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**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)

OMB No 1545 0047

Department of the Treasury

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

-	F	- 2010	7 / 01			2011
			ar year, or tax year beginning 7/01 , 2010, and ending			
В	Check r	f applicable		۲۰	Employer Identif	
	Ad	idress change	Caballeros De Yuma, Inc.		<u>86-60523</u>	369
	Na	ame change	180 W. First Street C	E	Telephone numb	er
	H <sub>tru</sub>	itial return	Yuma, AZ 85364		928-343-	·1715
	$\vdash$	erminated		<u> </u>		
	$\vdash$			۔ ا		020 007
	$\blacksquare$	mended return	F		Gross receipts \$	930,997.
	L Ap	pplication pending	indee being		roup return for affil iliates included?	<b>⊟ ⊟</b>
			Same As C Above		ach a list (see inst	ructions) Yes No
1	Tax-	exempt status	501(c)(3) X 501(c) ( 6 ) ◄ (Insert no ) 4947(a)(1) or 527			•
j	Wei	bsite: ► ww	w.caballeros.org	H(c) Group exe	emption number 🟲	
ĸ	Form	of organization	X Corporation Trust Association Other► L Year of Formati	on 1962	M State of le	gal domicile AZ
Pa		Summai			•	<u> </u>
L				te great	ter Viima	area youth,
		-	ducational and recreational activities.		rer rung r	TEG YOUCH!
Activities & Governance		7.7 7.7 C	nncarional and recreational activities.			
nar						
Ver	•	Charle Abor be	x F I if the organization discontinued its operations or disposed of mor			
မ္			ting members of the governing body (Part VI, line 1a)	e man 25%	3	12
∘ಕ			dependent voting members of the governing body (Part VI, line 1a)		4	12
ie3			of individuals employed in calendar year 2010 (Part V, line 2a)		5	<u>, , , , , , , , , , , , , , , , , ,</u>
Ĭ			of volunteers (estimate if necessary)		6	200
Act			ed business revenue from Part VIII, column (C), line 12		7a	0.
			business taxable income from Form 990-T. line 34		7b	0.
	-	14et uni elateu	business taxable income norm form 550-1, line 54	Deid	or Year	Current Year
		Cantributions	and grants (Dort VIII, June 1h)	FIR	23,223.	20,849.
Ð			and grants (Part VIII, line 1h)		354,664.	439,713.
Ę		_	rice revenue (Part VIII, line 2g)			
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)	<b></b>	16,469.	19,066.
щ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		66,114.	32,288.
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		460,470.	511,916.
			milar amounts paid (Part IX, column (A), lines 1-3)	ļ	33,606.	85,275.
			to or for members (Part IX, column (A), line 4)			
	15	Salaries, other	er compensations employee benefits (Part IX, column (A), lines 5-10)		55,825.	44,459.
Expenses	16a	Professional	fundraising fees (Part IX, column (A), line 11e)		1	
Ĕ	h	Total fundrag	ing expenses (Rary X) 2column (D), line 25)			
ᄶ		Total fullular	MAN 2 (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	<b>—</b>	202 174	256 224
	17	Other expens	es (Part IX, column (A), line 2 a-11d, 11f-24f)		383,174.	356,234.
			es. Add-lines 13-17 (must edual Part IX, column (A), line 25)		472,605.	485,968.
	19	Revenue less	expenses Studitact tipe 18 from line 12		-12,135.	25,948.
გ <mark>გ</mark>		_		Beginning	of Current Year	End of Year
å å	20	Total assets	(Part X, line 16)		564,760.	641,019.
§ ñ	21	Total liabilitie	s (Part X, line 26)		78,175.	92,915.
Net Assets or Fund Balances	22	Net assets or	fund balances Subtract line 21 from line 20		486,585.	548,104.
_	rt II	<del> </del>	re Block	l	100,000.1	010/2011
			·- // /i	a the best of m	u knowledge and hi	shot it is true porroat, and
con	er pena iplete L	Declaration of prep	declare that I have examined this return, including accompanying schedules and statements, and to are formation of which preparer has any knowledge	o the best of my	y knowledge and be	eller it is true, correct, and
			VIIII XIIII	1	3-16-	2012
c:		Signatu	re of office/	Date	3 14	W/U
Sig	ju 	o gran		DENT		
He	re	Type a	print name and title	DENI		<del> </del>
					·· · 1,	NTIMI
			preparer's name Preparer's signature Date		neck	PTIN
Pa			Jeth Tenhant   2/12/	12 se	elf employed	N/A
	epare		MISENHIMER AIVAZIAN & TENNANT P.C.			
Us	e On	ily Firm's addre	ess > 3150 S CATALINA DR, SUITE 1	Fi	rm's EIN - N/A	1
			YUMA, AZ 85364-8258		hone no (928	
		IDC -1 11-	is return with the preparer shown above? (see instructions)		, · - <del>·</del>	X Yes No

Form 990 (2010)

	990 (2010) Caballeros De Yuma, Inc.	86-60	5236	9		Page <b>2</b>
Par	t III' Statement of Program Service Accomplishments					
	Check if Schedule O contains a response to any question in this Part III					X
1	Briefly describe the organization's mission					
	To promote greater Yuma area youth, civic, educational and recre	ational	<u>act</u>	ivit	<u>ies</u>	<u></u>
		<b></b>				<b>-</b>
	Did the organization undertake any significant program services during the year which were not listed on	the prior				
2	Form 990 or 990-EZ?	the phot		Yes	Ι	No
	If 'Yes,' describe these new services on Schedule O		ш	103	1	110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services.	vices?		Yes	$\overline{\mathbf{x}}$	No
	If 'Yes,' describe these changes on Schedule O.		لسا		ت	
4	Describe the exempt purpose achievements for each of the organization's three largest program services	by expens	ses Se	ction	501(c)	)(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.	l allocations	s to oth	ers, t	he tot	al
4a	a (Code) (Expenses \$ including grants of \$) (f	Revenue	\$			)
	The organization promotes, sponsors and conducts several special	events	in	Yuma	a,	
	Arizona during the year. All of the events highlight Yuma and t					<u>E.</u>
	Proceeds from these events generated \$14.750 in scholarships to					nd
	universities and \$15,944 in donations to youth organizations and					
	Yuma area. The largest event is "Midnight at the Oasis" - the s					
	classic car and nostalgia festival. This is a 3-day event in Ma	<u>rch att</u>	ract	ing	ove	<u>r</u>
	900 entrants and approximately 50,000 attendees. The organizati				<u>er_</u> _	
	\$48,000 from this event to other exempt organizations whose volu	nteer m	embe	rs_		
	assisted with the festival.					
	b (Code) (Expenses \$including grants of \$) (f	Pavanua	<u> </u>			```
71	The next largest event is the Colorado River Balloon Festival -			nt i	i n	
	November which attracts numerous balloonists and thousands of me					
	to watch the balloon launches and attend the evening "Balloon Gl					
	balloonists visit area schools to educate students about balloon					
	entertain them when the balloons land on school grounds. The or	ganizat	ion	paid	l ou	ŧ _
	over \$2,700 from this event to other exempt organizations assist	ing wit	h th	е Ва	illo	on
	Festival.					
	a (Code ) (Eveness \$ upplieding graphs of \$ ) (I	20100110	<del>.</del>			
40	c (Code) (Expenses \$ including grants of \$) (Including grants of third largest event sponsored is a marathon and half-marathon and half-mar	n race	taki	Dα		—– <sup>)</sup>
	advantage of the moderate winter temperatures of the area to att	ract ru	nner	s fi	com	
	variety of states. The organization paid out \$3,600 from this e					<u></u>
	organizations assisting with the event.			<u>p.c</u> .		
		- <b></b>				
				. <b>_</b>		
40	d Other program services. (Describe in Schedule O)  See Schedule O				,	
	(Expenses \$ including grants of \$ ) (Revenue \$ e Total program service expenses ►					
46	e Total program service expenses 📂					

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		Х
3	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	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part $V$	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
,	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VII	11b		Х
	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	Х	
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х
_	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		
3 A A		<b>C</b>	- 000	/201A

Form 990 (2010) Caballeros De Yuma, Inc.

[Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Χ	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2  Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Forn	1 <b>990</b>	(2010)

## Form 990 (2010) Caballeros De Yuma, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V			Ш					
		Yes	No					
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a	13							
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0							
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х						
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a	1							
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b							
4a 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)?	4a		х					
b If 'Yes,' enter the name of the foreign country ►								
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts								
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>					
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X					
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь							
7 Organizations that may receive deductible contributions under section 170(c).								
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a							
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b							
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с	·						
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d								
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e							
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g							
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h							
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8							
9 Sponsoring organizations maintaining donor advised funds.								
a Did the organization make any taxable distributions under section 4966?	9 a							
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9b							
10 Section 501(c)(7) organizations. Enter								
a Initiation fees and capital contributions included on Part VIII, line 12								
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11 Section 501(c)(12) organizations. Enter.								
a Gross income from members or shareholders								
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b								
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b								
13 Section 501(c)(29) qualified nonprofit health insurance issuers.								
a Is the organization licensed to issue qualified health plans in more than one state?	13a							
Note. See the instructions for additional information the organization must report on Schedule O.								
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  13b								
c Enter the amount of reserves on hand								
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		L					

Form 000 (2010) Caballance De Vime The	. 0		
Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b	below	. and	Page 6 I for
Check if Schedule O contains a response to any question in this Part VI			X
Section A. Governing Body and Management		···	
	· · · · · · · · · · · · · · · · · · ·	Yes	No
	<u> </u>		
2 2 mer die name er verlag menhede in inte 14, abeve, wie die naependen	<u> </u>		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X_
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х
4 Did the organization make any significant changes to its governing documents	4		Х
since the prior Form 990 was filed?			
a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change Schedule O. See instructions check if Schedule O. See instructions of the seed of the lax year seed of the seed of the lax year to be common to the seed of the seed of the lax year to be called the number of voting members included in line 1a, above, who are independent to be common to the seed of the uniform of voting members included in line 1a, above, who are independent to be common to officer, chiefly children to the seed of the uniform of voting members included in line 1a, above, who are independent to be common to the seed of the see			X
6 Does the organization have members or stockholders? See Schedule 0	6	Х	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? See Schedule 0	7a	х	
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? See Sch	О 7ь	Х	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Х	
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	Χ	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
		Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a		Х
<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь		
· · · · · · · · · · · · · · · · · · ·	11 a		Х
	,		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		Χ
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c		
13 Does the organization have a written whistleblower policy?	13		Х
14 Does the organization have a written document retention and destruction policy?	14		Х
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	15a		Х
	15b		Х
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1.		v

taxable entity during the year? **b** If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

16a	Х
16b	
•	

Section C. Disclosure

Own website

17 L	List the states with which a copy of this Form 990 is required to be filed ► <u>AZ</u>
<b>18</b> 5	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

► Shara Merton 180 W. First Street,	Suite C	Yuma AZ	85364	928-343-	-1715
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orm 000 (2010)	Caballeros	Do	Viima	Tnc	
orm 990 (2010)	Capalleros	νe	ruma,	Inc.	

86-6052369

Page 7

## Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization	T	related	d org			on con	nper		cer, director, or truste	
(A)	(B)	l .		•	C)			(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organiza- tions in Schedule O)	ndividual trustee or director		Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Jaime Cadena Director	5	Х						0.	0.	0.
(2) Jeff Byrd Director	5	Х						0.	0.	0.
(3) Craig Barrows Director	5	Х						0.	0.	0.
(4) Rex Green Director	5	Х						0.	0.	0.
(5) Mark Mohamed Director	5	Х						0.	0.	0.
(6) Derek Gurney Director	5	Х						0.	0.	0.
7) Sam Pepper Director	5	Х						0.	0.	0.
(8) Nate Schug President	5			х	_			0.	0.	0.
(9) Ricky Rinehart Vice President	5			x	ļ			0.	0.	0.
(10) Terry W. Frydenlund Treasurer	5			x				0.	0.	0.
(11) Larry Autrey Caporal	5			x				0.	0.	0.
(12) Bob Brown Secretary	5			<u>x</u>				0.	0.	0.
(13)										
(14)	_									
<u>(15)</u>										
(16)										
(17)	-									

Name and title  Average hours per week (describe hours for related or ganizations from the organization from the organization (W 2/1099 MISC)  Average hours per week (describe hours for related organizations from the organization (W 2/1099 MISC)  Average hours per week (describe hours for related organizations from the organization (W 2/1099 MISC)	Fart VIII Section A. Unicers, Directors, Trust													
Complete Start   Complete Schedule   For such individual   Compensation from the organization of the org	· · · I.			tion (	-	-	hat at	(viac	1		(F)			
(29) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29									compensation from	compensation from related organizations	om amount of othe compensation			
(20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (20) (20) (27) (28) (29) (29) (29) (29) (29) (20) (20) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (20) (21) (21) (22) (25) (26) (27) (28) (27) (28) (29) (29) (29) (29) (29) (20) (20) (27) (20) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (27) (20) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(18)													
(21) (22) (23) (24) (25) (26) (27) (28) (29)  1 b Sub-total  c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total rumber of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ist any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual isted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes" complete Schedule J for such individual for services rendered to the organizations greater than \$150,000? If "Yes" complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such person	(19)					_								
(23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(20)													
(25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(21)													
(25) (25) (25) (25) (25) (25) (25) (25)	(22)													
(25)  (26)  (27)  (28)  (29)  1 b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensa from the organization  0 Yes  3 Did the organization ist any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)	(23)													
(25)  (27)  (28)  (29)  1 b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensa from the organization   0 Yes  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  (B)  (C)	(24)													
(29)  1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensa from the organization  0  1 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)	(25)													
(29)  1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensa from the organization  0  Yes  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A) (B) (C)	(26)													
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensa from the organization ist any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A) (B) (C)	(27)													
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensa from the organization ► 0  Yes  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a² If 'Yes,' complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A) (B) (C)	(28)													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensa from the organization  0  Yes  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  (B)  (C)	(29)													
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3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)	from the organization   0											Vec	No	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A) (B) (C)	3 Did the organization list any former officer, director of on line 1a? If 'Yes,' complete Schedule J for such inc	or truste dividual	e, k	еу е	mpl	oye	e, or	hıg	hest compensate	d employee	3	163	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A) (B) (C)	the organization and related organizations greater the	ortable an \$150	com 0,000	pen	satı <i>'Ye</i>	on a	ind c	othe <i>lete</i>	r compensation fr Schedule J for	om				
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A) (B) (C)	5 Did any person listed on line 1a receive or accrue co	mpensa	ation	fron	m ai	ny u	nrela	ated	organization or ii	ndıvıdual			X	
compensation from the organization  (A)  (B)  (C)	Section B. Independent Contractors		· · ·				•					<u> </u>		
(A) Name and business address  Description of services  Compensation  Co		ed indep	end	ent d	cont	ract	ors t	that	received more the	an \$100,000 of				
		S		_					( <b>B</b> Description i	) of services	Compe	C) ensatio	n	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization > 0		_	ımıte	ed to	tho	se	listed	d ab	ove) who received	d more than				

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S, GRANTS AMOUNTS	1a Federated campaigns     1a       b Membership dues     1b     20,64       c Fundraising events     1c	3.	revenue		312, 313, 01 314
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	d Related organizations e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above  1 f 20				
	g Noncash contributions included in lins 1a-1f \$ h Total. Add lines 1a-1f	<u>20,849.</u>			
REVENUE	2a Midnight at the Oasis 713990 b Balloon Festival 713990	386,661. 26,996.	386,661. 26,996.		
SERVICE	c Marathon 711300	26,056.	26,056.		
PROGRAM SERVICE REVENUE	f All other program service revenue g Total. Add lines 2a-2f	► 439,713.			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> </ul>	14,912.			14,912.
	5 Royalties (i) Real (ii) Personal	<b>&gt;</b>			
	b Less rental expenses c Rental income or (loss)				-
	d Net rental income or (loss)  7a Gross amount from sales of assets other than inventory  (i) Securities (ii) Other 363, 559.				
	b Less cost or other basis and sales expenses 359, 405. c Gain or (loss) 4,154.				
IUE	d Net gain or (loss)  8a Gross income from fundraising events (not including \$	4,154.			4,154.
OTHER REVENUE	of contributions reported on line 1c)  See Part IV, line 18 a  b Less. direct expenses b				
0	c Net income or (loss) from fundraising events  9a Gross income from gaming activities.	•		-	
	See Part IV, line 19 a 56, 66  b Less. direct expenses b 33, 87  c Net income or (loss) from gaming activities				22,783.
	10a Gross sales of inventory, less returns and allowances a 34,79 b Less cost of goods sold b 25,79		***		
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code	8,997.	500		8,997.
	11a Reimbursed Expenses 713200 b 713200	508.	508.		
	d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions	► 508. ► 511,916.	440,221.	0.	50,846.
	- Total revenue, OCC INSUBCIONS	1 011, 910.	170,441.	<u> </u>	50,040.

Form 990 (2010)

#### Part IX | Statement of Functional Expenses

BAA

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) (C) (D) (A) Do not include amounts reported on lines Program service Management and Fundraising Total expenses 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 76,775 Grants and other assistance to individuals in 8,500 the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 0 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 39,600 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits. 4,859 Payroll taxes 10 Fees for services (non-employees) a Management **b** Legal 1,600 c Accounting **d** Lobbying e Professional fundraising services. See Part IV, line 17 15 f Investment management fees g Other 1,500 12 Advertising and promotion 35,508. 13 Office expenses 4.057 Information technology 15 Royalties 8,500 16 Occupancy 17 4,308 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 22,104 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 838 16,563 23 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) a Event Entertainment 70,155 **b** Concessions at Events 57,462. 24,392. c <u>Utilities</u> d Event Expenses 24,070. e Marathon Expenses 18,350 f All other expenses See Sch. 66,812. 25 Total functional expenses. Add lines 1 through 24f 485,968 | | If following Joint costs. Check here ▶ SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	5,962.	1	15,860.
	2	Savings and temporary cash investments	35,827.	2	26,914.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,221.	4	1,669.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
ASSETS	7	Notes and loans receivable, net		7	
E	8	Inventories for sale or use		8	
S	9	Prepaid expenses and deferred charges		9	4,408.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  50,164.			
	Ь	Less accumulated depreciation 10b 44, 215.	6,076.	10 c	5,949.
	11	investments – publicly traded securities	513,674.	11	586,219.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	564,760.	16	641,019.
	17	Accounts payable and accrued expenses	2,500.	17	9,886.
	18	Grants payable		18	
	19	Deferred revenue.	75,675.	19	83,029.
L	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
Ė	23	Secured mortgages and notes payable to unrelated third parties		23	
_	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	78,175.	26	92,915.
Ñ		Organizations that follow SFAS 117, check here ► X and complete lines	· · · · · · · · · · · · · · · · · · ·		······································
N E		27 through 29 and lines 33 and 34.			
Ą	27	Unrestricted net assets	480,669.	27	548,104.
ASSETS	28	Temporarily restricted net assets	5,916.	28	
	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here ▶ □ and complete			
E	1	lines 30 through 34.			
E B	30	Capital stock or trust principal, or current funds		30	<del> </del>
B	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ķ	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALAZCES	33	Total net assets or fund balances.	486,585.	33	548,104.
ร	34	Total liabilities and net assets/fund balances	564,760.	34	641,019.

BAA

Form **990** (2010)

Form 990 (2010) Caballeros De Yuma, Inc.	86-605236	9	Page 12			
Part XI Reconciliation of Net Assets		_				
Check if Schedule O contains a response to any question in this Part XI			X			
1 Total revenue (must equal Part VIII, column (A), line 12)	1	5	<u>11,916.</u>			
2 Total expenses (must equal Part IX, column (A), line 25)	2	4	<u>85,968.</u>			
3 Revenue less expenses Subtract line 2 from line 1	3		25,948.			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4_	4	86,585.			
5 Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	5		<u>35,571.</u>			
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))						
Part XII Financial Statements and Reporting	<u> </u>		· · · · ·			
Check if Schedule O contains a response to any question in this Part XII						
1 Accounting method used to prepare the Form 990 Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked 'Other,' explain		-	Yes No			
ın Schedule O						
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х			
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2ь	X			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	t of the audit,	2c				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis	issued on a					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	_ 3a	Х			
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3b				
ВАА		Form	n <b>990</b> (2010)			

#### SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• 5	Section 501(c)(4), (5), or (6) or	ganizations Complete Part III			
Name	of organization	<del></del>		Employer identifica	tion number
Cab	oalleros De Yuma, I	nc.		86-605236	9
Par	t I-A Complete if the o	rganization is exempt under secti	on 501(c) or is a	section 527 organ	ization.
1	Provide a description of the c	organization's direct and indirect political ca	mpaign activities in P	art IV	
2	Political expenditures			<b>►</b> \$	
3	Volunteer hours				_
Par	t I-B Complete if the o	rganization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any exci	se tax incurred by the organization under s	ection 4955	<b>►</b> \$	
2	Enter the amount of any exci	se tax incurred by organization managers ι	ınder section 4955	<b>►</b> \$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	his year <sup>9</sup>		Yes No
4a	Was a correction made?				Yes No
Ŀ	If 'Yes,' describe in Part IV				
Par	t I-C Complete if the o	rganization is exempt under secti	on 501(c), excep	ot section 501(c)(3)	).
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities ►\$	
2	Enter the amount of the filing	organization's funds contributed to other o	rganizations for secti	on 527 exempt	
_	function activities		. gaa	▶\$	
3	Total exempt function expend	ditures Add lines 1 and 2 Enter here and o	on Form 1120-POL.		
_	line 17b			<b>►</b> \$	
4	Did the filing organization file	Form 1120-POL for this year?			Yes X No
5		and employer identification number (EIN) o			
	organization made payments amount of political contribution	For each organization listed, enter the among received that were promptly and directly	nount paid from the fill v delivered to a separ	ing organization's funds ate political organization	Also enter the n. such as a separate
	segregated fund or a political	ons received that were promptly and directly action committee (PAC). If additional space	e is needed, provide	information in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing	(e) Amount of political
	<b>\</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>\-,</b>	organization's funds If none, enter 0	contributions received and
					promptly and directly delivered to a separate political organization
					If none, enter 0
(1)					
\''					
(2)			;		
(2)					
(3)					
(9)					
(4)					
(7)					
(5)					
(-)					
(6)		L <b></b>			
ν,		1	1	1	I

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule C (Form 990 or 990-EZ) 2010

Part II.A.   Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).    A Check	Schedule <b>C</b> (Form 990 or 990-EZ) 201				<u>86-6</u> 052	
B. Check   If the filing organization checked box A and 'limited control' provisions apply   Limits on Lobbying Expenditures (means amounts paid or incurred.)   Control   Con	Part II-A Complete if section 501	the organization (h)).	on is exempt under s	ection 501(c)(3)	and filed Form 5768 (e	election under
Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)   General Section (Part Section (Par	A Check ► if the filing	ng organization bel	ongs to an affiliated group	-		
The term 'expenditures' means amounts paid or incurred.)  1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)  5 Total lobbying expenditures (add lines 1a and 1b)  6 Other exempt purpose expenditures (add lines 1c and 1d)  7 Lobbying onotaxable amount. Enter the amount from the following lable in both columns  8 If the amount on line le, column (a) or (b) is  1 Not ever \$500,000 but not over \$1,000,000   \$100,000 pits 15% of the excess over \$1,000,000    1 Over \$3,000,000 but not over \$1,7000,000   \$175,000 pits 15% of the excess over \$1,000,000    2 over \$1,000,000 but not over \$1,7000,000   \$175,000 pits 15% of the excess over \$1,000,000    3 over \$1,000,000 but not over \$1,7000,000   \$175,000 pits 15% of the excess over \$1,000,000    3 over \$1,000,000 but not over \$1,7000,000   \$175,000 pits 15% of the excess over \$1,000,000    3 over \$1,000,000 but not over \$1,7000,000   \$175,000 pits 15% of the excess over \$1,000,000    3 over \$1,000,000 but not over \$1,7000,000   \$175,000 pits 15% of the excess over \$1,000,000    3 over \$1,000,000 but not over \$1,7000,000   \$175,000 pits 15% of the excess over \$1,000,000    3 over \$1,000,000 but not over \$1,7000,000   \$175,000 pits 15% of the excess over \$1,000,000    3 over \$1,000,000 but not over \$1,7000,000   \$175,000 pits 15% of the excess over \$1,000,000    3 over \$1,000,000 but not over \$1,7000,000   \$175,000 pits 15% of the excess over \$1,000,000    4 over \$1,000,000 but not over \$1,7000,000   \$175,000 pits 15% of the excess over \$1,000,000    4 over \$1,000,000 but not over \$1,700,000   \$175,000,000    4 over \$1,000,000 but not over \$1,700,000    4 over \$1,000,000 but not over \$1,700,000    5 over \$1,000,000 but not over \$1,7	B Check ► I if the filing	ng organization che	cked box A and 'limited co	ntrol' provisions appl	<i>y</i>	
b Total lobbying expenditures (add lines 1 a and 1b) d Other exempt purpose expenditures (add lines 1 a and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns  if the amount on line 1e, column (a) or (b) is the bobying nontaxable amount is Not over \$500,000 to not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 \$100,000 but not over \$1,000,000 \$175,000 plus 15% of the excess over \$1,000,000 \$175,000 plus 15% of the excess over \$1,000,000 \$175,000 plus 15% of the excess over \$1,000,000 \$175,000 plus 10% of the excess over \$1,000,000 plus 10% of the excess over \$1,000,000 plus 10% of the excess over \$1,000,000 plus 10% of the excess over \$1,0	(The term	Limits on Lobb n 'expenditures' me	ying Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	
c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount. Enter the amount from the following table in both columns  if the amount on line 1e, column (a) or (b) is   Not over \$500,000	1a Total lobbying expenditi	ures to influence pu	iblic opinion (grass roots lo	bbying)		
d Other exempt purpose expenditures (add lines 1c and 1d)  I Lobbyrng nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is The lobbying nontaxable amount is  Not over \$590,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 \$0 over \$1,000,000 but not over \$1,000,000 \$175,000 plus 15% of the excess over \$1,000,000 \$0 over \$1,000,000 but not over \$1,000,000	<b>b</b> Total lobbying expenditi	ures to influence a	legislative body (direct lobb	yıng)		· · · · · · · · · · · · · · · · · · ·
e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nonlaxable amount. Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is The lobbying nontaxable amount is Not ver \$50,000 but not over \$1,000,000 \$20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 \$100,000 plus 10% of the excess over \$30,000 00 Over \$1,000,000 but not over \$1,000,000 \$25,000 plus 10% of the excess over \$3,000,000 Over \$1,000,000 but not over \$1,000,000 \$25,000,000 \$15,000,000 Over \$1,000,000 but not over \$1,000,000 \$25,000,000 Over \$1,000,000 but not over \$1,000,000 O	, , ,	•	and 1b)			
Lobbying nonlaxable amount Enter the amount from the following table in both columns		•				
both columns  If the amount on line le, column (a) or (b) is The lobbying nontaxable amount is  Not over \$500,0000 but not over \$1,000,0000 \$100,0000 \$1100,000 plus 15% of the excess over \$10,000,000 Over \$1,000,000 but not over \$17,000,000 \$175,000 plus 15% of the excess over \$1,000,000 Over \$17,000,000 but not over \$17,000,000 \$125,000 plus 15% of the excess over \$1,000,000 Over \$17,000,000 but not over \$17,000,000 \$125,000 plus 15% of the excess over \$1,000,000 Over \$17,000,000 but not over \$17,000,000 \$1,000,000  g Grasseroots nontaxable amount (enter 25% of line 1) h Subtract line 1g from line 1a if zero or less, enter -0- i Subtract line 1f from line 1c if zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year loginning in)  Calendar year (or fiscal year loginning in)  (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) Total  2a Lobbying ceiling amount (150% of line 2a, column (e))  b Lobbying ceiling amount (150% of line 2d, column (e))  of Grasseroots nontaxable amount (150% of line 2d, column (e))  of Grasseroots lobbying expenditures	e Total exempt purpose e	expenditures (add lii	nes 1c and 1d)			
Not over \$500,000 20% of the amount on time 1e Over \$500,000 but not over \$1,000,000 3100,000 plus 15% of the excess over \$50,000 Over \$1,000,000 but not over \$1,500,000 4225,000 plus 15% of the excess over \$1,000,000 Over \$17,000,000 51,000,000 51,000,000 51,000,000 Over \$17,000,000 51,000,000 51,000,000  g Grassroots nontaxable amount (enter 25% of line 1) h Subtract line 1g from line 1a 1f zero or less, enter -0- i Subtract line 1f from line 1c 1f zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting		nount Enter the an	nount from the following tat	ole in		- "
Over \$500,000 but not over \$1,000,000   \$100,000 plus 15% of the excess over \$500,000   Over \$1,000,000 but not over \$1,500,000   \$175,000 plus 10% of the excess over \$1,000,000   Over \$1,000,000 but not over \$17,000,000   \$175,000 plus 50% of the excess over \$1,500,000   Over \$17,000,000   \$1,500,000    g Grassroots nontaxable amount (enter 25% of line 1f)   h Subtract line 1g from line 1a if zero or less, enter -0-   i Subtract line 1f from line 1c if zero or less, enter -0-   j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting   section 4911 tax for this year?  **Year Averaging Period Under Section 501(h)   (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2t.)  **Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year for fiscal year beginning in)   2a Lobbying non-taxable amount (150% of line 2- 2a, column (e))    b Lobbying ceiling amount (150% of line 2- 2a, column (e))   c Total lobbying expenditures   d Grassroots ceiling amount (150% of line 2- 2d, column (e))   e Grassroots lobbying expenditures   f Grassroots	If the amount on line 1e, col	umn (a) or (b) ıs	The lobbying nontaxable a	mount is		
Over \$1,000,000 but not over \$1,500,000	· · · · · · · · · · · · · · · · · · ·					
Over \$1,500,000 but not over \$17,000,000 \$1,						
Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- j Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) Total  2a Lobbying ceiling amount (150% of line 2a, column (e))  c Total lobbying expenditures  d Grassroots nontaxable amount  e Grassroots ceiling amount (150% of line 2d, column (e))  f Grassroots lobbying expenditures			<u> </u>			
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) Total  2a Lobbying ceiling amount (150% of line 2a, column (e))  c Total lobbying expenditures  d Grassroots nontaxable amount  e Grassroots ceiling amount (150% of line 2d, column (e))  f Grassroots lobbying expenditures		\$17,000,000		over \$1,500,000		
h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f,)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  anount (a) 2007  (b) 2008  (c) 2009  (d) 2010  (e) Total  b Lobbying ceiling amount (150% of line 2a, column (e))  c Total lobbying expenditures  d Grassroots nontaxable amount  e Grassroots nontaxable amount (150% of line 2d, column (e))  f Grassroots lobbying expenditures	<del></del>	amount (onter 25%	<del></del>			
i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) Total  2a Lobbying non-taxable amount (150% of line 2a, column (e))  c Total lobbying expenditures  d Grassroots nontaxable amount (150% of line 2d, column (e))  f Grassroots lobbying expenditures  1 Grassroots lobbying expenditures	_	•	•			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  2a Lobbying non-taxable amount (150% of line 2a, column (e))  c Total lobbying earling amount (150% of line 2a, column (e))  d Grassroots nontaxable amount  e Grassroots ceiling amount (150% of line 2d, column (e))  f Grassroots lobbying expenditures	•					
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) Total  2a Lobbying non-taxable amount  b Lobbying ceiling amount (150% of line 2a, column (e))  c Total lobbying expenditures  d Grassroots nontaxable amount  e Grassroots ceiling amount (150% of line 2d, column (e))  f Grassroots lobbying expenditures	j If there is an amount of	her than zero on ei		ne organization file F	orm 4720 reporting	
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) Total  2a Lobbying non-taxable amount (150% of line 2a, column (e))  c Total lobbying expenditures  d Grassroots nontaxable amount  e Grassroots ceiling amount (150% of line 2d, column (e))  f Grassroots lobbying expenditures	Section 4911 tax for this	s year?	47/ 4			Yes No
Calendar year (or fiscal year beginning in)  (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) Total  2a Lobbying non-taxable amount  b Lobbying ceiling amount (150% of line 2a, column (e))  c Total lobbying expenditures  d Grassroots nontaxable amount  e Grassroots ceiling amount (150% of line 2d, column (e))  f Grassroots lobbying expenditures	(Soi	me organizations th colum	4-Year Averaging Period nat made a section 501(h) e ins below. See the instruct	Under Section 501(h) lection do not have t ions for lines 2a thro	o complete all of the five ugh 2f.)	
year beginning in)  2a Lobbying non-taxable amount  b Lobbying ceiling amount (150% of line 2a, column (e))  c Total lobbying expenditures  d Grassroots nontaxable amount  e Grassroots ceiling amount (150% of line 2d, column (e))  f Grassroots lobbying expenditures		Lot	bying Expenditures Durin	g 4-Year Averaging P	eriod	
amount (150% of line 2a, column (e))  c Total lobbying expenditures  d Grassroots nontaxable amount  e Grassroots ceiling amount (150% of line 2d, column (e))  f Grassroots lobbying expenditures		(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) Total
amount (150% of line 2a, column (e))  c Total lobbying expenditures  d Grassroots nontaxable amount  e Grassroots ceiling amount (150% of line 2d, column (e))  f Grassroots lobbying expenditures						
expenditures  d Grassroots nontaxable amount  e Grassroots ceiling amount (150% of line 2d, column (e))  f Grassroots lobbying expenditures	amount (150% of line					
e Grassroots ceiling amount (150% of line 2d, column (e))  f Grassroots lobbying expenditures	<b>c</b> Total lobbying expenditures					
amount (150% of line 2d, column (e))  f Grassroots lobbying expenditures						
expenditures	amount (150% of line					
	expenditures					

Schedule C (Form 990 or 990 EZ) 2010 Caballeros De Yuma, Inc.		-6052			age 3
Part II-B   Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	IOT file	d Fo	m 5768		<u>-</u>
	(a	a)	(	(b)	
	Yes	No	Am	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.			-		
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities? If 'Yes,' describe in Part IV					
j Total Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		F			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	l l		*******		
Part III-A   Complete if the organization is exempt under section 501(c)(4), section 5 section 501(c)(6).	01(c)(5	), or	<u></u>		
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	X	110
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	X	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	<del>  ^`</del>	Х
Part III-B Complete if the organization is exempt under section 501(c)(4), section 5 section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if				1	
is answered 'Yes.'					
1 Dues, assessments and similar amounts from members		_1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year	j	2a			
<b>b</b> Carryover from last year		2b			
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ļ	3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pol expenditure next year?	ss itical	4			0.
5 Taxable amount of lobbying and political expenditures (see instructions)	l	5			0.
Part IV Supplemental Information					0.
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, at Also, complete this part for any additional information	nd Part II	I-B, line	• 1ı		
		<b></b> -			. <b></b> -

Schedule C (Form 990 or 990-EZ) 2010 Caballelos De Tulia, Inc.	86-6032369 Page 4
Part IV   Supplemental Information (continued)	
	<b></b>

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### **Supplemental Financial Statements**

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions. OMB No 1545 0047 **2010** 

Open to Public Inspection

Employer identification number

Caballeros De Yuma, Inc.	86-6052369
Part I Organizations Maintaining Donor Advised F	unds or Other Similar Funds or Accounts. Complete if
the organization answered 'Yes' to Form 990	, Part IV, line 6.
(a)	Donor advised funds (b) Funds and other accounts
1 Total number at end of year	
2 Aggregate contributions to (during year)	
3 Aggregate grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in v funds are the organization's property, subject to the organization's	vriting that the assets held in donor advised tion's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor as used only for charitable purposes and not for the benefit of the purpose conferring impermissible private benefit?	dvisors in writing that grant funds can be
Part II Conservation Easements. Complete if the or	ganization answered 'Yes' to Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by the organization	
Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of an historically important land area
Protection of natural habitat	Preservation of a certified historic structure
Preservation of open space	\J
2 Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a conservation easement on the
last day of the tax year.	p
	Held at the End of the Tax Year
a Total number of conservation easements	2a
<b>b</b> Total acreage restricted by conservation easements	2Ь
c Number of conservation easements on a certified historic stru	cture included in (a) 2c
d Number of conservation easements included in (c) acquired a structure listed in the National Register	fter 8/17/06, and not on a historic 2d
3 Number of conservation easements modified, transferred, reletax year ►	eased, extinguished, or terminated by the organization during the
4 Number of states where property subject to conservation ease	ement is located ►
5 Does the organization have a written policy regarding the peri and enforcement of the conservation easements it holds?	odic monitoring, inspection, handling of violations,
6 Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements during the year
<ul> <li>7 Amount of expenses incurred in monitoring, inspecting, and e</li> <li>▶ \$</li> </ul>	enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?	e satisfy the requirements of section Yes No
9 In Part XIV, describe how the organization reports conservationally, if applicable, the text of the footnote to the organization conservation easements.	on easements in its revenue and expense statement, and balance sheet, and on's financial statements that describes the organization's accounting for
Part III Organizations Maintaining Collections of A Complete if the organization answered 'Yes'	rt, Historical Treasures, or Other Similar Assets. to Form 990, Part IV, line 8.
	C 958), not to report in its revenue statement and balance sheet works of exhibition, education, or research in furtherance of public service, provide, that describes these items.
b If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public ext following amounts relating to these items	C 958), to report in its revenue statement and balance sheet works of art, libition, education, or research in furtherance of public service, provide the
(i) Revenues included in Form 990, Part VIII, line 1	▶\$
(ii) Assets included in Form 990, Part X	►\$ ►\$
2 If the organization received or held works of art, historical trea amounts required to be reported under SFAS 116 (ASC 958)	asures, or other similar assets for financial gain, provide the following
a Revenues included in Form 990, Part VIII, line 1	▶\$
<b>b</b> Assets included in Form 990, Part X	▶\$

Schedule D (Form 990) 2010 Cabal Part III Organizations Mainta	lleros De	Yuma ctions	, Inc.	oric	al Treasures, o	86-605 or Other Similar As	2369 sets /	'contir	Page 2
3 Using the organization's acquisition									
items (check all that apply)  a Public exhibition			<b></b>	~ ~ ~ ~	honoo naaaaaaa				
. H			$\vdash$		change programs				
H_ 1,	ations		e   Other						
c ☐ Preservation for future general <b>4</b> Provide a description of the organ		ctions a	nd explain how	they	further the organiz	ation's exempt purpose	e in		
Part XIV  5 During the year, did the organizal	tion solicit or re	eceive d	lonations of art	histo	orical treasures or	other similar		_	_
assets to be sold to raise funds ra	ather than to b	<u>e maint</u>	ained as part o	f the	organization's colle	ection?	Yes	l.	No
Part IV Escrow and Custodia 9, or reported an amo	il Arrangem unt on Forn	<b>ents.</b> n 990,	Complete if Part X, line	orga 21.	nnization answe 	ered 'Yes' to Form	990, F	Part IV	/, line
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian	, or othe	er intermediary	for co	intributions or othe	r assets not	Yes	Г	
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV an	d compl	ete the following	ng tab	le		ш		
•		•					Amoun	t	
c Beginning balance						1c			
d Additions during the year						1 d		•	
e Distributions during the year						1 e			
f Ending balance						1f			
2a Did the organization include an ai	mount on Form	n 990, P	art X, line 21?				Yes		No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV						_	-	_
Part V Endowment Funds. Co	omplete if the	ne org	anızatıon ar	iswe	red 'Yes' to Fo	rm 990, Part IV, III	ne 10.		
	(a) Current y	rear	(b) Prior yea	r	(c) Two years back	(d) Three years back	(e)	Four year	s back
1a Beginning of year balance	L								
<b>b</b> Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships						-	1		
Other expenditures for facilities and programs									
f Administrative expenses									
<b>g</b> End of year balance							•••	*******	
2 Provide the estimated percentage	of the year er	nd balar	nce held as		-				
a Board designated or quasi-endow	/ment ►		%						
<b>b</b> Permanent endowment ►	%								
c Term endowment ►	ૄ								
3a Are there endowment funds not in organization by	n the possession	on of the	e organization	that a	re held and admini	stered for the	[	Yes	No
(i) unrelated organizations							3a(i)	163	
(ii) related organizations							3a(ii)		
<b>b</b> If 'Yes' to 3a(ıı), are the related o	roanizations lie	sted as i	required on Sci	hedule	R?		3b	-	<del></del>
4 Describe in Part XIV the intended			· ·				_ 35 ]		<u> </u>
Part VI Land, Buildings, and			_			<del></del>			
Description of investment		(a) Cost	or other basis	(b)	Cost or other casis (other)	(c) Accumulated depreciation	(d)	Book va	lue
1a Land			· · · · · · · · · · · · · · · · · · ·						
<b>b</b> Buildings	F		-						
c Leasehold improvements	ŀ								
d Equipment	ŀ				50,164.	44,215.		5	,949.
e Other	T T					/ 2 - 1			
Total. Add lines 1a through 1e (Column	ı (d) must eau:	al Form	990, Part X. co	olumn	(B), line 10(c))	<b>•</b>		5	,949.
BAA						Sche	dule <b>D</b> (i		90) 2010

Schedule <b>D</b> (Form	990)2010 Caballeros De Yuma	i, Inc.	86-	6052369 Page <b>3</b>
Part VII Inves	tments-Other Securities. See F	orm 990, Part X, Iır	ne 12. N/A	
<b>(a)</b> Desc (in	cription of security or category cluding name of security)	(b) Book value	(c) Method of v Cost or end-of-year	aluation market value
(1) Financial deriva	atives			
(2) Closely-held ed	uity interests			·
(3) Other				
<u>(A)</u>				
(B)				<u> </u>
(C)				
m.				
E				
F)				
(G)				
(H)				
<u>(l)</u>				
	st equal Form 990 Part X, column (B) line 12)			
	tments-Program Related. (See	Form 990, Part X. I	ine 13) N/A	
	escription of investment type	(b) Book value	(c) Method of vo	
(1)			Cost of end-of-year	market value
(2)				<del></del>
(3)				<del>- ,</del>
(4)				
(5)				
(6)			·	<del></del>
(7)				<del></del>
(8)				
(9)				· · · · · · · · · · · · · · · · · · ·
(10)				
	t equal Form 990, Part X, column (B) line 13.)			
Part IX Other	r <b>Assets.</b> (See Form 990, Part X,	line 15) N/A		·
		scription		(b) Book value
(1)	(4) 50.	Scription		(b) Dook value
(2)			<del></del>	
(3)	······································			
(4)	· · · · · · · · · · · · · · · · · · ·			<del></del>
(5)				<del>-  </del>
(6)	<del></del>	····		
(7)				
(8)				
(9)		<del></del>		· · · · · · · · · · · · · · · · · · ·
(10)	· · · · · · · · · · · · · · · · · · ·			
	must equal Form 990, Part X, column(B)	Ino 16)		<b>&gt;</b>
	Liabilities. (See Form 990, Part			
Futty Totale				
(1) Federal incon	(a) Description of liability	(b) Amount	<del>- </del>	
	ie taxes		<del></del>	
(2)		-	<del>- </del>	
(3)			-	
(4)		<del></del>	<b>-</b> †	
(5)		<del></del>	<b></b>	
(6)	······································		<b>-</b> ‡	
<u>(7)</u>	· · · · · · · · · · · · · · · · · · ·		<del>_</del>	
(8)			<del>-</del> -[	
(9)			<del>_</del>	
(10)			<del>-</del>	
(11)				
Iotal (Column (b) mus	t equal Form 990, Part X, column (B) line 25)	<u> </u>		

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Sche	dule <b>D</b> (Form 990) 2010 Caballeros De Yuma, Inc. 86	-605	52369	Page <b>4</b>
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV).			
9	Total adjustments (net) Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per F	etur	n N/A	
1	Total revenue, gains, and other support per audited financial statements.	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments 2a			
t	Donated services and use of facilities 2b			
c	Recoveries of prior year grants 2c			
c	Other (Describe in Part XIV).			
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV.)			
	Add lines 4a and 4b	4c	Í	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	<u>urn</u>	N/A	
	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	Donated services and use of facilities 2a			
t	Prior year adjustments 2b	1		
c	Other losses 2c	1		
c	Other (Describe in Part XIV.)	1		
6	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
ā	Investments expenses not included on Form 990, Part VIII, line 7b		ļ	
ŀ	Other (Describe in Part XIV )	]	•	
c	Add lines <b>4a</b> and <b>4b</b>	4c	<u></u>	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5		
	t XIV   Supplemental Information			
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, I V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete additional information	ines 1 this pa	b and 2b, art to provide	
	·		· <b></b>	
	·			
			·	

Schedule D (Form 990) 2010 Caballeros De Yuma, Inc.  Part XIV   Supplemental Information (continued)	86-6052369	Page <b>5</b>
Part XIV   Supplemental Information (continued)		
		<del>-</del>
	· • • • • • • • • • • • • • • • • • • •	
- <b></b>		
- <b></b>		
	·	
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- <b></b>		

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

## Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization Employer identification number 86-6052369 Caballeros De Yuma, Inc. 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 Part I 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Ь f Solicitation of government grants Phone solicitations q Special fundraising events ч In-person solicitations 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 X 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. (iv) Gross receipts from activity (i) Name and address of individual (ii) Activity (iii) Did fundraiser (v) Amount paid to (or retained by) (vi) Amount paid to or entity (fundraiser) have custody or control (or retained by) of contributions? fundraiser listed in organization column (ı) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

	dule	G (Form 990 or 990-EZ) 2010 Caballe Fundraising Events. Complete if reported more than \$15,000 of fu and 6a. List events with gross re	the organization a	answered 'Yes' to Fontributions and gro	86-605 Form 990, Part IV, i oss income on Form	ine 18, or		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)		
R E V E N U E			(event type)	(event type)	(total number)	through column (c))		
	1	Gross receipts						
Ē	2	Less Charitable contributions						
	3	Gross income (line 1 minus line 2)	-					
	4	Cash prizes				·		
D-RECT EXPENSES		·						
	5	Noncash prizes						
	6	Rent/facility costs						
	7	Food and beverages						
	8	Entertainment		-				
	9	Other direct expenses		<u> </u>				
10 Direct expense summary. Add lines 4- through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10  Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or rep \$15,000 on Form 990-EZ, line 6a.								
<b>MCZM<mw< b=""></mw<></b>			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))		
N E	1	Gross revenue			56,660.	_56,660.		
D-RECT	2	Cash prizes						
	3	Non-cash prizes			33,877.	33,877.		
T E	4	Rent/facility costs						
	5_	Other direct expenses						
	6	Volunteer labor	Yes <u>0</u> % X No	Yes0 %	X Yes <u>100</u> % No			
	7	Direct expense summary Add lines 2 thro	ough 5 in column (d)		•	_33,877.		
	22,783.							
9 Enter the state(s) in which the organization operates gaming activities AZ a is the organization licensed to operate gaming activities in each of these states? b if 'No,' explain  Exempt from registration under A.R.S. 13-3311.								
	Wer	e any of the organization's gaming license	s revoked, suspended	or terminated during the	tax year?	Yes X No		

scne	edule G (Form 990 or 990-EZ) 2010 Caballeros De Yuma, Inc. 86-	0052	2369	Page <b>3</b>
11	Does the organization operate gaming activities with nonmembers?		X Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity former administer charitable gaming?	d to	Yes	XNo
13	Indicate the percentage of gaming activity operated in	1		
а	a The organization's facility	13a		<u> </u>
	· · · · · · · · · · · · · · · · · · ·	13Ь	1	L00.0%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and re-	cords		
	Name ► Shara Merton			
	Address ► 180 W. First Street, Suite C, Yuma, AZ 85364			
ь	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  If 'Yes,' enter the amount of gaming revenue received by the organization   and the of gaming revenue retained by the third party   fl 'Yes,' enter name and address of the third party	amour	☐ Yes	X No
	Name •	· <b></b>	. <b>-</b>	
	Address ►			
16	Gaming manager information			
	Name Mario Jordan		· <b>-</b>	
	Gaming manager compensation ► \$			
	Description of services provided   Managerial and marketing			
	X 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 state gaming license?		Yes	X No
10	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe organization's own exempt activities during the tax year ► \$	nt in tr	ie	
Par	Supplemental Information. Complete this part to provide the explanations required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as application this part to provide any additional information (see instructions).	i by f able.	Part I, III Also co	ne 2b, omplete
			-	

# SCHEDULE I

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. 
Attatch to Form 990.

OMB No 1545 0047 2010

Open to Public Inspection

Name of the organization						Employer identification number	ation number
∹Ի	A Paris					86-6052369	
Fart i General Information on Grants and Assistance	and Assist	ance					
1 Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance?	ubstantiate the		the grants or assistance, the grantees' eligibility for the grants or assistance, and	antees' eligibility for the	grants or assistance,	and	X Yes No .
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	dures for monito	oring the use of gra	ant funds in the United S	states			
Part if Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed	to Governme any recipient itional space	ents and Organ that received notes is needed	Organizations in the United States. Complete if the organization answered 'Yes' to eived more than \$5,000. Check this box if no one recipient received more than \$5,00 led	ited States. Comple Check this box if no	ete if the organiza o one recipient re	ation answered ' sceived more tha	Yes' to in \$5,000. ▼
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
(1) <u>SOLVE</u>	01-0882371	501 (c) (3)	11,450.	.0			Unrestricted
<u>Union High School                                   </u>	86-0825233	Public Schools	5,700.	0.			Unrestricted
<u>(3)</u>							
					:		
(4)							
(5)							
<u>(8)</u>							
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	government org	janizations				<b>A A</b>	2
	he Instructions	for Form 990.		TEEA3901L 10/29/10	10/29/10	Schec	Schedule I (Form 990) 2010

Page 2 Schedule I (Form 990) 2010 Caballeros De Yuma, Inc.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. (f) Description of non cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 86-6052369 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance 8,500. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 1 College Scholarships Part IV

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Schedule I (Form 990) 2010

## SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization	Employer identification number						
Caballeros De Yuma, Inc.	86-6052369						
Form 990, Part III, Line 4d - Other Program Services Description							
Sponsors and participates in various Yuma area events, pageants and ceremonies							
during the year.							
Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder							
The organization has 91 members.	·						
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Bo	ody						
Membership votes on the board of directors annually.							
Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or	Shareholders						
Membership has the right to vote on any issue brought forward by	by the board of						
directors.							
Form 990, Part VI, Line 11b - Form 990 Review Process							
The organization's Form 990 is reviewed by the President and Tr	reasurer prior to						
filing.							
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available							
The organization does not make its governing documents, conflic	ct of interest policy						
or financial statements available to the general public.							
	· · · · · · · · · · · · · · · · · · ·						

2010

## **Schedule O - Supplemental Information**

Page 2

Caballeros De Yuma, inc.

86-6052369

Form 990, Part IX, Line 24f Other Expenses

		(A)	(B)	(C)	(D)
		Total	Program <u>Services</u>	Management & General	Fundraising
Awards and Plaques		14,013.			
Bank Fees_		607.			
Computer Expense		345.			
Contract Services		14,764.			
Dues		875.			
Equipment Maintenance		556.			
Event Facilities		4,589.			
Internet		1,196.			
Merchant Account Fees		3,415.			
Miscellaneous		766.			
Postage and Shipping		1,521.			
Public Parking		4,142.			
Repairs and Maintenance		174.			
Supplies		5,275.			
Taxes and Licenses		814.			
Telephone		2,182.			
Tickets		4,821.			
Traffic Control		3,282.			
Uniforms		2,536.			
Webhosting		939.			
j	Total 💲	66,812.	\$ 0.	\$ 0.	\$ 0.

Form 990, Part XI, Line 5 Other Changes in Net Assets or Fund Balances

Net Unrealized Gains or Losses on Investments

 \$ 35,571.

 Total \$ 35,571.

## Form **8868**

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545 1709

If you are	e filing for an Automatic 3-Month Extension, com	plete only F	Part I and check this box		► X			
	e filing for an Additional (Not Automatic) 3-Month							
Do not comp	<i>plete Part II unless</i> you have already been granted	l an automa	atic 3-month extension on a previously file	ed Form 8868				
request an e Associated V	ling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not xtension of time to file any of the forms listed in FVith Certain Personal Benefit Contracts, which mung of this form, visit www irs gov/efile and click of	automatic) Part I or Pai ist be sent	3-month extension of time. You can elect rt II with the exception of Form 8870, Info to the IRS in paper format (see instructio	tronically file Form 88 irmation Return for T	368 to ransfers			
Part I A	utomatic 3-Month Extension of Time.	Only subr	mit original (no copies needed).					
	n required to file Form 990-T and requesting an a			mplete Part I only	▶			
All other cor income tax i	porations (including 1120-C filers), partnerships, F eturns	REMICS, ar	nd trusts must use Form 7004 to request a	an extension of time	to file			
	Name of exempt organization			Employer identification r	umber			
Type or print								
•	Caballeros De Yuma, Inc.			86-6052369				
File by the due date for	Number, street, and room or suite number if a P O box, see instructions							
filing your return See	180 W. First Street C							
instructions	City town or post office, state, and ZIP code. For a foreign address, see instructions							
	Yuma, AZ 85364							
Enter the Return code for the return that this application is for (file a separate application for each return)								
Application Return Code Return Is For Return Code								
Form 990 01 Form 990-T (corporation) 07								
Form 990-BL 02 Form 1041-A 08								
Form 990-EZ 03 Form 4720 09								
Form 990-PF 04 Form 5227 10								
Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11								
Form 990-T (trust other than above) 06 Form 8870 12								
Telephone If the org If this is check the	es are in the care of Shara Merton  No 928-343-1715  ganization does not have an office or place of busifor a Group Return, enter the organization's four of show If it is for part of the group, check asion is for	digit Group	United States, check this box Exemption Number (GEN) If	this is for the whole nd EINs of all memb				
1   request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until2/15, 2012, to file the exempt organization return for the organization named above The extension is for the organization's return for calendar year 20 or								
	ax year entered in line 1 is for less than 12 month ange in accounting period	s, check re	ason Initial return Fin	al return				
	application is for Form 990-BL, 990-PF, 990-T, 472 undable credits. See instructions	20, or 6069,	enter the tentative tax, less any	3a \$	0.			
payme	application is for Form 990-PF, 990-T, 4720, or 600 nts made Include any prior year overpayment allo	owed as a d	credit	3ь\$	0.			
	e due. Subtract line 3b from line 3a. Include your (Electronic Federal Tax Payment System). See i			3c \$	0.			
Caution. If y payment inst	ou are going to make an electronic fund withdraw. tructions	al with this	Form 8868, see Form 8453-EO and Form	8879-EO for				

	• •						
Form <b>8868</b>	3 (Rev 1-2011)				Page		
	are filing for an Additional (Not Automatic) 3-Month	Extension	complete only Part II and check this	s box	► X		
	complete Part II if you have already been granted		•		<u>[-,</u>		
	are filing for an Automatic 3-Month Extension, com			,			
	Additional (Not Automatic) 3-Month Ext			(no copies needed).			
<u></u>	Name of exempt organization			Employer identification number			
Type or							
print	Caballeros De Yuma, Inc.			86-6052369			
Number, street, and room or suite number. If a P O box, see instructions File by the							
extended due date for filing the setur. See 3150 S CATALINA DR, SUITE 1							
return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions							
YUMA, AZ 85364-8258							
Enter the f	Return code for the return that this application is for	(file a sepa	arate application for each return)		01		
					Return Code		
Form 990							
Form 990-BL 02 Form 1041-A (							
Form 990-EZ 03 Form 4720					09		
Form 990-PF 04 Form 5227					10		
Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069					11		
Form 990-T (trust other than above) 06 Form 8870					12		
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.							
The bo	oks are in care of Shara Merton			· · · · · · · · · · · · · · · · · · ·			
Teleph	one No. ► 928-343-1715	FAX No 🟲					
If the organization does not have an office or place of business in the United States, check this box							
<ul><li>If this i</li></ul>	s for a Group Return, enter the organization's four of				is for the		
whole grou	ıp, check this box $lacktriangleright lacktriangleright$ If it is for part of the ${f g}$	group, chec	k this box 🏲 🔲 and attach a list with	h the names and EINs of	all		
	the extension is for						
	uest an additional 3-month extension of time until		, 20 <u>12</u>				
<b>5</b> For a	alendar year , or other tax year beginning	g <u>7/01</u>	$\_\_\_\_$ , 20 $\underline{10}$ , and ending $\_$	<u>6/30                                    </u>	. <u>1</u> .		
6 If the	tax year entered in line 5 is for less than 12 month	s, check re	ason Initial return	Final return			
	Change in accounting period						
			spectfully requests add		)		
<u>gat</u>	ther information necessary to fi	le a co	mplete and accurate tax	<u>k return.</u>	<b></b>		
8a If this	s application is for Form 990-BL, 990-PF, 990-T, 472 efundable credits. See instructions	20, or 6069, ————	enter the tentative tax, less any	8a \$			
paym	s application is for Form 990-PF, 990-T, 4720, or 606 nents made Include any prior year overpayment allo Form 8868	69, enter ar owed as a c	ny refundable credits and estimated t credit and any amount paid previousl	tax y 8b\$			
c Balar EFTF	nce due. Subtract line 8b from line 8a. Include your S (Electronic Federal Tax Payment System) See ii	payment w nstructions	th this form, if required, by using	8c \$			

Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Signature

Title CA

Date - 2/12/12

BAA