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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

# Short Form
# 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)**

▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

**2008**

**Open to Public Inspection**

**A For the 2008 calendar year, or tax year beginning 07-01-2008 , and ending 06-30-2009**

**B** Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

**Please use IRS label or print or type. See Specific Instructions.**

**C** Name of organization
CABALLEROS DE YUMA INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
377 S MAIN STREET 204 PO BOX 5987

City or town, state or country, and ZIP + 4
YUMA, AZ 853665987

**D Employer identification number**
86-6052369

**E** Telephone number
(928) 343-1715

**F** Group Exemption Number ▶

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

**G** Accounting method ☐ Cash ☑ Accrual
Other (specify) ▶

**I Website:** ▶ www caballeros org

**J Organization type** (check only one)— ☑ 501(c) (6) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

**H** Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check ▶ ☐ if the organization is not a section 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

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 793,137

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

| | | | | | |
|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | 1 | 3,392 |
| | 2 | Program service revenue including government fees and contracts | | 2 | |
| | 3 | Membership dues and assessments | | 3 | 23,786 |
| | 4 | Investment income | | 4 | 21,242 |
| | 5a | Gross amount from sale of assets other than inventory | 5a 236,331 | | |
| | b | Less cost or other basis and sales expenses | 5b 330,294 | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) | | 5c | -93,963 |
| | 6 | Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐ | | | |
| | a | Gross revenue (not including $ 1,077 of contributions reported on line 1) | 6a 507,138 | | |
| | b | Less direct expenses other than fundraising expenses | 6b 238,436 | | |
| | c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | | 6c | 268,702 |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| | b | Less cost of goods sold | 7b | | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 7c | |
| | 8 | Other revenue (describe ▶ ) | | 8 | 1,248 |
| | 9 | **Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶ | | 9 | 224,407 |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) | | 10 | 24,910 |
| | 11 | Benefits paid to or for members | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | 12 | 102,460 |
| | 13 | Professional fees and other payments to independent contractors | | 13 | 3,125 |
| | 14 | Occupancy, rent, utilities, and maintenance | | 14 | 41,219 |
| | 15 | Printing, publications, postage, and shipping | | 15 | 17,025 |
| | 16 | Other expenses (describe ▶ ) | | 16 | 252,541 |
| | 17 | **Total expenses** (add lines 10 through 16) ▶ | | 17 | 441,280 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | -216,873 |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | 19 | 714,842 |
| | 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 through 20) ▶ | | 21 | 497,969 |

## Part II Balance Sheets—If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

| (See the instructions for Part II ) | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|
| 22 | Cash, savings, and investments | 152,686 | 22 | 72,762 |
| 23 | Land and buildings | | 23 | |
| 24 | Other assets (describe ▶ ) | 649,527 | 24 | 504,824 |
| 25 | **Total assets** | 802,213 | 25 | 577,586 |
| 26 | **Total liabilities** (describe ▶ ) | 87,371 | 26 | 79,617 |
| 27 | **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 714,842 | 27 | 497,969 |

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

What is the organization's primary exempt purpose?
PROMOTE GREATER YUMA AREA YOUTH, CIVIC, EDUCATIONAL AND RECREATIONAL ACTIVITIES

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

**Expenses** (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )

| | | |
|---|---|---|
| **28** PROVIDED 2 SCHOLARSHIPS TO ARIZONA COLLEGES AND UNIVERSITIES (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐ | **28a** | 0 |
| **29** PURCHASED WRESTLING MATS FOR LOCAL JUNIOR HIGH SCHOOL WRESTLING PROGRAM (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐ | **29a** | 0 |
| **30** PURCHASED EQUIPMENT FOR LOCAL LITTLE LEAGUE BASEBALL TEAM (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐ | **30a** | 0 |
| **31** Other program services (attach schedule) . . . . . (Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ | **31a** | |
| **32 Total program service expenses** (add lines 28a through 31a) . . . . . ▶ | **32** | |

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )

| **(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 & deferred compensation | **(e)** Expense account and other allowances |
|---|---|---|---|---|
| See Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | | No |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | 34 | | No |
| 35 | *If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T* | | | |
| a | Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | 35a | | No |
| b | If "Yes," has it filed a tax return on **Form 990-T** for this year? | 35b | | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? *If "Yes," complete applicable parts of Schedule N* | 36 | | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 37b | | |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | 38a | | No |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | | | |
| 39 | *501(c)(7) organizations.* Enter | | | |
| a | Initiation fees and capital contributions included on line 9 39a | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | | |
| 40a | *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____ | | | |
| b | *Section 501(c)(3) and (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," complete Schedule L, Part I.* | 40b | | |
| c | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 | | | |
| d | Enter amount of tax on line 40c reimbursed by the organization ▶ 0 | | | |
| e | *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | 40e | | No |

41 List the states with which a copy of this return is filed ▶ AZ

42a The books are in care of ▶ SHARA MERTON Telephone no ▶ (928) 343-1715

Located at ▶ 377 S MAIN STREET YUMA, AZ ZIP + 4 ▶ 85364

| | | | Yes | No |
|---|---|---|---|---|
| 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)? | 42b | | No |
| | 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.** | | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U S ? | 42c | | No |
| | If "Yes," enter the name of the foreign country ▶ _____ | | | |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

| | | | Yes | No |
|---|---|---|---|---|
| 44 | Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.* | 44 | | No |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If "Yes", Form 990 must be completed instead of Form 990-EZ.* | 45 | | No |

**Part VI** **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

| | | Yes | No |
|---|---|---|---|
| **46** | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | **46** | |
| **47** | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | **47** | |
| **48** | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E | **48** | |
| **49a** | Did the organization make any transfers to an exempt non-charitable related organization? | **49a** | |
| **b** | If "Yes," was the related organization(s) a section 527 organization? | **49b** | |

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than $100,000 of compensation from the organization If there are none, enter "None "

| **(a)** Name and address of each employee paid more than $100,000 | **(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 |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over $100,000 ▶ | | | | |

**51** Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there are none, enter "None "

| **(a)** Name and address of each independent contractor paid more than $100,000 | **(b)** Type of service | **(c)** Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| Total number of other independent contractors receiving over $100,000 ▶ | | |

**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 — 2010-05-17 — Date

NATE SCHUG VICE-PRESIDENT — Type or print name and title

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature ▶ Kathleen M Bench | Date 2010-05-17 | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst X) |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Brown Bench & Wright PC<br>798 West 28th Street<br>Yuma, AZ 85364 | | | EIN ▶<br>Phone no ▶ (928) 344-3003 |

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ Yes ☐ No

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 86-6052369
**Name:** CABALLEROS DE YUMA INC

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (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 & deferred compensation | (E) Expense account and other allowances |
|---|---|---|---|---|
| CHARLES CORDERY<br>255 W 24TH ST SUITE 3<br>YUMA, AZ 85364 | PRESIDENT 0 00 | 0 | 0 | 0 |
| MARK MOHAMED<br>2341 W 13TH LANE<br>YUMA, AZ 85364 | VICE PRESIDENT 0 00 | 0 | 0 | 0 |
| PAUL LAURENT<br>10402 S FAIRWAY LOOP<br>YUMA, AZ 85367 | SECOND VICE PRESIDENT 0 00 | 0 | 0 | 0 |
| LARRY AUTREY<br>2281 W 24TH ST 10<br>YUMA, AZ 85364 | SECRETARY 0 00 | 0 | 0 | 0 |
| DR ROBERT BROWN<br>2149 W 24TH ST<br>YUMA, AZ 85364 | TREASURER 0 00 | 0 | 0 | 0 |
| TED OWENS<br>3024 TORREY PINES CIRCLE<br>YUMA, AZ 85364 | DIRECTOR 0 00 | 0 | 0 | 0 |
| NATE SCHUG<br>1636-C 3 20TH ST<br>YUMA, AZ 85365 | DIRECTOR 0 00 | 0 | 0 | 0 |
| JEFF KAMMANN<br>2620 W 24TH ST<br>YUMA, AZ 85364 | DIRECTOR 0 00 | 0 | 0 | 0 |
| ROB FILBEY<br>6579 E MISSION ST<br>YUMA, AZ 85365 | DIRECTOR 0 00 | 0 | 0 | 0 |
| MARK ERICSON<br>960 W 34TH ST<br>YUMA, AZ 85364 | DIRECTOR 0 00 | 0 | 0 | 0 |
| JERRY PAULIN<br>PO BOX 122<br>YUMA, AZ 85366 | DIRECTOR 0 00 | 0 | 0 | 0 |

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization
CABALLEROS DE YUMA INC

**Employer identification number**
86-6052369

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☑ **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

| **(i)** Name of individual or entity (fundraiser) | **(ii)** Activity | **(iii)** Did fundraiser have custody or control of contributions? | | **(iv)** Gross receipts from activity | **(v)** Amount paid to (or retained by) fundraiser listed in col **(i)** | **(vi)** Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| | | **Yes** | **No** | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| **Total** | | | ▶ | | | |

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II** **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

| | | (a) Event #1 HOT-AIR BALLOON FESTIVAL (event type) | (b) Event #2 CLASSIC CAR SHOW (event type) | (c) Other Events 3 (total number) | (d) Total Events (Add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 36,457 | 471,758 | | 508,215 |
| | 2 Less Charitable contributions | | | | |
| | 3 Gross revenue (line 1 minus line 2) | 36,457 | 471,758 | | 508,215 |
| Direct Expenses | 4 Cash Prizes | | | | |
| | 5 Non-cash Prizes | 300 | 2,009 | | 2,309 |
| | 6 Rent/Facility costs | 5,568 | 13,395 | 1,116 | 20,079 |
| | 7 Other direct expenses | 8,898 | 206,150 | 1,000 | 216,048 |
| | 8 Direct expense summary Add lines 4 through 7 in column (d) ▶ | | | | 238,436 |
| | 9 Net income summary Combine lines 3 and 8 in column (d) ▶ | | | | 269,779 |

**Part III** **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶ | | | | |

| | | | Yes | No |
|---|---|---|---|---|
| 9 | Enter the state(s) in which the organization operates gaming activities _____ | | | |
| a | Is the organization licensed to operate gaming activities in each of these states? | 9a | | |
| b | If "No," Explain | | | |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | | |
| b | If "Yes," Explain | | | |
| 11 | Does the organization operate gaming activities with nonmembers? | 11 | | |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | 12 | | |

| | | Yes | No |
|---|---|---|---|
| **13** | Indicate the percentage of gaming activity operated in | | |
| **a** | The organization's facility . . . . . **13a** | | |
| **b** | An outside facility . . . . . **13b** | | |
| **14** | Provide the name and address of the person who prepares the organization's gaming/special events books and records | | |
| | Name ▶ _____ | | |
| | Address ▶ _____ | | |
| **15a** | Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . **15a** | | |
| **b** | If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ | | |
| **c** | If "Yes," enter name and address | | |
| | Name ▶ _____ | | |
| | Address ▶ _____ | | |
| **16** | Gaming manager information | | |
| | Name ▶ _____ | | |
| | Gaming manager compensation ▶ $ _____ | | |
| | Description of services provided ▶ _____ | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | |
| **17** | Mandatory distributions | | |
| **a** | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . **17a** | | |
| **b** | Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ | | |

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|---|---|---|

# TY 2008 Grants and Similar Amounts Paid Schedule

**Name:** CABALLEROS DE YUMA INC

**EIN:** 86-6052369

| | |
|---|---|
| **Item No.** | 1 |
| **Class of Activity** | SCHOLARSHIP |
| **Donee's Name** | VANESSA RODRIGUEZ |
| **Donee's Address** | PO BOX 2088<br>SAN LUIS, AZ 85349 |
| **Amount (FMV)** | 1,500 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | NONE |
| **Description** | CASH |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | 2009-06 |

| | |
|---|---|
| **Item No.** | 2 |
| **Class of Activity** | SCHOLARSHIP |
| **Donee's Name** | CHELSEA NIELSEN |
| **Donee's Address** | 1624 S ATHENS AVE<br>YUMA, AZ 85364 |
| **Amount (FMV)** | 1,500 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | NONE |
| **Description** | CASH |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | 2009-06 |

| | |
|---|---|
| **Item No.** | 3 |
| **Class of Activity** | EDUCATION |
| **Donee's Name** | YRMC FOUNDATION |
| **Donee's Address** | 2400 S AVENUE A<br>YUMA, AZ 85364 |
| **Amount (FMV)** | 500 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | NONE |
| **Description** | CASH |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | 2008-07 |

| | |
|---|---|
| **Item No.** | 4 |
| **Class of Activity** | YOUTH WELFARE |
| **Donee's Name** | SALVATION ARMY BOYS & GIRLS CLUB |
| **Donee's Address** | PO BOX 829<br>YUMA, AZ 85366 |
| **Amount (FMV)** | 500 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | NONE |
| **Description** | CASH |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | 2008-07 |

| | |
|---|---|
| **Item No.** | 5 |
| **Class of Activity** | YOUTH WELFARE |
| **Donee's Name** | JACKIE JOHNSON OLYMPIC FUND |
| **Donee's Address** | 2550 E GILA RIDGE ROAD<br>YUMA, AZ 85365 |
| **Amount (FMV)** | 2,072 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | NONE |
| **Description** | CASH |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | 2008-07 |

| | |
|---|---|
| **Item No.** | 6 |
| **Class of Activity** | EDUCATION |
| **Donee's Name** | YUMA LUTHERAN SCHOOL |
| **Donee's Address** | 2555 S ENGLER AVE<br>YUMA, AZ 85365 |
| **Amount (FMV)** | 100 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | NONE |
| **Description** | CASH |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | 2008-07 |

| | |
|---|---|
| **Item No.** | 7 |
| **Class of Activity** | YOUTH WELFARE |
| **Donee's Name** | ARIZONA CHILDREN'S ASSOCIATION |
| **Donee's Address** | 3780 S 4TH AVE<br>YUMA, AZ 85365 |
| **Amount (FMV)** | 500 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | NONE |
| **Description** | CASH |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | 2008-07 |

| | |
|---|---|
| **Item No.** | 8 |
| **Class of Activity** | YOUTH SPORTS |
| **Donee's Name** | TITLE BOXING |
| **Donee's Address** | |
| **Amount (FMV)** | 1,000 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | NONE |
| **Description** | CASH |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | 2008-07 |

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|---|---|
| **Item No.** | 9 |
| **Class of Activity** | |
| **Donee's Name** | YUMA BELT BUCKLE BLOWOUT |
| **Donee's Address** | 2978 W 25TH PLACE<br>YUMA, AZ 85364 |
| **Amount (FMV)** | 500 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | NONE |
| **Description** | CASH |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | 2008-08 |

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|---|---|
| **Item No.** | 10 |
| **Class of Activity** | CIVIC EVENT |
| **Donee's Name** | YUMA UNION HIGH SCHOOL FOUNDATION |
| **Donee's Address** | PO BOX 4357<br>YUMA, AZ 85366 |
| **Amount (FMV)** | 1,000 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | NONE |
| **Description** | CASH |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | 2008-08 |

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|---|---|
| **Item No.** | 11 |
| **Class of Activity** | CIVIC TRAINING |
| **Donee's Name** | YUMA LEADERSHIP |
| **Donee's Address** | PO BOX 6446<br>YUMA, AZ 85366 |
| **Amount (FMV)** | 750 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | NONE |
| **Description** | CASH |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | 2008-10 |

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|---|---|
| **Item No.** | 12 |
| **Class of Activity** | YOUTH ACTIVITIES |
| **Donee's Name** | BOY SCOUTS OF AMERICA - OCOTILLO COUNCIL |
| **Donee's Address** | 1950 W 3RD ST<br>YUMA, AZ 85364 |
| **Amount (FMV)** | 2,000 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | NONE |
| **Description** | CASH |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | 2008-12 |

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|---|---|
| **Item No.** | 13 |
| **Class of Activity** | YOUTH ACTIVITIES |
| **Donee's Name** | YUMA CHILD BURN SURVIVOR FUND |
| **Donee's Address** | 13721 E 55TH DR<br>YUMA, AZ 85367 |
| **Amount (FMV)** | 2,800 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | NONE |
| **Description** | CASH |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | 2008-12 |

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|---|---|
| **Item No.** | 14 |
| **Class of Activity** | YOUTH ACTIVITIES |
| **Donee's Name** | YUMA CIVIC CENTER |
| **Donee's Address** | 538 W 16TH ST<br>YUMA, AZ 85364 |
| **Amount (FMV)** | 333 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | NONE |
| **Description** | CASH |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | 2009-01 |

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|---|---|
| **Item No.** | 15 |
| **Class of Activity** | YOUTH ACTIVITIES |
| **Donee's Name** | YUMA BABE RUTH BASEBALL |
| **Donee's Address** | PO BOX 4242<br>YUMA, AZ 85366 |
| **Amount (FMV)** | 1,000 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | NONE |
| **Description** | CASH |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | 2009-02 |

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|---|---|
| **Item No.** | 16 |
| **Class of Activity** | YOUTH ACTIVITIES |
| **Donee's Name** | YUMA LITTLE LEAGUE |
| **Donee's Address** | NONE<br>YUMA, AZ 85364 |
| **Amount (FMV)** | 3,000 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | NONE |
| **Description** | CASH |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | 2009-02 |

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| **Item No.** | 17 |
| **Class of Activity** | YOUTH ACTIVITIES |
| **Donee's Name** | YUMA COUNTY JUVENILE DETENTION |
| **Donee's Address** | 2440 W 28TH ST<br>YUMA, AZ 85364 |
| **Amount (FMV)** | 355 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | NONE |
| **Description** | CASH |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | 2009-02 |

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|---|---|
| **Item No.** | 18 |
| **Class of Activity** | YOUTH ACTIVITIES |
| **Donee's Name** | GRAD NITE 2009 |
| **Donee's Address** | PO BOX 1924<br>YUMA, AZ 85366 |
| **Amount (FMV)** | 2,000 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | NONE |
| **Description** | CASH |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | 2009-04 |

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|---|---|
| **Item No.** | 19 |
| **Class of Activity** | YOUTH ACTIVITIES |
| **Donee's Name** | 4TH AVE JUNIOR HIGH SCHOOL |
| **Donee's Address** | 450 S 4TH AVE<br>YUMA, AZ 85364 |
| **Amount (FMV)** | 3,500 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | NONE |
| **Description** | CASH |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | 2009-05 |

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# TY 2008 Other Assets Schedule

**Name:** CABALLEROS DE YUMA INC

**EIN:** 86-6052369

| Description | Beginning of Year Amount | End of Year Amount |
|---|---|---|
| ACCOUNTS RECEIVABLE | 2,610 | 4,061 |
| INVESTMENT - PUBLICLY TRADED SECURITIES | 636,849 | 492,697 |
| Other Depreciable Assets | 10,068 | 8,066 |

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# TY 2008 Other Expenses Schedule

**Name:** CABALLEROS DE YUMA INC

**EIN:** 86-6052369

| Description | Amount |
|---|---|
| AWARDS/PLAQUES | 9,435 |
| DUES | 875 |
| GIFTS & FLOWERS | 292 |
| INTERNET PROVIDER | 1,260 |
| INVESTMENT FEES | 30 |
| OFFICE SUPPLIES | 551 |
| TAX & LICENSE | 936 |
| MEETING EXPENSE | 28,376 |
| UNREALIZED LOSS ON SALE OF SECURITIES | 70,397 |
| UNIFORMS | 2,912 |
| ADVERTISING & PROMOTION | 32,012 |
| SUPPLIES | 2,339 |
| DONATIONS TO EXEMPT ORGANIZATIONS ASSISTING WITH FUNDRAISERS | 56,406 |
| PARADE EXPENSE | 830 |
| ENTRANTS | 8,547 |
| FOOD & BEVERAGES | 2,925 |
| HOSPITALITY | 2,994 |
| MISCELLANEOUS | 220 |
| OPERATIONS | 1,319 |
| EVENT PARKING | 3,526 |
| EVENT SANITATION & CLEANUP | 14,023 |
| SPONSOR EXPENSE | 6,599 |
| EVENT TRANSPORTATION | 3,447 |
| VOLUNTEER COORDINATION | 1,231 |
| WEB HOST | 309 |
| BAD DEBT | 750 |

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# TY 2008 Other Liabilities Schedule

**Name:** CABALLEROS DE YUMA INC

**EIN:** 86-6052369

| Description | Beginning of Year Amount | End of Year Amount |
|---|---|---|
| ACCOUNTS PAYABLE | 6,667 | 818 |
| DEFERRED INCOME | 80,704 | 78,799 |

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|---|---|---|

# TY 2008 Other Revenues Schedule

**Name:** CABALLEROS DE YUMA INC

**EIN:** 86-6052369

| Description | Amount |
|---|---|
| MISCELLANEOUS | 1,248 |

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|---|---|---|

# TY 2008 Transfers Personal Benefits Contracts Declaration

**Name:** CABALLEROS DE YUMA INC

**EIN:** 86-6052369

**Declaration:** The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.