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990 Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2011

Department of the Treasury

Open to Public

Inten	nal R	levenu	e Service	The organization may have to use a copy of this return to satisfy state reporting	ig requ	irements	·	inspection				
A	Fo	r the	2011 calend	lar year, or tax year beginning 10-01, 2011, and end	ling		09	-30, 20 12				
В	Che	ck if a	pplicable.	C Name of organization CABALLEROS DE VARGAS			В	Employer identification no.				
	Add	iress cl	hange	Doing Business As CABALLEROS DE VARGAS				5-6011841				
$\overline{\Box}$		ne cha	-		Room/sui	te		Telephone number				
ī		al retur	-	PO BOX 1403				505) 424-8526				
ñ		nınated		City or town, state or country, and ZIP + 4			- - 	44,949				
Ħ		ended i		SANTA FE, NM 87504				Gross receipts \$				
Ħ			n pending	F Name and address of principal officer: GILBERT ROMERO	1		<u> </u>	<u> </u>				
_	∼ PP	11001101	ponomy	2630 CALLE PRIMAVERA, SANTA FE, NM 87505	H(a)	ls this a gro affiliates?	oup retum	for Yes X No				
	Tav		ot status 💢	501(c)(3)	1	armates r Are all affili		5 5				
÷		bsite:	N/A	301(0)(0) 301(0) () (1 ''	if "No," atta Group exer	ch a list ((see instructions)				
<u>-</u>			ganization	Corporation Trust Association Cher CHARITY L Year of formation 195								
P			Summar			M State	or regar di	Officie 1491				
	#X *			be the organization's mission or most significant activities: RELIGIOUS	_							
		•	Differing Gesch	ibe the organization's mission of most significant activities.								
A c	s											
ĭ												
\ \ \ \ \ \	•	2	Chook this b	ox ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of it	lo not o							
1 1	-					1	3	4.6				
i				oting members of the governing body (Part VI, line 1a)			4	12				
8 4	1					• • • •	5					
	9											
•	- }			r of volunteers (estimate if necessary)			6	12				
				ed business revenue from Part VIII, column (C), line 12			7a					
	-+	D	Net unrelate	d business taxable income from Form 990-T, tine 34			7b					
R			0	The state of the s	Pri	or Year		Current Year				
÷ e				s and grants (Part VIII, line 1h)				1,500				
≅ è	ı		_	vice revenue (Part VIII, line 2g)			926	4,28				
. n u	- 1	10	investment i	ncome (Part VIII, column (A), lines 3, 4, and 7d) Le (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			197					
¢;, €							914	39,163				
	-			e - add lines 8 through 11 (must equal Part VIII) column (A), line 12)			037	44,949				
₹				similar amounts paid (Part IX, column (A), lines 13) MAY. 1.4. 2013 .			422	28,028				
E	- 1		=	to or for members (Part IX, column (A), line 4)								
X P				ofessional fundraising fees (Part IX, column (A), line 14e)								
- n						· · · · · · · · · · · · · · · · · · ·		······································				
́, В				sing expenses (Part IX, column (D), line 25)								
. e 8	- 1		-	ses (Part IX, column (A), lines 11a-11d, 11f-24e)			414	22,015				
14				ses. Add lines 13-17 (must equal Part IX, column (A), line 25)			836	50,043				
_	+	19	Hevenue les	s expenses. Subtract line 18 from line 12			,799)	(5,09				
Net Asse	ets		~	 	ginning o	of Current Y		End of Year				
or Fund	ı			(Part X, line 16)		503,	867	498,773				
Bal-	- 1	_		es (Part X, line 26)								
ance		22.0		re Block		503,	867	498,773				
	art			TE DIOCK lare that I have examined this return, including accompanying schedules and statements, and to the best of my kno	udodoo d	and boliof :	io					
				laration of preparer (other than officer) is based on all information of which preparer has any knowledge	miougo c	210 CONGI, 1	. 13					
				TOTAL PROPERTY AND			7	127/2013				
Sig	חד	}		ERT ROMERO Te of officer			Date	121/2013				
		ĺ	,				Date					
He	re			ERT ROMERO, PRESIDENT print name and title								
_												
D-	اد:			Proparer a signature		heck	ıf PTI	N				
Pa					S	elf-employe	d					
	-	arer	Firm's name		Firm's Elf	<u> </u>						
US	е (Only	Firm's addres		Phone no	•	_					
			<u> </u>	SANTA FE NM 87505				5-989-3446				
May	y the	e IRS	discuss this	return with the preparer shown above? (see instructions)		<u></u>		. X Yes No				

Form	990 (2011) CABALLEROS DE VARGAS	85-6011841	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		<u> </u>
1	Briefly describe the organization's mission:		
	RELIGIOUS		
			
			
		·	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	□ v ₌₌	X No
	If "Yes," describe these new services on Schedule O.	🖂 163	₹ NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	Tyes	No.
	If "Yes," describe these changes on Schedule O.	🗀 ,55	<u></u>
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	d bv	
	expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of		
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$15,201 including grants of \$) (Revenue	\$)
	CATHOLIC RELIGIOUS ACTIVITIES PROCESSION ASSOCIATED WITH ST FRANCIS BASILICA	, TRES REY	ES
	MAGOS, ENTRADA AND PARADE FOR THE CITIZENS OF SANTA FE AND OTHER CABALLERO F	UNCTIONS.	
		<u> </u>	
			
4b	(Code:) (Expenses \$ 5,265 including grants of \$) (Revenue	\$	<u> </u>
	CASH GRANT CONTRIBUTIONS TO VARIOUS CATHOLIC CHURCHES AND ORGANIZATIONS IN TO		<u></u> ′
	70 L		
4c	(Code:) (Expenses \$7,562 including grants of \$) (Revenue	\$)
	FOOD BASKETS FOR NEEDY FAMILIES DURING THANKSGIVING AND CHRISTMAS		
		_	
		_ _	
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)_	
4e			

Form 990 (2011) Part IV C 1) CABALLEROS DE VARGAS Checklist of Required Schedules

			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	<u> </u>	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u>-</u>	 -	 ^
·	candidates for public office? If "Yes," complete Schedule C, Part I	١,		-
4		3	 	X
•	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			٠٠
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		L
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted	<u> </u>		
	endowments, permanent endowments, 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,			
••	VII, VIII, IX, or X as applicable.			
а				ŀ
u	complete Schedule D, Part VI	44.	v	
.		11a	X	
U	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	441		3,7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
·	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	11c	X	
a	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	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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	11f		X
12a				_
	Schedule D, Parts XI, XII, and XIII	12a		Х
Ь	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investmetnt, and program service activities outisde the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes,' complete Schedule F, Parts I and IV	14ь		X
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
19	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a		1
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return?	LVU		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	ın the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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		Х
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		Х
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, 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		X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24Ь		
c	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		
25a	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		Х
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		х
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 employee thereof, a grant selection committee member, or to a 35% controlled			ĺ
	entity or family member of any of these persons? 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):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28Ь		х
c	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	ļ	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	Ì	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
Ь	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	35b		x
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		Х
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,			1
	Part VI	37		x
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	1

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yee No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Х Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2Ь Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Х If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 Х 4a If "Yes," enter the name of the foreign country: ▶ See instructions for filling 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 Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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 Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). 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 Х h If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X X **7**f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? X 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Х Sponsoring organizations maintaining donor advised funds. 9a Х Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: 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? 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. 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. 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 Did the organization receive any payments for indoor tanning services during the tax year? 14a $\overline{\mathbf{x}}$

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 12 If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b n Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct Х supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Яa Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Ь Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 14 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NM Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website 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 during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► GILERT ROMERO (505) 424-8526 P O BOX 1403 SANTA FE, NM 87504

Form	990	(201	1)

CABALLEROS DE VARGAS

5-6011841

²age **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.

(A)	(B)	ļ		(0	ק			(D)	(E)	(F)
Name and Title	Average			Posi	tion			Reportable	Reportable	Estimated
	hours per week	(do no	t chec	ck mo	ore th	an one		compensation from	compensation from related	amount of other
	(describe	box, u	nless	pers	on is	both an		the	organizations	compensation
	hours for	office	and a	a dıre	ctor/t	rustee)		organization	(W-2/1099-MISC)	from the
	related organizations		1.1	ō		Нсе		(W-2/1099-MISC)		organization and related
	ın Schedule	d n t	S U	f	Э	o m g mp h p l	r	ĺ		organizations
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			a I		Ľ			<u> </u>		
(1) ANTHONY LUCERO						i				
BOARD MEMBER	1.00			X					0	0
(2) ANTHONY LUCERO										
BOARD MEMBER	1.00			X					0	0
(3) ARTHUR JOHNSON										
PAST PRESIDENT	1.00			X	L.,				0	0
(4) GILBERT ROMERO			1							
PRESIDENT	10.00			X				(0	0
(5) JOE MIER	ł	}						}		
TREASURER	1.00			X					0	0
(6) MAX RANDOLPH										
BOARD MEMBER	1.00			X				(0	0
(7) MIKE CINTAS										
BOARD MEMBER	1.00			_ X				(0	0
(8) PAUL GRIEGO	:									
SECRETARY	1.00	<u> </u>		_X					0	0
(9) PAUL TAPIA										
VICE PRESIDENT	1.00			X					0	0
(10)RUDY FERNANDEZ			1				1			
BOARD MEMBER	1.00			X					0	0
(11)SAMUEL DELGADO										
BOARD MEMBER	1.00			X			ļ		0_	0
(12)										
(13)										
]		L_		L			

Page 8

Part VII Section A. Officers, Directors, Trustees,	Key Emplo	7008,	алч	під	nes	t Com	pen	sated Employees	(continuea)			
(A)	(B)				C)			(D)	(E)	(F)		
Name and Title	Average hours per	(do n	ot che		ition ore t	han one		Reportable compensation	Reportable compensation from	1	timated ount of	
	week					s both an ustee)	1	from	related	1	other	
	(describe	1 1 0	1	0	K	r –	F	the organization	organizations (W-2/1099-MISC)	1	oensation om the	
	related	n r ı	n r	l f	9	HCe		(W-2/1099-MISC)	,	orga	anızatıon	
	organizations in Schedule	8 e	t s		е	g mp h p l e e o	m e			1	related inizations	
	0)		lt e	l e	m p	s n y	ř	:			•	
		a o	t i			a e						
		1 7	o n		у е е	e d						
			a I			<u> </u>						
(15)	†											
		ļ	L.									
(16)				l								
(>		<u> </u>	_	_	<u> </u>	ļ				ļ		
(17)												
(40)					_	ļ						
(18)	,											
(19)		╁		-	-					 		
(13)						Ì						
(20)		 	 		-		-			├		
(21)		 	╁	_		1	-		<u> </u>	┼╌╴		
,					1							
(22)		1				<u> </u>						
			ĺ									
(23)												
(24)												
		ļ	<u> </u>									
(25)			ĺ									
	L	J		L	L_	L	Ļ.,			<u> </u>		
1b Sub-total		• • •	• •	• •		• • •	•					
c Total from continuation sheets to Part VII, Section			• •	• •	• •		▶	•			•	
d Total (add lines 1b and 1c)							▶	0 \$100,000 is	0	<u>L</u>	0	
reportable compensation from the organization	li lose listeu d	above	WIIC) IEC	EIVE	a mor	e ina	in \$100,000 in	0			
reportable compensation nom the organization			_								Yes No	
3 Did the organization list any former officer, director or	trustee kevie	employ	/AA	or b	ahe	st com	nens	sated			163 140	
employee on line 1a? If "Yes," complete Schedule J for					-					3	x	
For any individual listed on line 1a, is the sum of reports												
organization and related organizations greater than \$15	•					•						
ındıvidual										4	x	
5 Did any person listed on line 1a receive or accrue com	pensation fro	m any	unre	elate	d o	rganiza	ation	or individual				
for services rendered to the organization? If "Yes," com	plete Sched	lule J f	or su	ich i	ers	on		<u>.</u> <u></u>		5	_ X	
Section B. Independent Contractors												
1 Complete this table for your five highest compensated												
compensation from the organization. Report compensa	tion for the c	alenda	ar ye	ar e	ndın	g with	or w	ithin the organizate	on's tax			
year.			_									
(A)								(B)	1	_	5)	
Name and business address								Description of s	ervices	Comper	sation	
								 				
								 				
								 				
								 				
Total number of independent contractors (including but	not limited to	those	liet	ad ~	hove	a) who			- 			
received more than \$100,000 of compensation from the			, not	Ju a	JUV	., WIIU						

Form 990 (2011) CABALLEROS
Part VIII | Statement of Revenue CABALLEROS DE VARGAS 85-6011841 Page 9

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns	1a			10001100		312, 313, 01314
	ь		1b	1,500 1				
Contri-	c		1c	1,300]			
butions, Gifts,	d	<u> </u>	1d					
Grants	a		1e					•
and	4		-10					
Other Smilar	1	All other contributions, gifts, grants,	45					
Amounts	_	and similar amounts not included above Noncash contributions included in lines 1a-1f	1f					
Į	9		· -			,		
	h	Total. Add lines 1a-1f			1,500			
	2-	DOMA MILONG		Business Code		2 220	:	
}		DONATIONS	— ⊢	900099	2,830	2,830		
Program		MEMBER PARTY FEES		900099	1,455	1,455	<u> </u>	
Service	٥	INVESTMENTS	- `	900099		1		
Revenue	d		}					
	e	All all and a second a second and a second a						
ļ		All other program service revenue	_		4.006			
	_	Total. Add lines 2a-2f		····•	4,286			
ŀ		Investment income (including dividends, intere						
}	_	and other similar amounts)						ļ-
1	4	• •		+				
ŀ	5	Royalties	· · · ·					
	6-	(i) Real		(ii) Personal				
		Gross rents	854					
		Less: rental expenses						
		Rental income or (loss) 33,8					:	
	a	Net rental income or (loss)			33,854	33,854		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	7a	Gross amount from sales of assets other than inventory		(II) Other				
	b	Less: cost or other basis and sales expenses						
· t	С	Gain or (loss)						
h	d	Net gain or (loss)				Ì		
e i	8a	Gross income from fundraising						
·		events (not including \$	ł					
R		of contributions reported on line 1c).	-					
v		See Part IV, line 18	а					
e	ь	Less: direct expenses	ь					
n		Net income or (loss) from fundraising events		>			·	
ē		Gross income from gaming activities.				******************************		
		See Part IV, line 19	а					
1	ь	Less: direct expenses						
ł					ĺ		,	
		Gross sales of inventory, less returns and allowances	<u></u>				,,,,,	
	b	Less: cost of goods sold	· —					
		Net income or (loss) from sales of inventory	_	· · · · · · ·	İ	1	'	
ŀ		Miscellaneous Revenue	Business Code					
t	11a	2011 BEGIN CHECK BALANC		900099	5,309	5,309		1
	b		一					
	c		$\neg \vdash$		<u> </u>			
1	d	All other revenue	_ -					
		Total. Add lines 11a-11d			5,309			<u>-</u>
	12	Total revenue. See instructions	<u></u> .	<u></u> ▶	44,949	43,449	0	0

Part IX Statement of Functional Expenses

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).

	Check if Schedule O contains a response to any quest	tion in this Part IX			[
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21 .	28,028	28,028		
2	Grants and other assistance to individuals in			′	***************************************
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				*******************
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members			***************************************	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified			·	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
ь	Legal	···			
c	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				···· · · · · · · · · · · · · · · · · ·
f	Investment management fees	··			
g	Other				-
12	Advertising and promotion			· · · · · · · · · · · · · · · · · · ·	
13	Office expenses	4,356		4,356	
14	Information technology	-,,,,,,		1,000	
15	Royalties				
16	Occupancy				
17	Travel				· ·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		-		
22	Depreciation, depletion, and amortization	17,659		17,659	·
23	Insurance	17,033		17,033	
24	Other expenses. Itemize expenses not covered	-			
	above (List miscellaneous expenses in line 24e. If	,	1		
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	ATTACHMENT				
Ь	ATTACHMENT				
c					
d					
_	All other expenses				
9 25	All other expenses				
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e . Joint costs. Complete this line only if the	50,043	28,028	22,015	0
LU	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► ☐ if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2011) CABALLEROS DE VARGAS 85-6011841 Page 11 Part X **Balance Sheet** (A) (B) Beginning of year End of year 5,309 1 13,140 2 244,276 2 3 3 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing A employers and sponsoring organizations of section 501(c)(9) voluntary s employees' beneficiary organizations (see instructions) 6 e Notes and loans receivable, net 7 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 490,838 10c 128,766 254,282 362,072 11 11 12 12 Investments - other securities. See Part IV, line 11 13 13 123,561 14 14 15 15 16 503,867 16 498,773 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 0 0 Organizations that follow SFAS 117, check here > and complete

				, ,	
NF	!	lines 27 through 29, and lines 33 and 34.			
e u t n	27	Unrestricted net assets		27	Ĺ,
ď	28	Temporanly restricted net assets		28	
A s B	29	Permanently restricted net assets		29	
s a	ļ	Organizations that do not follow SFAS 117, check here ▶ 🏻 and			
e i		complete lines 30 through 34.			
t a s n	30	Capital stock or trust principal, or current funds		30	
C	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
О Ө r s	32	Retained earnings, endowment, accumulated income, or other funds	503,867	32	498,77
. •	33	Total net assets or fund balances	503,867	33	498,77
	34	Total liabilities and net assets/fund balances	503,867	34	498,77

Form	990 (2011) CABALLEROS DE VARGAS 85-601184	.1	ρ	age 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	· · ·	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)		44,	949
2	Total expenses (must equal Part IX, column (A), line 25)		50,	043
3	Revenue less expenses. Subtract line 2 from line 1			094)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		503,	
5	Other changes in net assets or fund balances (explain in Schedule O)			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,		_	
	column (B))	4	198,	773
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			. 🗆
	•		Yes	No
1	Accounting method used to prepare the Form 990: 🖾 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		Ī	
	Schedule O.		ŧ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	x	
	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		•	
	issued on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		
	EEA	Form	990 (2011)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Employer identification number

2011

Open to Public inspection

CAB	ALL	BROS DE VARGA								011841			
	rt I			ty Status (All organiz				See instru	ections				
The	orga	nization is not a privat	te foundation beca	use it is: (For lines 1 thro	ugh 11, ch	eck only or	ne box.)						
1	X			ssociation of churches d		section 1	70(b)(1)(A	.)(i).					
2		A school described i	in section 170(b) (1	1)(A)(ii). (Attach Schedu	le E.)								
3		A hospital or a coop	erative hospital ser	vice organization descri	bed in sect	ion 170(b)	(1)(A)(iii).						
4		A medical research	organization opera	ted in conjunction with a	hospital de	scribed in	section 17	70(b)(1)(A)(iii). Enter	the hospit	al's nam	10,	
		city, and state:		<i>a</i>						·		· ·	
5		An organization ope	rated for the benefi	it of a college or universit	ty owned or	operated	by a gover	nmental u	nit describe	ed in			
		section 170(b)(1)(A											
6		A federal, state, or lo	ocal government or	governmental unit desci	rıbed in se d	tion 170(I	b)(1)(A)(v)						
7		An organization that	normally receives	a substantial part of its s	support fron	n a govern	mental unit	or from th	e general į	public			
		described in section											
8		A community trust de	escribed in sectio r	170(b)(1)(A)(vi). (Com	plete Part I	l.)							
9		An organization that	normally receives:	(1) more than 33 1/3% (of its suppo	rt from cor	tributions,	members	nip fees, ar	nd gross			
		receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its											
				and unrelated business				1 tax) from	businesse	s			
		acquired by the orga	ınization after June	30, 1975. See section !	509(a)(2). (Complete	Part III)						
10		An organization orga	anized and operate	d exclusively to test for p	oublic safet	y. See sec	tion 509(a	(4).					
11				d exclusively for the ben									
		purposes of one or n	nore publicly suppo	orted organizations descr	ribed in sec	tion 509(a)(1) or sect	tion 509(a)	(2). See s e	ection			
			box that describes	s the type of supporting o	organızatıoı	n and com	plete lines	11e throug	jh 11h.				
	_	a 🗌 Typel	ь 🗌 Тур		Type III					□ Туре	III-Other		
е	Ц			organization is not contro									
				rs and other than one or	more public	ly support	ed organiz	ations des	cribed in s	ection			
_		509(a)(1) or section											
f				termination from the IRS					oorting				
		organization, check to		• • • • • • • • • •				• • • • •	• • • • •		• • • •		· · L
9			06, has the organiz	ation accepted any gift o	or contribut	on from ar	y of the						
		following persons?	J										_
				controls, either alone or								Yes	No
				of the supported organi							11g(i)		ļ <u>.</u>
				cribed in (i) above?						• • • • •	11g(ii)	├ —	
_				n described in (i) or (ii) a			• • • • •		• • • • •		11g(iii)	<u> </u>	
<u>h</u>	<u> </u>	ame of supported		the supported organizati					T				
	(1)	organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the c		(v) Did yo		(vi) i organizati		1	Amount support	of
				above or IRC section	governing o	ocument?	col (i)	of your	(i) organiz	ed in the			
			ļ	(see instructions))	Yes	No	Yes	No No	Yes		-		
(A)		 -			165	NO	105	NO	162	No	-		
(,,,							İ						
(B)					+		ļ- <u></u>						
\ _,													
(c)					 				-				_
,													
(D)					 		j		 				
,				i					1				
(E)									 		-		
•													
					 				<u> </u>				
Tota	1				‡						1		

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

Open to Public

2011

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

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 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizations	: Complete Part III.			
Nam	ne of organization			Em	ployer identification number
C#	ABALLEROS DE VARGAS			8 !	5-6011841
Pa	rt I-A Complete if the organ	ization is exempt under sec	tion 501(c) or	is a section 52	?7 organization.
1	Provide a description of the organization's				
2	Political expenditures		<i></i> .		\$
3	Volunteer hours				
Pa		ization is exempt under sec			
1	Enter the amount of any excise tax incurr	ed by the organization under section 4	955	· · · · · · · · · · · · · · · · · · ·	\$
2	Enter the amount of any excise tax incurr				
3	If the organization incurred a section 4955	•			-
4a	Was a correction made?				🗌 Yes 📗 No
<u>ь</u>	If "Yes," describe in Part IV.	ination is avainnt under an	4: F04/-\	and postion F	04/-\/0\
<u> </u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ization is exempt under sec		cept section 5	UT(C)(3).
1	Enter the amount directly expended by th activities	e filing organization for section 527 ex	empt function		r
2	Enter the amount of the filing organization				\$
2	527 exempt function activities	5		_	œ
3	Total exempt function expenditures. Add				Φ
•	line 17b	mies 1 and 2. Enter here and on Form	1120-FOL,	_	¢
4	Did the filing organization file Form 1120-				
5	Enter the names, addresses and employe	· ·			-
	organization made payments. For each or	The state of the s	*	=	-
	the amount of political contributions received	-			
	as a separate segregated fund or a politic			•	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr	om (e) Amount of political
				filing organization tunds if none, enter	
(1)					
(2)					
(3)	_				
(4)					
(5)					
(6)					

Sche	dule C (Form 990 or 990-EZ) 2011 CABALLEROS D				85-6011	
Pi	Complete if the organization	n is exempt u	nder section 50	1(c)(3) and filed	Form 5768 (ele	ction under
	section 501(h)).					
A	Check ▶ ☐ if the filing organization belongs to	· ·		- :	mber's	
_	name, address, EIN, expenses, a			•		
B	Check ▶ ☐ if the filing organization checked b			oly.	·	 -
		bying Expenditure			(a) Filing	(b) Affiliated
	(The term "expenditures"				organization's totals	group totals
1a	Total lobbying expenditures to influence public o	· -		• • • • • • • •		
ь	rotal lossyling experiental of to mileorice a logicie			• • • • • • • •		
C	Total lobbying expenditures (add lines 1a and 1b)	• • • • • • • • •	• • • • • • • •		
d	Other exempt purpose expenditures		• • • • • • • • •			
е	Total exempt purpose expenditures (add lines 1	and 1d)				
f	Lobbying nontaxable amount. Enter the amount	from the following to	able in both		İ	
	columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amour	nt is :		
	Not over \$500,000	20% of the an	nount on line 1e.		1	
	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 \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess or	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25% of line	∍1f)				
h	Subtract line 1g from line 1a. If zero or less, ente	r-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 lin	e 1h or line 1i, did t	he organization file F	orm 4720		
	reporting section 4911 tax for this year?					☐ Yes ☐ No
	(Some organizations that	made a section 5				
	Lobb	ying Expenditures	During 4-Year Ave	raging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount					
b 	Lobbying ceiling amount (150% of line 2a, column (e))					
c	Total lobbying expenditures					···
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

011	841	Page 3	3
orm	5768		

Schedule C (Form 990 or 990-EZ) 2011 CABALLEROS DE VARGAS	85	-6011	.841 Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and (election under section 501(h)).	·····		5768
For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	ر ا	(a)	(ь)
of the lobbying activity.	Yes	No	Amount
1 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)?		ļ	
c Media advertisements?			
d Mailings to members, legislators, or the public?		<u> </u>	
Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?		<u> </u>	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		 	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1ı	1		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		ļ	
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	ľ		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), so 501(c)(6).	ection 501(c)(5),	or se	ection
301(0)(0).			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			1
			2
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answanswered "Yes."			rt III-A, line 3,
1 Dues, assessments and similar amounts from members		1	
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		2a	
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		3	
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
and political expenditure next year?		4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part IV Supplemental Information			
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Par	t II-A; and Part II-B, Iır	e	
Also, complete this part for any additional information.			
			
	 		

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

<u>CA</u>	BALLEROS DE VARGAS	85-6011841
Pa	rt I Organizations Maintaining Donor Advised Funds 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 writing that the assets held in donor advised	- ,
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	purpose conferring impermissible private benefit?	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Pal	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	1117, 1110 7.
	Preservation of land for public use (e.g., recreation or education) Preservation of an historic	cally important land area
	Protection of natural habitat Preservation of a certified	
	Preservation of open space	Thistoric structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation
_	easement on the last day of the tax year.	onservation
	The same and the same and four	Held at the End of the Tax Year
а	Total number of conservation easements	
Ь	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	···
d	Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic	
	structure listed in the National Register.	. 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organic	
	the tax year	unzauon danng
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during to	
		ino year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	ear
	► \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	• • •
	the organization's accounting for conservation easements.	at dosonbos
Pa	organizations Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and halance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	ce of public service,
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	halance sheet works of art
-	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	provide the following amounts relating to these items:	public service,
	·	▶ 6
	(i) Revenues included in Form 990, Part VIII, line 1	
2	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gair	n, provide the
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1	
ь	Assets included in Form 990, Part X	> \$

D	if "Yes" to 3a(ii), are the related organizations listed as	required on Schedule H7	30		
4	Describe in Part XIV the intended uses of the organization	tion's endowment funds.			
Pa	rt VI Land, Buildings, and Equipmen	t. See Form 990, Part X	, line 10.		
_	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
ь	Buildings	490,838		128,766	362,07
c	Leasehold improvements				
d	Equipment				
е	Other				

(ii) related organizations

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part VII	Investments - Other Securities	See Form 990, Part X, line 12.		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year market	
(1) Financial	derivatives		_	
(2) Closely-he	eld equity interests	• •		
(3) Other				
(A)		_		
(B)		_		
(C)		_		· · · · · · · · · · · · · · · · · · ·
(D)		_		
(E)				
(F)		_		
(G)		<u>, </u>		
(H)		_		
Part VIII	Investments - Program Related	See Form 990, Part X, line 13.		······································
	(a) Description of investment type	(b) Book value	(c) Method of valuati Cost or end-of-year market	
	D ACCOUNTS	107	FMV	
(2) MONEY		5,488	FMV	
	ING INVESTMENT	117,966	FMV	
(4)			·	
(5)				
(6)				
(7)				
(8)				
(9)	-			
(10)				
Part IX	b) must equal Form 990, Part X, col (B) line 13) Other Assets. See Form 990, Part X, li	123,561		<u></u>
L aut a Mari				
(1)		a) Description		(b) Book value
(2)		·····		
(3)				
(4)	 	· · · · · · · · · · · · · · · · · · ·		
(5)		*		
(6)				
(7)				
(8)				
(9)				
(10)		-		
	n (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X	Other Liabilities. See Form 990, Part X	, line 25.		
1.	(a) Description of liability	(b) Book value		······································
(1) Federal	income taxes		1	
(2)			1	
(3)			1	
(4)			1 →	
(5)			1	
(6)			1	
(7)			1	
(8)			1	
(9)			1	
(10)			1	,
(11)			,	
	b) must equal Form 990, Part X, col (B) line 25)	•	1	
	C 740) Footnote. In Part XIV, provide the text of		inancial statements that reports the	

Sched	ule D (Form 990) 2011 CABALLEROS DE VARGAS	85-6011841	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	,
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	
1	Total revenue, gains, and other support per audited firfancial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
c	Recoveries of prior year grants	_	
đ	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV.)	- 	
c	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
	ri XIII Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
ď	Other (Describe in Part XIV.)	- 	
e	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
·	Investment expenses not included on Form 990, Part VIII, line 7b		
- b	Other (Describe in Part XIV.)		
-	Add lines 4a and 4b	. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
	rt XIV Supplemental Information	·	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b		
	2b; Part 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		
	part to provide any additional information.		
<u>u 110 p</u>	art to provide any additional information.		
		- · · · · · · · · · · · · · · · · · · ·	
			
			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2011

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

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990 or 990-EZ.

Employer Identification number CABALLEROS DE VARGAS 85-6011841 01. Members or stockholder classes and rights (Part VI, line 6) MEMBERS HAVE RIGHTS TO REVIEW AND COMMENT 02. Governing body meeting documentation (Part VI, line 8a) MEETING MINUTES ON FILE MEETING DOCUMENTED 03. Committee meeting documentation (Part VI, line 8b) CASH GRANT, FOOD AND OTHER ASSISTANCE CONTRIBUTIONS TO VARIOUS CATHOLIC CHURCHES, SCHOOLS AND ORGANIZATIONS IN THE COMMUNITY AND RELATED RELIGIOUS ACTIVITIES. 04. Form 990 governing body review (Part VI, line 11) OPEN TO MEMBERS FOR INSPECTION 05. Form 990 unavailable to public (Part VI, line 18) FORM 990 NOT AVAILABLE TO PUBLIC 06. Governing documents, etc, available to public (Part VI, line 19) AVAILABLE UPON REQUEST TO PUBLIC 07. Not undergone required audits or steps for audit (part XII, line 3b) ORGANIZATION FUNDS ARE REVIEWED BY MEMBERS

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB	No.	1545-01	72

2011

Department of the Treasury Internal Revenue Service

▶ See separate instructions.

► Attach to your tax return.

Attachment Sequence No. 179

Name(s) shown on return		Bus	lness or activity to	which ti	his form relates			Identifying number	
CAE	BALLEROS DE VARGAS			FORM 990 - 1					85-6011841	
Pa	t Election To Expens	e Certain Pr	operty Under	Section 17	9					
	Note: If you have any liste	d property, com	plete Part V before	you complete F	Part I.					
1	Maximum amount (see instructions)						1		
2	Total cost of section 179 property p	laced in service	(see instructions)					2		
3	Threshold cost of section 179 prop	erty before reduc	tion in limitation (se	e instructions)				3	·	
4	Reduction in limitation Subtract line							4		
5	Dollar limitation for tax year. Subtra	ct line 4 from line	a 1. If zero or less, o	enter -0 If mai	rried f	iling				
	separately, see instructions	<u> </u>		· · · · · · · ·	<u></u>		• • •	5		_
_6	(a) Description of pr	operty	(b) (Cost (business use	only)	(c) Ele	cted cost			
						ļ				
						ļ			[
7	Listed property. Enter the amount f				7	<u> </u>				
8	Total elected cost of section 179 pr	• •	• • • • • • • • • • • • • • • • • • • •			• • • • • •		8		_
9	Tentative deduction. Enter the sma							9_	 	_
10	Carryover of disallowed deduction	•						10		_
11	Business income limitation. Enter the		· ·	•		95 (see inst	ructions)	11		_
12	Section 179 expense deduction. Ac		•				•••	12		
13	Carryover of disallowed deduction				13	<u> </u>			E	_
	Do not use Part II or Part III below				 -				7.	_
Pai							sted pro	perty.) I	(See instructions.)	_
14	Special depreciation allowance for									
46	during the tax year (see instructions	•						14		_
15	Property subject to section 168(f)(1	-						15	12 207	_
16	Other depreciation (including ACRS MACRS Depreciati						• • • •	16	13,287	_
-	MACHS Depreciati	OII (DO NOT INC	Section		tions.,	<u>) </u>				_
17	MACRS deductions for assets place	od in sondon in t						17		_
18	If you are electing to group any ass		·							~
10		•	· · · · · · · · ·	•		-				
	Section B - Asset							Sv:	etam	4
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprecial (business/investment only-see instructions	ion use (d) Recov		e) Convention	(f) Met		(g) Depreciation deduction	_
19a	3-year property				7					_
ь	5-year property	1								
с	7-year property									_
ď	10-year property	1								_
е	15-year property									_
f	20-year property									
g	25-year property			25 yrs	3.		S/L			
h	Residential rental			27.5 yı	rs.	MM	S/L	_		
	property			27.5 yı	rs.	MM	S/L			_
i	Nonresidential real		1	39 yrs	s.	MM	S/L			
	property	2011-10	125,45		_	MM	S/L		4,372	_
	Section C - Assets	Placed in Serv	ice During 2011 T	ax Year Using	the /	Alternative [)eprecia	tion S		_
20a	Class life						S/L	•		
ь	12-year			12 yrs	s.		S/L			
С	40-year			40 yrs	3	MM	S/L			_
Pa	TIV Summary (See instru	ctions.)								_
21	Listed property. Enter amount from	line 28						21		_
22	Total. Add amounts from line 12, lit	nes 14 through 1	7, lines 19 and 20 ii	n column (g), a	nd line	e 21. Enter h	ere			
	and on the appropriate lines of your	return. Partners			ructio	ns		22	17,659	_
23	and on the appropriate lines of your For assets shown above and place		hips and S corpora	tions - see inst	ructio	ns		22	17,659	

EEA