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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public Inspection

Form 990-EZ

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

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 2011, and ending 20

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: Roswell Hispano Chamber of Commerce

D Employer identification number: 85-0372436

E Telephone number: 575-624-0889

F Group Exemption Number

Number and street (or P O box, if mail is not delivered to street address) Room/suite: 327 North Main Street

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

G Accounting Method: Cash, Accrual, Other (specify)

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

I Website

J Tax-exempt status (check only one): 501(c)(3), 501(c) (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

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. \$ 79,803

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

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	6,764
2	Program service revenue including government fees and contracts	41,825
3	Membership dues and assessments	11,365
4	Investment income	
5a	Gross amount from sale of assets other than inventory	
5b	Less cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
6b	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)	19,849
6c	Less direct expenses from gaming and fundraising events	26,025
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	-6,176
7a	Gross sales of inventory, less returns and allowances	
7b	Less cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	53,778
10	Grants and similar amounts paid (list in Schedule O)	
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	23,586
13	Professional fees and other payments to independent contractors	3,133
14	Occupancy, rent, utilities, and maintenance	9,083
15	Printing, publications, postage, and shipping	1,831
16	Other expenses (describe in Schedule O) INSURANCE, ADVERTISING, PROMOTION	10,006
17	Total expenses. Add lines 10 through 16	47,639
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	6,139
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)	8,845
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	14,984

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

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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	9,814	22	16,749
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	568	24	
25 Total assets	10,382	25	16,749
26 Total liabilities (describe in Schedule O)	1,537	26	1,765
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	8,845	27	14,984

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? MINORITY AND HISPANIC GROWTH
 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 OPERATION OF HISPANO CHAMBER OF COMMERCE WHICH PROVIDES RESOURCES AND NETWORKING OPPORTUNITIES FOR MEMBERS AND RECRUITMENT AND REFERRAL SERVICES FOR BUSINESSES AND INDIVIDUALS IN CHAVES COUNTY NEW MEXICO (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	47,639
29 (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) <input type="checkbox"/> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	47,639

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
FELIPE RODRIGUEZ 408 EAST 5TH STREET, ROSWELL, NM 88201	PRESIDENT 1 HOUR	0	0	0
ROMO VILLEGAS 1007 HAMPTON, ROSWELL, NM 88201	VICE-PRESIDENT 1 HOUR	0	0	0
SUSIE ROE #10 ROBINS NEST, ROSWELL, NM 88201	TREASURER 1 HOUR	0	0	0
JUAN OROPESA 1307 EAST TILDEN ROSWELL, NM 88203	EXEC. DIRECTOR 20 HOURS	12,665	0	0
AURORA JIMENEZ 337 EAST POE, ROSWELL, NM 88201	DIRECTOR 1 HOUR	0	0	0
ARTHUR GARCIA 2813 NORTH ORCHARD, ROSWELL, NM 88201	DIRECTOR 1 HOUR	0	0	0
YOLANDA HERRERA 1510 SOUTH 20TH, ARTESIA, NM 88210	DIRECTOR 1 HOUR	0	0	0
MELVIN ANAYA PO BOX 8075, ROSWELL, NM 88202-8075	DIRECTOR 1 HOUR	0	0	0
MARLA ANAYA PO BOX 8075, ROSWELL, NM 88202-0875	DIRECTOR 1 HOUR	0	0	0
JOSE ZAVALA 705 NORTH PLAINS, ROSWELL, NM 88201	DIRECTOR 1 HOUR	0	0	0
MICHAEL TRUJILLO 1711 VIRGINIA AVENUE, ROSWELL, NM 88201	DIRECTOR 1 HOUR	0	0	0
HILDA SANCHEZ 1611 SOUTH COTTONWOOD, ROSWELL, NM 88203	DIRECTOR 1 HOUR	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	N	A
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 ▶ 37a 0		
37b	Did the organization file Form 1120-POL for this year?	N	A
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9	N/A	
39b	b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
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	N	A
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 ▶ <u>N/A</u>		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ <u>N/A</u>		
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>NEW MEXICO</u>		
42a	The organization's books are in care of ▶ <u>ADAM VILLEGAS, EXEC. DIR.</u> Telephone no. ▶ <u>575-624-0889</u> Located at ▶ <u>327 NORTH MAIN STREET, ROSWELL, NM</u> ZIP + 4 ▶ <u>88201</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 ▶ <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ <u>N/A</u>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 43		
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	b 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	c Did the organization receive any payments for indoor tanning services during the year?		X
44d	d 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. 46 Yes No 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. NOT APPLICABLE

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 47 Yes No

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

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

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

Table with 5 columns: (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 "

Table with 3 columns: (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: Signature of officer (Adam Villegas), Date (10/29/12), Type or print name and title (ADAM VILLEGAS, EXECUTIVE DIRECTOR)

Paid Preparer Use Only: Print/Type preparer's name (JOHN JERGE), Preparer's signature (John Jerge), Date (10-19-12), Check self-employed (checked), PTIN (P00091314), Firm's name (JOHN JERGE CPA PC), Firm's EIN (85-0472580), Firm's address (101 SOUTH UNION ROSWELL, NM 88203), Phone no (575-627-7595)

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events	
		<u>PINATAFEST</u> (event type)	<u>CINCO DE MAY</u> (event type)	<u>BANQUET</u> (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	9,893	5,306	4,650	19,849
	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	9,893	5,306	4,650	19,849
Direct Expenses	4	Cash prizes	2,850			2,850
	5	Noncash prizes				
	6	Rent/facility costs			450	450
	7	Food and beverages		2,382	3,077	5,459
	8	Entertainment	3,300	1,500		4,800
	9	Other direct expenses	10,263	1,378	825	12,466
	10	Direct expense summary Add lines 4 through 9 in column (d)				(26,025)
	11	Net income summary Combine line 3, column (d), and line 10				-6,176

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. N/A

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
		Revenue	1	Gross revenue		
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
	7	Direct expense summary Add lines 2 through 5 in column (d)				(_____)
	8	Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____
