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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

**Open to Public
Inspection**

A For the 2011 calendar year, or tax year beginning _____, and ending _____

<p>B Check if applicable</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization ASEGA INC.</p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite P.O. BOX 94793</p> <p>City or town, state or country, and ZIP + 4 ALBUQUERQUE NM 87199</p>	<p>D Employer identification number 26-4110542</p> <p>E Telephone number 505-797-5277</p> <p>F Group Exemption Number ▶</p>
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G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ **WWW.ASEGA.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (6) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **53,070**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

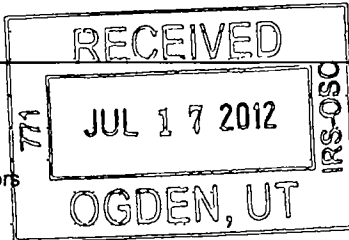
	1 Contributions, gifts, grants, and similar amounts received		
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		53,069
	4 Investment income		1
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		53,070
Expenses	10 Grants and similar amounts paid (list in Schedule O)		
	11 Benefits paid to or for members		
	12 Salaries, other compensation, and employee benefits		
	13 Professional fees and other payments to independent contractors		9,807
	14 Occupancy, rent, utilities, and maintenance		
	15 Printing, publications, postage, and shipping		
	16 Other expenses (describe in Schedule O)		53,745
	17 Total expenses. Add lines 10 through 16		63,552
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		-10,482
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		16,307
	20 Other changes in net assets or fund balances (explain in Schedule O)		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		5,825

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990-EZ** (2011)

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29

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	16,307	22	9,425
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	16,307	25	9,425
26 Total liabilities (describe in Schedule O)	0	26	3,600
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,307	27	5,825

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

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28 LUNCHES ARE ORGANIZED TO KEEP MEMBERS AND OTHER SMALL BUSINESS PEOPLE AWARE OF LOCAL, COUNTY, STATE, AND FEDERAL LAWS, ORDINANCES, REGULATIONS, AND RULES THAT AFFECT SMALL BUSINESSES AND THEIR OWNERS. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 EVENTS ARE ORGANIZED TO ATTRACT NEW MEMBERS WHO ARE SMALL BUSINESS PEOPLE TO THE ORGANIZATION. THE MEETINGS ARE HELD IN SOCIAL SETTINGS APPROXIMATELY 200 PERSONS BENEFITED. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JESSICA GARRINGER PO BOX 10767 ALBUQUERQUE NM 87184	PRESIDENT 2.00	0	0	0
FRED BERNSON 275 COYOTE TRAIL CORRALES NM 87048	SGT IN ARMS 2.00	0	0	0
REBECCA COVALT 828 SAN ANDRES AVE NW ALBUQUERQUE NM 87107	SECRETARY/TREASURER 2.00	0	0	0
JIM HILBER 4801 LANG AVE NE ALBUQUERQUE NM 87109	VICE-PRESIDENT 2.00	0	0	0
STEVE MOST 11600 SAN RAFAEL AVE NE ALBUQUERQUE NM 87122	DIRECTOR 1.00	0	0	0
JANICE MORANZ 6409 CANDELARIA ROAD NE #A ALBUQUERQUE NM 87110	DIRECTOR 1.00	0	0	0
STACY ROSS 7812 WILLIAM MOYERS AVE ALBUQUERQUE NM 87122	DIRECTOR 1.00	0	0	0
ALEX NEWMAN 5039 JUSTIN DR NW ALBUQUERQUE NM 87114	DIRECTOR 1.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
40b	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed <u>NONE</u>		
42a	The organization's books are in care of <u>JESSICA GARRINGER</u> Telephone no <u>505-344-1459</u> PO BOX 10767 Located at <u>ALBUQUERQUE</u> NM ZIP + 4 <u>87184</u>		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	Did the organization receive any payments for indoor tanning services during the year?		X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51
 Check if the organization used Schedule O to respond to any question in this Part VI

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

49b If "Yes," was the related organization a section 527 organization?

	Yes	No
47		
48		
49a		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

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

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Date 7-10-12

 Signature of officer
JESSICA GARRINGER PRESIDENT
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name C.W. PHILLIPPI	Preparer's signature 	Date 6-28-12	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00174318
Firm's name ▶ BRODERICK, PHILLIPPI, WRIGHT & COMUNAS		Firm's EIN ▶ 45-2752726		
Firm's address ▶ 8220 SAN PEDRO NE SUITE 400 ALBUQUERQUE, NM 87113-2476		Phone no 505-255-1040		

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

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

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete 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.

OMB No 1545-0047

2011**Open to Public
Inspection**

ASEGA INC.

Employer identification number

26-4110542

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
BANK FEES	\$ 979
OFFICE SUPPLIES	\$ 839
DOMAIN COSTS	\$ 349
MEALS	\$ 41,992
EVENT COSTS	\$ 7,807
LICENSES	\$ 10
INSURANCE	\$ 994
NEW MEMBER COSTS	\$ 775
TOTAL	\$ 53,745

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID DUES	\$ 0	\$ 3,600

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO PROMOTE THE JOINT, COMMON INTEREST OF SMALL BUSINESSES IN CENTRAL NEW MEXICO THROUGH MAKING MEMBERS AND OTHER SMALL BUSINESS MEMBERS AWARE OF LOCAL, COUNTY, STATE, AND FEDERAL LAWS, ORDINANCES, REGULATIONS, AND RULES THAT AFFECT SMALL BUSINESSES AND THIER OWNERS.