

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

▶ 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 **SEP 1, 2007** and ending **AUG 31, 2008**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Santa Maria Hostel, Inc.	D Employer identification number 74-1669131
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7807 Long Point Road	E Telephone number 713-301-2618
	City or town, state or country, and ZIP + 4 Houston, TX 77055	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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).	

G Website: ▶ www.santamariahospel.org	H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ N/A H(c) Are all affiliates included? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Organization type (check only one) <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	I Group Exemption Number ▶ N/A
K Check here <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.	M Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **5,788,309.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	267,519.		
	c Indirect public support (not included on line 1a)	1c	148,004.		
	d Government contributions (grants) (not included on line 1a)	1d	5,077,769.		
	e Total (add lines 1a through 1d) (cash \$ 5,252,381. noncash \$ 240,911.)	1e			5,493,292.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			103,882.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			2,867.
	5 Dividends and interest from securities	5			
	6 a Gross rents See Statement 1	6a	17,600.		
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c			17,600.	
7 Other investment income (describe ▶)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	(B) Other	8b			
	Less: cost or other basis and sales expenses	8c			
	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	170,668.			
b Less: direct expenses other than fundraising expenses	9b	42,445.			
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			128,223.	
10 a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c				
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			5,745,864.	
Expenses	13 Program services (from line 44, column (B))	13		5,228,107.	
	14 Management and general (from line 44, column (C))	14		256,125.	
	15 Fundraising (from line 44, column (D))	15		37,197.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17			5,521,429.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		224,435.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		880,291.	
	20 Other changes in net assets or fund balances (attach explanation)	20		<146,123.>	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			958,603.

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	185,000.	175,702.	159.	9,139.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c 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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	2,572,807.	2,570,604.	1,393.	810.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	389,754.	389,754.		
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	537,394.	537,369.	25.	
34 Telephone	66,856.	66,742.	114.	
35 Postage and shipping	7,518.	7,435.	83.	
36 Occupancy	195,061.	195,043.	18.	
37 Equipment rental and maintenance	268,855.	268,744.	111.	
38 Printing and publications	16,899.	14,263.	2,636.	
39 Travel	61,781.	61,133.	648.	
40 Conferences, conventions, and meetings	28,534.	21,764.	6,770.	
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	47,208.	47,208.		
43 Other expenses not covered above (itemize):				
a Utilities	176,404.	175,990.	414.	
b Lease Buy-Out	175,000.		175,000.	
c Other	208,803.	132,577.	48,978.	27,248.
d Contract Services	204,660.	204,660.		
e Professional Fees	378,895.	359,119.	19,776.	
f				
g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	5,521,429.	5,228,107.	256,125.	37,197.

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 \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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? ▶

To provide indigent women with housing and treatment.

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) orgs., and 4947(a)(1) trusts; but optional for others.)

a Santa Maria Hostel, Inc. is operated to provide indigent women with housing, residential treatment for drug abuse, psychological and medical stabilization, job readiness, vocational training and parenting education.

(Grants and allocations \$ 0 .) If this amount includes foreign grants, check here ▶

5,228,107.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

c

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

5,228,107.

