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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 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

OMB No 1545-1150

2008

Open to Public Inspection

Α	For the 2	2008 calenda	r <u>yea</u> r,	or tax year beginning 10-01, 2008, and ending	<u>g</u>	09-	30	, <b>20</b> <u>09</u>
В	Check if ap	plicable		C Name of organization	D Emp	loyer i	dent	ification number
	Address ch		Please use IRS	CABALLEROS DE VARGAS	8.	5-603	L184	41
$\overline{}$	Name chan	ge	suite E Teler	ohone i	numb	per		
	Initial return	1	print or type.		I			
	Termination		See Specific	PO BOX 1403	(	505)	)89·	-3446
	Amended re	etum	Instruc- tions	City or town, state or country, and ZIP + 4	<b>F</b> Grou	p Exer	nptio	n
	Application	pending		SANTA FE, NM 87504		ber .		
	• Sect	ion 501(c)(3)	organi	zations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting	method	1. 🛭	🗓 Cash 🗌 Accrual
			a cor	npleted Schedule A (Form 990 or 990-EZ).	Other (spec	fy) 🕨		
	_				H Check▶ 🛚	ıf th	e or	ganization is <b>not</b>
ı	Website	: <b>&gt;</b>			required to a	ttach S	3che	dule B (Form 990,
J	Organiza	ation type (ch	eck on	ly one) - 🗓 501(c) ( 4 ) ◀ (insert no ) 🗌 4947(a)(1) or 📗 527	990-EZ, or 9	90-PF	)	
K	Check ▶	√ X If the org	ganızatı	on is not a section 509(a)(3) supporting organization and its gross receipts	are normally <b>not</b>	more	than	\$25,000 A return
	is not req	uired, but if th	e orgar	nization chooses to file a return, be sure to file a complete return				
L	Add lines			e 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instea			<b>-</b> \$	43,152
P	art I	Revenue	e, Exp	penses, and Changes in Net Assets or Fund Balances	(See the instruc	ctions f	or Pa	art!)
	1	Contributions	, gifts,	grants, and similar amounts received		1		1,488
	2	Program serv	rice rev	enue including government fees and contracts		2		
	3			nd assessments		3		1,425
	4	Investment in	come			4	$\top$	15,352
:	5a	Gross amour	nt from	sale of assets other than inventory 5a				
•	1			asis and sales expenses			1	
R				ale of assets other than inventory (Subtract line 5b from line 5a) (attach sch	nedule)	5c	İ	•
е	1	•		es (complete applicable parts of Schedule G) If any amount is from gaming, check here				
۷ . e	- 1	•		including \$ of contributions				
n		reported on li	ine 1)	6a			1	
u e	Ь			es other than fundraising expenses 6b		$\dashv$	1	1
			•				.	
-				atory, less returns and allowances			-	
				sold	•		1	
				from sales of inventory (Subtract line 7b from line 7a)			. 1	
	8	•		oribe ► STM141	)	8	+	24,887
	9			d lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	+	43,152
	10			mounts paid (attach schedule)		10	+	4,091
	11			or members		11		10,307
E X	12			pensation, and employee benefits		12	_	20,007
p	13			d other payments to independent contractors		13	_	
e n				Irties, and maintenance		14	-+-	
s	'-	Printing nul	FA	ble Eg Dand, shipping		15	-	
S	16			scribe STMA:0	١	16		16,899
	4-	1 1 .	-	ddylines 18 through 16 · · · · · · · · · · · · · · · · · ·		17	-+-	31,297
ဌ	18			or the year (Sultifact line 17 from line 9)		18	-	11,855
>	19			alances at beginning of year (from line 27, column (A)) (must agree with				
N,	5   19			rathes and prior year's return)		19	, 1	582,052
ANSTU	20			at assets or fund balances (attach explanation)		20	-	900
U	20			alances at end of year. Combine lines 18 through 20		21	$\rightarrow$	594,807
				ets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Fo				
۳	art II	Daiaile	SHE	(See the instructions for Part II.)	(A) Beginning o	-	Ť	(B) End of year
20	<b>-</b> 0		Linvact	ments		, 665	22	231,163
22	cash عد	ı, savıngs, and	เทพยรโ	nents		,387		365,387
23				,	- 303	,,,,,,,	24	33,307
24 25	<b>ぎ</b> でthei	r assets (desc			502	,052		596,550
					582	,,,,,,	26	370,330
26		l liabilities (de		line 27 of column (R) must saree with line 21)	592	. 052	1	596,550

Part III Statement of Program Service Acco	mnlishments (See the	instructions for Part III	1		Expenses
What is the organization's primary exempt purpose? RELIGIO		Ilistructions for Fart III	<u>/</u>	(Rec	ured for 501(c)(3)
. ,	<del></del>	and concine manner		ànd	(4) organizations
Describe what was achieved in carrying out the organization's e			_		4947(a)(1) trusts,
describe the services provided, the number of persons benefited	i, or other relevant informati	on for each program tit	e.	Optio	onal for others)
28 STAFF EXPENSES					
	<del></del>				
		t			
(Grants \$ 1,488 ) If this amo	ount includes foreign grants,	check here	▶ 🗌	28a	10,307
29					
			_		
(Grants \$ ) If this amo	ount includes foreign grants,	check here	▶ 🗍	29a	
30					
	<del> </del>		<del></del>		
(Cronto \$ ) If this amo	vunt includes foreign grants	chook horo		30a	
	ount includes foreign grants,	CHeck Here	· · · · · <u> </u>	Jua	
31 Other program services (attach schedule)					
	ount includes foreign grants,		▶ 📋	31a	
32 Total program service expenses (add lines 28a through 3				32	10,307
Part IV List of Officers, Directors, Trustees, and Key					
(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not past,	<ul><li>(d) Contributions employee benefit pla</li></ul>		(e) Expense account and
(a) Hamo and address	devoted to position	enter -0)	deferred compensa		other allowances
ARTHUR JOHNSON	BOARD MEMBER				
1017CALLE DE SUENOS SANTA FE NM, 87505	0	0		0	0
RON SANDOVAL	PRESIDENT				
1316 DECLOVIA SANTA FE NM, 87501	0	o		o	0
R GREGORY FERNANDEZ	TREASURER				
2606 ALAMOSA ST SANTA FE NM, 87505	0	l		0	o
GILBERT ROMERO	IMMEDIATE PAST				
	0	0		0	0
3001 GOVERNOR LINSEY RD SANTA FE, 87505	+				
TEODORO RAEL	BOARD MEMBER				
1324 GRANDPAS RANCH SANTA FE NM, 87507	0	0		0	C
SAMUEL DELGADO	BOARD MEMBER				
2541 CAMINO ALFREDO SANTA FE NM, 87505	0	0		0	0
JUAN B MANCHEGO	SECRETARY				
405 SALAZAR PLACE SANTA FE NM, 87501	0	0		0	0
PAUL TAPIA	VICE PRESIDENT				
101 MESA VERDE SANTA FE NM, 87501	0	0		0	0
MAX RANDOLPH	BOARD MEMBER				
125 LUGAR DEL ORO SANTA FE NM, 87507	0	l 0		0	0
RUDY FERNANDEZ	BOARD MEMBER				
PO BOX 1712 SANTA FE NM, 87504	0	l		0	o
PAUL TRUJILLO	BOARD MEMBER	<del>-</del>			
21 VERADA CORTA SANTA FE NM, 87507	0	0		0	o
ZI VERADA CORIA BANIA PE NEI, 07507	<del> </del>				
		i			
	ļ	_			
		_			
		1			
			-		-
	1				

Form	990-EZ (2008) CABALLEROS DE VARGAS 85-6011	841	F	age 3
Pa	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		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	. 34		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			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,			
	and proxy tax requirements?			X
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	. 35b		ļ
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			٠
	complete applicable parts of Schedule N	. 36		<u> X</u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions	┦	:	3,
	Did the organization file Form 1120-POL for this year?	. 37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			7.7
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	. 38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on line 9	$\dashv$		
		$\dashv$		
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 ▶			
h	section 4911 ▶			Í
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule			1
	L. Part I	40Ь		x
c	Enter amount of tax imposed on organization managers or disqualified persons during	100		<u> </u>
•	the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
	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	40e		X
41	List the states with which a copy of this return is filed.	<u></u>		
42 a		424-8	526	
	Located at ▶ 2606 ALAMOSA DR SANTA FE, NM ZIP+4 ▶ 875	505		
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		Yes	No
	account)?	42b		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?	42c		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 <b>Form 1041-</b> Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		F	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1	٠,,
	Form 990-EZ	44	ļ	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		ŀ	٠,
_	"Yes," Form 990 must be completed instead of Form 990-EZ	45	0 ==	X (0000)
	EEA	Form <b>9</b> 9	·U-EZ	(2000)

Par	t VI	Section 501(c)(3) o	rganizations on	All section 501(c)	(3) organizations mus	t answer questions 46-49			
		and complete the tables for	or lines 50 and 51						
46	Did the	organization engage in di	rect or indirect politic	al campaign activities on	behalf of or in opposit	ion to		Yes	No
	candida	ates for public office? If "Y	es," complete Scheo	lule C, Part I			. 46		
47	Did the	organization engage in lo	bbying activities? If '	'Yes," complete Schedule	C, Part II		. 47		
48	Is the o	organization operating a so	chool as described in	section 170(b)(1)(A)(ii)?	If "Yes," complete Sch	nedule E	. 48		
49 a		•			•				
b		-			-			+	<del></del>
50				-		es and key employees) wh			
		eceived more than \$100,00	-				.•		
	(a) Na	ame and address of each employon than \$100,000	ee paid more	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acco	Expense ount and llowance	
			<u>.</u>				_		
									—
		-							
Total	number	of other employees paid of	over \$100,000						
	compe	nsation from the organizat	ion If there are none	e, enter "None "					
	(a)	Name and address of each inde	pendent contractor paid m	ore than \$100,000	<b>(b)</b> Ty	rpe of service	(c) Compe	nsation	
					<del></del>				——
				***************************************					
Total	number	of other independent con			·				
						ements, and to the best of my know of which preparer has any knowled			
Sigr	.	1 P	· / \			05-20-2	010		
Her		Signature of officer	3			Date			
		R. GREGORY FE	· · · · · · · · · · · · · · · · · · ·	SURER					
		<u> </u>			Date	Check if Bronzesia	Identifying No	(See inc	
Paid		Preparer's signature	Luna		05-20-2010	self- employed ► 525	- 58 <u>~</u>	-	
•	arer's	Firm's name (or yours	TAX EXPRES	<del></del>		EIN ►			
Use (	Only	if self-employed), address, and ZIP + 4	1915 ROSIN					_	
			SANTA FE,			<del></del>	989-344		
May	the IRS	discuss this return with the	e preparer shown ab	ove? See instructions		· · · · · · · · · · · · · · · · · · ·			No
					EEA		Form 9	3U-EZ	(2008)

Name(s) as shown on re	Federal S	Suppo	orting St	ateme	nts	<b>2008</b> FEIN
	FORM 990E GRANTS AND SIMIL					STATEMENT #122
					AMOUNT	RELATIONSHIP
ACTIVITY	RELIGIOUS				1,000	NONE
GRANTEE	SANTO NINO REGIONAL SCHO	OOL				
ADDRESS	PO BOX 1403 SANTA FE	NM	87501			
	SANIA FE	INM	8/301			
ACTIVITY	RELIGIOUS				300	NONE
GRANTEE	SEARCH FOR CHRISTIAN MAT	URITY	•		200	110112
ADDRESS	PO BOX 1403					
	SANTA FE	NM	87501			
ACTIVITY	COMMUNITY FUNCTIONS				162	NONE
GRANTEE	GREAT PANES GLASS WORKS,	BRTC	אים אי		102	NONE
ADDRESS	PO BOX 1403	DILLO	A DOM			
	SANTA FE	NM	87501			
	DD				100	
ACTIVITY GRANTEE	RELIGIOUS ST ANNE CHURCH				100	NONE
ADDRESS	PO BOX 1403					
ADDRIDG	SANTAFE	NM	87501			
ACTIVITY	RELIGIOUS				85	NONE
GRANTEE	CARMELITE MONASTERY					
ADDRESS	PO BOX 1403	NIM	87501			
	SANTA FE	NM	0110T			
ACTIVITY	RELIGIOUS				100	NONE
GRANTEE	CRISTO REY CATHOLIC CHUR	RCH				
ADDRESS	1120 CANYON ROAD					
	SANTA FE	NM	87501	-		
			TOTAL		1,747	

Name(s) as shown on r	Federal	Supp	orting St	ateme	nts	<b>2008</b> FEIN
	FORM 990E GRANTS AND SIMII					STATEMENT #122
					AMOUNT	RELATIONSHIP
ACTIVITY	RELIGIOUS				100	NONE
GRANTEE	OUR LADY OF GUADALUPE C	HURCH				
ADDRESS	417 AGUA FRIA					
	SANTA FE	NM	87501			
ACTIVITY	RELIGIOUS				100	NONE
GRANTEE	SAN ISIDRO CATHOLIC CHU	RCH			200	110112
ADDRESS	3552 AGUA FRIA					
	SANTA FE	NM	87501			
ACTIVITY	RELIGIOUS				100	NONE
GRANTEE	SANTA MARIA DE LA PAZ				100	HOME
ADDRESS	11 COLLEGE ST					
	SANTA FE	NM	87501			•
	227 747074				1.5	NONE
ACTIVITY	RELIGIOUS				16	NONE
GRANTEE ADDRESS	GOLD SATIN FOR STATUE PO BOX 1403				4	
ADDRESS	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 CONQUIS	TADOR	A			
ADDRESS	PO BOX 1403					
	SANTA FE	NM	87501	-		
			TOTAL		1,419	

GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE  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 87501  ACTIVITY COMMUNITY FUNCTIONS 580 NONE  GRANTEE MEMORIAL ROSE GARDEN 87501  ACTIVITY COMMUNITY FUNCTIONS 580 NONE  GRANTEE INDIAN DANCERS, FOOOD 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 PO BOX 1403 RIO MEDIO  ACTIVITY RELIGIOUS 100 NONE  TOTAL 925  FORM 990EZ, PART I, LINE 10 STATEMENT #1:  GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE	Name(s) as shown on r	Federal Supporting Statements	2008 FEIN
ACTIVITY SYMPATHY 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, FOCOD ADDRESS PO BOX 1403 SANTA FE NM 87501  ACTIVITY RELIGIOUS GRANTEE OUR LADY OF SORROWS ALTER SOCIETY ADDRESS PO BOX 1403 RIO MEDIO  ACTIVITY RELIGIOUS GRANTEE OUR LADY OF GUADALUPE ADDRESS PO BOX 1403 PO BOX 1403 RIO MEDIO  ACTIVITY RELIGIOUS GRANTEE OUR LADY OF GUADALUPE ADDRESS PO BOX 1403 PO BOX 1	•		STATEMENT #122
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, FOOOD 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 RIO MEDIO  ACTIVITY RELIGIOUS 100 NONE GRANTEE OUR LADY OF GUADALUPE ADDRESS PO BOX 1403 POJOAQUE NM 100 NONE  TOTAL 925  FORM 990EZ, PART I, LINE 10 STATEMENT #13		<del></del>	RELATIONSHIP
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, FOOOD 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 RIO MEDIO  ACTIVITY RELIGIOUS 100 NONE GRANTEE OUR LADY OF GUADALUPE ADDRESS PO BOX 1403 FOJOAQUE NM TOTAL 925  FORM 990EZ, PART I, LINE 10 STATEMENT #1:			NONE
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, FOOOD ADDRESS PO BOX 1403 SANTA FE NM 87501  ACTIVITY RELIGIOUS GRANTEE OUR LADY OF SORROWS ALTER SOCIETY ADDRESS PO BOX 1403 RIO MEDIO  ACTIVITY RELIGIOUS GRANTEE OUR LADY OF GUADALUPE ADDRESS PO BOX 1403 PO B			
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, FOOOD 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 PO BOX 1403 PO BOX 1403 PO BOX 1403 POJOAQUE NM  TOTAL 925  FORM 990EZ, PART I, LINE 10 STATEMENT #1:  GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE	ADDRESS		
GRANTEE MEMORIAL ROSE GARDEN ADDRESS PO BOX 1403 SANTA FE NM 87501  ACTIVITY COMMUNITY FUNCTIONS 580 NONE GRANTEE INDIAN DANCERS, FOOOD 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 GUADALUFE ADDRESS PO BOX 1403 FOO BOX 1403 FOO BOX 1403 FOR STATEMENT #1:  GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE		SANIA FE NM 0/501	
ADDRESS PO BOX 1403 SANTA FE NM 87501  ACTIVITY COMMUNITY FUNCTIONS 580 NONE GRANTEE INDIAN DANCERS, FOOOD 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 925  FORM 990EZ, PART I, LINE 10 STATEMENT #12 GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE	ACTIVITY	COMMUNITY FUNCTIONS 100	NONE
ACTIVITY COMMUNITY FUNCTIONS 580 NONE  GRANTEE INDIAN DANCERS, FOOOD ADDRESS PO BOX 1403 SANTA FE NM 87501  ACTIVITY RELIGIOUS 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 925  FORM 990EZ, PART I, LINE 10 STATEMENT #12  GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE	GRANTEE	MEMORIAL ROSE GARDEN	
ACTIVITY COMMUNITY FUNCTIONS 580 NONE  GRANTEE INDIAN DANCERS, FOOOD 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 925  FORM 990EZ, PART I, LINE 10 STATEMENT #12	ADDRESS		
GRANTEE INDIAN DANCERS, FOOOD 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 PO BOX 1403 PO BOX 1403 POJOAQUE NM  TOTAL 925  FORM 990EZ, PART I, LINE 10 STATEMENT #12 GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE		SANTA FE NM 87501	
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FORM 990EZ, PART I, LINE 10 STATEMENT #12 GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE		momay 00F	
GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE		TOTAL <u>925</u>	
GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE			
		•	STATEMENT #122
		GUMID WIND STRITHWY WINCOMIS LATE SCHEDORE	
TOTAL AMOUNT RELATIONS		TOTAL AMOUNT	RELATIONSHIP

`		
_ `	Federal Supporting Statements	2008
Name(s) as shown on return		FEIN

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

DESCRIPTION	AMOUNT
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
TOTAL	16,899

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

<u>AMOUNT</u>
_ 24,887
24,887

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

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

# 990 Overflow Statement 2008 Page 1 Name(s) as shown on return FEIN CABALLEROS DE VARGAS 85-6011841

### <u>ASSETS</u>

Description	·	Amount	
NET ASSETS LESS DEPRECITATION TO DATE (57960)		\$	538,590
	Total:	\$	538,590

2008	PAGE 1		AMT	10,000	13,287
~		Social security number/EIN 85-6011841	Bonus		ST ADJ:
	-	Socials	Prior		
			Accumulated Depreciation	8,729 59,999 2,519	71,247
			Current	1,832	13,287
ng	:		Rate	3.636	
Depreciation Detail Listing	Management & General For your records only		Method	WW 1/S	
			Life	27.5 s. 27.5 s	
preciatio	Manageme For you≀		Depreciation Basis	40,000 27.5 275,000 27.5 50,387 27.5	365,387
De			Section 179		
			Business	100.00	
			Salvage		
			Cost	40,000 275,000 50,387	365,387
_			Date	20010119 20080506	
* Item was disposed	of during current year.	Name(s) as shown on return	No Description	2 REMODELING 3 BUILDING	Totals Land Amount Net Decreciable Cost

#### 990

# Tax Exempt **Diagnostic Summary**

2008

Name

CABALLEROS DE VARGAS

Employer Identification # 85-6011841

**Demographics** 

Mailing Address:

PO BOX 1403

SANTA FE, NM 87504

Resident State: NM

**Diagnostics** 

THOMAS M LUNA Preparer:

Invoice:

Date: 05-20-2010

Phone: (505)989-3446

#### **Return Information**

D	2008	2007 Federal		
Item on Return	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 Information

State/City	Taxable	<u>Total</u>	Change Fund	<u>UBIT</u>	<u>Total</u>	Refund/
	Revenue	Expenses	Balance		Tax	(Balance Due)

## Form **8868**

(Rev April 2009)

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.				
		Automatic 3-Month Extension, complete only Part I and check this box		<del> </del> X		
•	•	Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).	. =		
•	_	unless you have already been granted an automatic 3-month extension on a previously file	•	i		
		ic 3-Month Extension of Time. Only submit original (no copies needed).				
	•	file Form 990-T and requesting an automatic 6-month extension - check this box and compl	ete 	▶ □		
All other corpor		luding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an ours.	extension of			
one of the return electronically if returns, or a co	rns noted b (1) you wa omposite or	Generally, you can electronically file Form 8868 if you want a 3-month automatic extension elow (6 months for a corporation required to file Form 990-T). However, you cannot file Form the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8 consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nor	n 8868 870, group (Part II) of Fe			
Type or	Name of	Exempt Organization	Employer id	loyer identification number		
print			85-60118	-6011841		
File by the	Number,	street, and room or suite no. If a P.O. box, see instructions				
due date for filing your	РО ВОХ					
return See	City, tow	n or post office, state, and ZIP code For a foreign address, see instructions				
instructions	SANTA	FE, NM 87504				
Check type of	return to	be filed (file a separate application for each return)	-			
☐ Form 990		Form 990-T (corporation)	Form 4720			
Form 990-B	BL.	Form 990-T (sec. 401(a) or 408(a) trust)	Form 5227	form 5227		
▼ Form 990-E	Z	Form 990-T (trust other than above)	Form 6069	orm 6069		
☐ Form 990-P		Form 1041-A	Form 8870			
• The books	are in the c	are of ▶ R GREGORY FERNANDEZ TREASURER 2606 ALAMOSA DR, NM	<u>875</u> 05			
•		5-424-8526 FAX No ▶		_		
•		s not have an office or place of business in the United States, check this box		▶ ∐		
	•	eturn, enter the organization's four digit Group Exemption Number (GEN)	. If this is			
for the whole g	roup, chec	k this box · · ▶ □ . If it is for part of the group, check this box   ▶ □ and attach				
		EINs of all members the extension will cover				
1 I request	t an automa	atic 3-month (6 months for a corporation required to file Form 990-T) extension of time				
until	05-	$\underline{17}$ , $\underline{20}$ , to file the exempt organization return for the organization named above $$ $\overline{1}$	ne extension	is		
for the o	rganızation	's return for				
<b>▶</b> □ c	alendar ye	ar 20 or				
► 🏻 ta	ax year beg	ginning 10-01 , 20 08, and ending 09-3	<u>0</u> , 20 <u>0</u>	<u>9</u> .		
2 If this tax	2 If this tax year is for less than 12 months, check reason					
		for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, able credits. See instructions.	3a	\$		
	b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax					
•	3ь	\$				
payments made Include any prior year overpayment allowed as a credit  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.				\$		
		to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8	<b>3c</b> 879-EO	<del></del>		
for payment in						