528							528	188	S/L	7		75
163	332 DELL COMPUTER	7/27/01		1,190							1,190		S/L	7		70
164	333 ACER COMPUTER	9/24/01		628							628		S/L	7		22
165	334 ACER COMPUTER	10/12/01		610							610		S/L	7		22
166	335 COMPAQ LAPTOP	11/28/01		949							949		S/L	7		11
171	268 GENERATOR	2/26/01		399							399		S/L	7		48
172	269 GENERATOR	2/26/01		399							399		S/L	7		48
173	270 GENERATOR	2/26/01		399							399		S/L	7		48
174	271 GENERATOR	2/26/01		399							399		S/L	7		48
175	272 GENERATOR	2/26/01		399							399		S/L	7		48
176	273 GENERATOR	3/12/01		399							399		S/L	7		47
177	274 GENERATOR	3/12/01		399							399		S/L	7		47
178	275 KENWOOD RADIO	5/16/01		396							396		S/L	7		33
Total Machinery and Equipment																
				44,895		0	0	0	0	0	44,895	12,683				4,911
Total Depreciation																
				327,979		0	0	0	0	0	327,979	74,006				32,367
Grand Total Depreciation																
				327,979		0	0	0	0	0	327,979	74,006				32,367

**Application for Extension of Time to File an
Exempt Organization Return**

OMB No 1545-1709

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)

Note 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)**Note** Form 990-T corporations requesting an automatic 6 month extension — check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer Identification Number
	CASAS POR CRISTO	74-2679881
	Number, Street, and Room or Suite Number. If a P.O. Box, see instructions	
	P O BOX 3726	
	City, Town, or Post Office. For a foreign address, see instructions	State ZIP Code
	EL PASO, TX 79923	

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 |

- 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 month for **990-T corporation**) extension of time until 8/15, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for▶ ☒ calendar year 20 01 or▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a 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.

\$ 0

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.

\$ 0

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

\$ 0

Signature and Verification

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, and that I am authorized to prepare this form.

Signature ▶ Title ▶ Director of FinanceDate ▶ 7/31/02

BAA For Paperwork Reduction Act Notice, see instructions

Form 8868 (12-2000)