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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008**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)

▶ Sponsoring organizations of donor advised funds 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.

A For the 2008 calendar year, or tax year beginning**10-01, 2008, and ending****09-30, 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
Instruc-
tions**C** Name of organization**CABALLEROS DE VARGAS**

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

PO BOX 1403

City or town, state or country, and ZIP + 4

SANTA FE, NM 87504**D Employer identification number****85-6011841****E Telephone number****(505) 989-3446****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:** ▶**J Organization type** (check only one) - ☒ 501(c) (4) ◀ (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 ▶ \$ **43,152****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	1,488
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	1,425
4	Investment income	4	15,352
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
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 ▶ STM141)	8	24,887
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	43,152
10	Grants and similar amounts paid (attach schedule) STM122	10	4,091
11	Benefits paid to or for members	11	10,307
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ STM130)	16	16,899
17	Total expenses. Add lines 10 through 16 ▶	17	31,297
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,855
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	582,052
20	Other changes in net assets or fund balances (attach explanation) STM104	20	900
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	594,807

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	216,665	231,163
23 Land and buildings	365,387	365,387
24 Other assets (describe ▶ _____)		
25 Total assets	582,052	596,550
26 Total liabilities (describe ▶ _____)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	582,052	596,550

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		X
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		X
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 section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		X
38 a 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?		X
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		
40 a 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.		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed. ▶		
42 a The books are in care of ▶ R GREGORY FERNANDEZ, TREASURER Telephone no. ▶ 505-424-8526 Located at ▶ 2606 ALAMOS DR SANTA FE, NM ZIP + 4 ▶ 87505		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X

Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

FORM 990EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE

STATEMENT #122

		<u>AMOUNT</u>	<u>RELATIONSHIP</u>
ACTIVITY	RELIGIOUS	1,000	NONE
GRANTEE	SANTO NINO REGIONAL SCHOOL		
ADDRESS	PO BOX 1403		
	SANTA FE NM 87501		
ACTIVITY	RELIGIOUS	300	NONE
GRANTEE	SEARCH FOR CHRISTIAN MATURITY		
ADDRESS	PO BOX 1403		
	SANTA FE NM 87501		
ACTIVITY	COMMUNITY FUNCTIONS	162	NONE
GRANTEE	GREAT PANES GLASS WORKS, BRICK DONA		
ADDRESS	PO BOX 1403		
	SANTA FE NM 87501		
ACTIVITY	RELIGIOUS	100	NONE
GRANTEE	ST ANNE CHURCH		
ADDRESS	PO BOX 1403		
	SANTAFE NM 87501		
ACTIVITY	RELIGIOUS	85	NONE
GRANTEE	CARMELITE MONASTERY		
ADDRESS	PO BOX 1403		
	SANTA FE NM 87501		
ACTIVITY	RELIGIOUS	100	NONE
GRANTEE	CRISTO REY CATHOLIC CHURCH		
ADDRESS	1120 CANYON ROAD		
	SANTA FE NM 87501		
	TOTAL	<u>1,747</u>	

Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

FORM 990EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE

STATEMENT #122

		<u>AMOUNT</u>	<u>RELATIONSHIP</u>
ACTIVITY	RELIGIOUS	100	NONE
GRANTEE	OUR LADY OF GUADALUPE CHURCH		
ADDRESS	417 AGUA FRIA		
	SANTA FE NM 87501		
ACTIVITY	RELIGIOUS	100	NONE
GRANTEE	SAN ISIDRO CATHOLIC CHURCH		
ADDRESS	3552 AGUA FRIA		
	SANTA FE NM 87501		
ACTIVITY	RELIGIOUS	100	NONE
GRANTEE	SANTA MARIA DE LA PAZ		
ADDRESS	11 COLLEGE ST		
	SANTA FE NM 87501		
ACTIVITY	RELIGIOUS	16	NONE
GRANTEE	GOLD SATIN FOR STATUE		
ADDRESS	PO BOX 1403		
	SANTA FE NM 87501		
ACTIVITY	RELIGIOUS	480	NONE
GRANTEE	ROSARIO ROSE GARDEN		
ADDRESS	PO BOX 1403		
	SANTA FE NM 87501		
ACTIVITY	RELIGIOUS	623	NONE
GRANTEE	CONFRADIA DE LA CONQUISTADORA		
ADDRESS	PO BOX 1403		
	SANTA FE NM 87501		
	TOTAL	<u>1,419</u>	

Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

FORM 990EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE

STATEMENT #122

		<u>AMOUNT</u>	<u>RELATIONSHIP</u>
ACTIVITY	SYMPATHY	45	NONE
GRANTEE	MARVIN VALDEZ FATHER'S FUNERAL		
ADDRESS	PO BOX 1403		
	SANTA FE NM 87501		
ACTIVITY	COMMUNITY FUNCTIONS	100	NONE
GRANTEE	MEMORIAL ROSE GARDEN		
ADDRESS	PO BOX 1403		
	SANTA FE NM 87501		
ACTIVITY	COMMUNITY FUNCTIONS	580	NONE
GRANTEE	INDIAN DANCERS, FOOD		
ADDRESS	PO BOX 1403		
	SANTA FE NM 87501		
ACTIVITY	RELIGIOUS	100	NONE
GRANTEE	OUR LADY OF SORROWS ALTER SOCIETY		
ADDRESS	PO BOX 1403		
	RIO MEDIO		
ACTIVITY	RELIGIOUS	100	NONE
GRANTEE	OUR LADY OF GUADALUPE		
ADDRESS	PO BOX 1403		
	POJOAQUE NM		
	TOTAL	<u>925</u>	

FORM 990EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE

STATEMENT #122

TOTAL	<u>AMOUNT</u>	<u>RELATIONSHIP</u>
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Federal Supporting Statements**2008**

Name(s) as shown on return

FEIN

**FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2**

<u>DESCRIPTION</u>	<u>AMOUNT</u>
OFFICE EXPENSE	787
MEDALLIONS	250
PROPERTY TAXES	389
6TH ST CONDOMINIUM	162
TAX PREP FEES	756
HOLIDAY BASKETS	2,828
STAFF EXPENSES	10,307
TRES REYES MAGOS	1,420
	<hr/>
TOTAL	<hr/> <hr/> 16,899

**FORM 990EZ, PART I, LINE 8
OTHER REVENUES SCHEDULE 2**

<u>DESCRIPTION</u>	<u>AMOUNT</u>
RENTAL INCOME	24,887
	<hr/>
TOTAL	<hr/> <hr/> 24,887

**FORM 990EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS SCHEDULE**

<u>DESCRIPTION</u>	<u>AMOUNT</u>
CURRENT INVESTMENTS ARE INCLUDED IN	0
SAVINGS AND TEMPORARY INVESTMENTS	0
SEE SCHEDULE OF DEPRECIATION	0
ENTRADA PARADE EXPENSE	800
PNM ELECTRIC	100
	<hr/>
TOTAL	<hr/> <hr/> 900

990**Overflow Statement****2008**
Page 1

Name(s) as shown on return

FEIN

CABALLEROS DE VARGAS

85-6011841

ASSETS**Description****Amount**

NET ASSETS LESS DEPRECIATION TO DATE (57960)

\$ 538,590

Total:\$ 538,590

* Item was disposed
of during current year.

Depreciation Detail Listing

Management & General
For your records only

2008

PAGE 1

Name(s) as shown on return

Social security number/EIN

CABALLEROS DE VARGAS

85-6011841

No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	BUILDING	20010119	40,000		100.00		40,000	27.5	S/L	MM	3.636	1,455	8,729		1,455
2	REMODELING	20010119	275,000		100.00		275,000	27.5	S/L	MM	3.636	10,000	59,999		10,000
3	BUILDING	20080506	50,387		100.00		50,387	27.5	S/L	MM	3.636	1,832	2,519		1,832

990**Tax Exempt
Diagnostic Summary****2008**

Name

CABALLEROS DE VARGAS

Employer Identification #

85-6011841

Demographics**Mailing Address:**PO BOX 1403
SANTA FE, NM 87504

Phone: (505) 989-3446

Resident State: NM

Diagnostics

Preparer: THOMAS M LUNA

Invoice:

Date: 05-20-2010

Return Information

Item on Return	2008 Federal	2007 Federal (If available)
Total Revenue	43,152	
Total Expenses	31,297	
Net Excess (Deficit)	11,855	
Net Assets or Fund Balances	594,807	582,052

State/City InformationState/CityTaxable
RevenueTotal
ExpensesChange Fund
BalanceUBITTotal
TaxRefund/
(Balance Due)

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

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ ▶ ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only. ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization CABALLEROS DE VARGAS	Employer identification number 85-6011841
	Number, street, and room or suite no. If a P.O. box, see instructions PO BOX 1403	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SANTA FE, NM 87504	

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

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

- The books are in the care of ▶ **R GREGORY FERNANDEZ TREASURER 2606 ALAMOSA DR, NM 87505**

Telephone No ▶ **505-424-8526**

FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box ☐ ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ ▶ ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **05-17**, 20 **10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☐ calendar year 20__ or
- ▶ ☒ tax year beginning **10-01**, 20 **08**, and ending **09-30**, 20 **09**.

- 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.	3a	\$
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.	3b	\$
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.	3c	\$

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

EEA

Form **8868** (Rev. 4-2009)