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Form 990-EZ

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 $500,000 and total assets less than $1,250,000 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*

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending

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: ROSWELL HISPANO CHAMBER OF COMMERCE

Number and street (or P O box, if mail is not delivered to street address): 327 NORTH MAIN STREET

Room/suite:

City or town, state or country, and ZIP + 4: ROSWELL, NM 88201

D Employer identification number: 85-0372436

E Telephone number: 575-624-0889

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 [X] Cash [ ] Accrual Other (specify) ▶

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

I Website: ▶ WWW.ROSWELLHCC.ORG

J Tax-exempt status (check only one) - [X] 501(c) (6) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

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 Form 990-EZ or Form 990 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 $500,000 or more, file Form 990 instead of Form 990-EZ . . ▶ $ 74,864

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	3,834
	2	Program service revenue including government fees and contracts	2	39,000
	3	Membership dues and assessments	3	13,850
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory — 5a		
	5b	Less cost or other basis and sales expenses — 5b		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐		
	6a	Gross revenue (not including $ ____ of contributions reported on line 1) — 6a: 18,180		
	6b	Less direct expenses other than fundraising expenses — 6b: 19,120		
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-940
	7a	Gross sales of inventory, less returns and allowances — 7a		
	7b	Less cost of goods sold — 7b		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ ____)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	55,744
Expenses	10	Grants and similar amounts paid (attach schedule) SCHOLARSHIP	10	2,000
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	37,672
	13	Professional fees and other payments to independent contractors	13	3,676
	14	Occupancy, rent, utilities, and maintenance	14	8,636
	15	Printing, publications, postage, and shipping	15	689
	16	Other expenses (describe ▶ SEE ATTACHED SCHEDULE)	16	8,049
	17	**Total expenses.** Add lines 10 through 16 ▶	17	60,722
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,978
	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	18,458
	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	13,480

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 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	17,964	22	14,422
23	Land and buildings		23	
24	Other assets (describe ▶ FURNITURE AND EQUIPMENT)	1,419	24	994
25	**Total assets**	19,383	25	15,416
26	**Total liabilities** (describe ▶ PAYROLL TAXES/DEFERRED REVEN)	925	26	1,936
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	18,458	27	13,480

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

What is the organization's primary exempt purpose? MINORITY AND HISPANIC GROWTH

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, and other relevant information for each program title

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

28 OPERATION OF HISPANO CHAMBER OF COMMERCE WHICH PROVIDES RESOURCES AND NETWORKING OPPORTUNITIES FOR MEMBER AGENCIES AND RECRUITMENT AND REFERRAL SERVICES FOR BUSINESSES AND INDIVIDUALS IN CHAVES COUNTY

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 79,844

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

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 79,844

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
YOLANDO HERRERA 1510 S 20TH, ARTESIA, NM 88210	PRESIDENT 1 HOUR	0	0	
FELIPE RODRIGUEZ 609 E HENDRICKS, ROSWELL, NM 88203	VICE PRES 1 HOUR	0	0	0
ELOUISE ORTEGA 1621 W SUMMITT, ROSWELL, NM 88203	SECRETARY 1 HOUR	0	0	
AURORA JIMENEZ 337 EAST POE	TREASURER 1 HOUR	0	0	0
MIREYA TRUJILLO 3779 CEDARVALE ROAD, ROSWELL, NM 88203	DIRECTOR 1 HOUR	0	0	0
NATALIE MARTINEZ PO BOX 223, ROSWELL, NM 88202	DIRECTOR 1 HOUR	0	0	0
CAMILIO ROMERO PO BOX 4474, ROSWELL, NM 88202	DIRECTOR 1 HOUR	0	0	0
RAYMOND ANAYA 508 WEST SECOND STREET, ROSWELL, NM 88201	DIRECTOR 1 HOUR	0	0	0
JUAN OROPESA 1307 EAST TILDEN, ROSWELL, NM 88203	EXEC DIRECTOR 40 HOURS	25,500	0	0

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

			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? 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 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, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N	A
36	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
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	N	A
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 outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 ; section 4912 ▶ 0 , section 4955 ▶ 0			
b	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	40b		X
c	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 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations. 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? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ NONE			
42a	The organization's books are in care of ▶ JUAN OROPESA, EXEC DIR. Telephone no ▶ 575-624-0889			
	Located at ▶ 327 NORTH MAIN STREET, ROSWELL, NM ZIP + 4 ▶ 88201			
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		X
	If "Yes," enter the name of the foreign county. ▶ N/A			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreing 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: ▶ N/A			
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 N/A			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is 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
N/A				

f Total number of other employees paid over $100,000 ▶ 0

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors receiving over $100,000 ▶ 0

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 — Date: 11/15/10

▶ JUAN OROPESA, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
	11/13/10		85-0472580
Firm's name (or yours if self-employed), address, and ZIP + 4: JOHN JERGE CPA PC, 101 SOUTH UNION, ROSWELL, NM 88203		EIN ▶	P00091314
		Phone no ▶	575-627-7595

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

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047
2009
Open To Public Inspection

Name of the organization
ROSWELL HISPANO CHAMBER OF COMMERCE

Employer identification number
85-0372436

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

a ☐ Mail solicitations
b ☐ Internet and 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 services? ☐ 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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
NOT APPLICABLE						
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.

NEW MEXICO

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 PINATAFEST (event type)	(b) Event #2 CINCO DE MAY (event type)	(c) Other Events BANQUET (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	10,440	2,470	5,270	18,180
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	10,440	2,470	5,270	18,180
Direct Expenses	4 Cash prizes	1,150			1,150
	5 Noncash prizes				
	6 Rent/facility costs			4,033	4,033
	7 Food and beverages		1,422		1,422
	8 Entertainment	4,465	1,200		5,665
	9 Other direct expenses	5,915		935	6,850
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(19,120)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				-940

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.

	NOT APPLICABLE	(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 Noncash 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 line 1, column d, and line 7 ▶				

			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	Enter 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 of the third party: 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

FORM 990-EZ SUPPORT
ROSWELL HISPANO CHAMBER OF COMMERCE
YEAR ENDED DECEMBER 31, 2009
EIN 85-0372436

PART 1 - LINE 16 OTHER EXPENS

ADVERTISING	428
BANK CHARGES	151
CONTRIBUTIONS	150
DEPRECIATION EXPENSE	426
DUES, PERMITS, LICENSES	256
INSURANCE	1,962
LEASED EQUIPMENT	2,056
MISCELLANEOUS	1,544
OFFICE AND OTHER SUPPLY	1,076
TOTALS	8,049