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Short Form

Comparization Exempt From Income Tax

Comparization 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 \$500,000 and total assets

OMB No 1545 1150

2009

	Depa	rtment of the Treasury	less than \$1,250,0	100 at the end of the year may use this see a copy of this return to satisfy state	s form		Open to Public Inspection
			dar year, or tax year beginning	, 2009, and			
		Check if applicable	C Name of organization	,		D Employer i	dentification number
		Address change Pleas		ard Association		85-03	04289
	-	Name change	or Number and street for P.O. how if mail is		Room/suite	E Telephone	
	_	Initial return type.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	
		Termination See				(505)	474-1669
	P=1	Amended return Instructions Application pending	ruc-		87505	F Group E Number	xemption •
ឆ្គ	<u></u>				G Accounting r		Cash Accrual
Sinto cies		Section 50 (Comust a	c)(3) organizations and 4947(a)(1) none attach a completed Schedule A (Form	990 or 990-EZ).	Other (speci	fy) ►	
Ĕ		Website: ► N/A			H Check ► X		ganization is not dule B (Form 990,
S S		Tax-exempt status (chec	eck only one) — X 501(c) (19) ◀ (inse	rt no) 4947(a)(1) or 52	- ^^^		adio B (i dimi 330,
			organization is not a section 509(a)(3) s		'	normally r	of more than
	•	\$25.000 A Form 99	90-EZ or Form 990 return is not required	I, but if the organization choose	oses to file a return,	be sure to	file a complete return
9		· · · · · · · · · · · · · · · · · · ·	nd 7b, to line 9 to determine gross rece				
•		instead of Form 990				▶ \$	209,253.
9	Pa		e, Expenses, and Changes in N	let Assets or Fund Bala	ances (See the I	nstruction	s for Part I.)
_			, gifts, grants, and similar amounts rece			1	3,854.
EB		2 Program serv	rice revenue including government fees	and contracts		2	21,671.
		3 Membership o	dues and assessments			3	30,103.
9	,	4 Investment in	ncome			4	5,629.
∞		5a Gross amount	it from sale of assets other than invento	ry 5	a 88,9	20.	
20		b Less cost or	other basis and sales expenses	5	b 51,9	21.	
J	Ŗ		om sale of assets other than inventory (Subtract lin			5c	36 , 999.
0	, Ž	6 Special events an	nd activities (complete applicable parts of Schedule	e G). If any amount is from gaming,	check here		
565	N	a Gross revenue	ie (not including \$	of contributions		_	
9	Ë	reported on li		6	a	1 1	
'n	•	· .	expenses other than fundraising expense	es 6	ь		
04		c Net income or (lo	oss) from special events and activities (Subtract III	ne 6b from line 6a)		6c	
_	'		of inventory, less returns and allowance		'a		
		b Less cost of	goods sold	7	b		
		c Gross profit o	or (loss) from sales of inventory (Subtra	ct line 7b from line 7a)		7с	
		8 Other revenue (d	describe - See Other Revenue Statemer	nt) 8	59,076.
		9 Total revenue	e. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	• 6	A = 11 + C B	▶ 9	157,332.
			imilar amounts paid (attach schedule)		CEIVED	10	
			to or for members	NE (CEIVED	11	
	E	· · · · · · · · · · · · · · · · · · ·	er compensation, and employee benefit	S PFn	4 4 2010	12	37,800.
	P		fees and other payments to independer		1 1 2016	13	2,669.
	EXPENSE		rent, utilities, and maintenance		MANAGEMENT	14	4,479.
	Ē		dications, postage, and shipping	7.00001	OGDEN	15	
	5		(describe ► See Other Expenses Stateme	ent) 16	148,854.
		1	ses. Add lines 10 through 16			▶ 17	193,802.
	_		eficit) for the year (Subtract line 17 from	ı line 9)		18	-36,470.
	A	,	r fund balances at beginning of year (fro	· ·	t caree with and of		
	N S	19 Net assets or	ed on prior year's return)	on tine 27, column (A)) (mas	agree with end-or-	19	315,738.
	ŦĘ	.,	es in net assets or fund balances (attack	n explanation)		20	
	Ś	-	r fund balances at end of year. Combine			▶ 21	279,268.
	P:			Form 990-EZ			
	ت	J Balano	(See the instructions for Part II		(A) Beginning		(B) End of year
	22	2 Cash, savings, ai	•	•		342. 22	236,872.
	23	_				0.23	0.
	24		•)	42.	396. 24	42,396.
	25	·		 ,		738. 25	279,268.
	26		describe ►)		0. 26	0.
	27		nd balances (line 27 of column (B) mus	t agree with line 21)	315	738. 27	279,268.

	990-EZ (2009) New Mexico Nat:				<u> 030</u>	4289 Page 2
- 100	IIII Statement of Program Se				(Dec	Expenses
Desc	s the organization's primary exempt purpose? Republic what was achieved in carrying out to the services provided, the number cam title.				501(d organ 4947	uired for section (3) and (4) (3) and section (a)(1) trusts, optional hers)
	Represents 700 plus acti officers of the NM Natio affecting the national d	nal Guard on matter efense programs and	the NM Nationa		28a	
29	(Grants \$) If	his amount includes foreign gr	ants, check here		_20a	193,802.
30	(Grants \$) If	his amount includes foreign gr	ants, check here	<u> </u>	29 a	
	(Grants \$) If	his amount includes foreign gr	ants, check here		30 a	
31	Other program services (attach schedu (Grants \$) If	le) this amount includes foreign gr	ants, check here	▶ □	31 a	
32		lines 28a through 31a)		<u> </u>	32	193,802.
Par			ployees. List each on	e even if not com	pensa	
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pla deferred compensa	to ns and	(e) Expense account and other allowances
810	ry Hale 9 Northridge Ave NE ouquerque NM 87109	Executive Diretor	19,800.		0.	
	Cisneros 4 5th Street	Employee				
	ita Fe NM 87505	40.00	18,000.		0.	
	ı Paul	1.0.00		7		
47	Bataan Blvd NM 87505	President 15.00	0.		0.	
		-				
47	cy O'Neal Bataan Blvd	Secretary				
	nta Fe NM 87505	10.00	0.	-	<u>0.</u>	
47	Ny Salas Bataan Blvd NM 87505	Past President 5.00	0.		0.	
		-				
		1				
·		-				
		_				
		-	<u> </u>			
BAA		TEEA0812	01/30/10			Form 990-EZ (2009)

			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		х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		Х
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 why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,	35 a		Ų
	reporting, and proxy tax requirements? If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		<u>X</u> _
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the			
	year? If 'Yes,' complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37 Ь		х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	7		
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X
ı	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b	<u></u>	2. JA	,
39	Section 501(c)(7) organizations. Enter		¥,	53
	Initiation fees and capital contributions included on line 9	* *.		
	Gross receipts, included on line 9, for public use of club facilities	4		
40	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ►, section 4912 ►, section 4955 ►		1	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 ь		
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d Section 501(c)(3) and 501(c)(4) organizations 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	40 e		X
41	List the states with which a copy of this return is filed >			
42	a The organization's books are in care of ► Xavier Miller Located at ► 47 Bataan Blvd Sant Fe NM ZIP + 4 ► 87505	_474 	<u>-166</u>	5 <u>9</u>
	the state of the s		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)?	42 b		Х
	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 a Foreign Bank and Financial Accounts		_	
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		Х
	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		-	<u> </u>
			Yes	No
		Γ.	 	T
A 4	Did the organization maintain any donor advised funds? If 'Yes' Form 990 must be completed instead		1	
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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	44		X

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85-		1.3	u	4	/	ĸ	ч

Page 4

(ACCIOCATO)	501(c)(3) organizations and sec 46-49b and complete the tables	ction 4947(a)(1) nor	nexempt charitabl	e trusts must answer	questio	ns	
for pull 47 Did the 48 Is the 49a Did the b If 'Yes	e organization engage in direct or indirect of office? If 'Yes,' complete Schedule Ce organization engage in lobbying activition organization a school as described in see organization make any transfers to an string,' was the related organization a section lete this table for the organization's five it	, Part I es? If 'Yes,' complete Section 170(b)(1)(A)(ii)? If exempt non-charitable re 527 organization?	chedule C, Part II 'Yes,' complete Sche elated organization?	dule E	47 48 49 a 49 b	Yes	No X X X
emplo	yees) who each received more than \$100 Name and address of each employee paid more than \$100,000	0,000 of compensation fr (b) Title and average hours per week devoted to position	om the organization (c) Compensation	If there is none, enter 'Nor (d) Contributions to employee benefit plans and deferred compensation	1e ' (e) E>	pense int and owances	 s
51 Comp	number of other employees paid over \$1 lete this table for the organization's five ensation from the organization. If there is (a) Name and address of each independent cont	highest compensated inc s none, enter 'None '	dependent contractors	s who each received more to (b) Type of service	(c) Com		
d Total	number of other independent contractors	s each receiving over \$10	00,000	•			
Sign Here	Under penalties of perjury, I declare that I have exartine, correct, and complete Declaration of preparer Signature of officer Type or print name and title	(other man officer) is based on a	mpanying schedules and sta all information of which preparation	tements, and to the best of my known arer has any knowledge Z Feb Date + Or	ZO	lelief, it i	s
Paid Pre- parer's Use	yours if self employed). PO Box 27194	nting & Consult		EIN L/C - I	parer's Ident e instruction: 0179. 7198	501	mber ,
May the IR	S discuss this return with the preparer sh	nown above? See instruc	NM 87125 ctions	Phone no ►	► Ye		No (2009)