

Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning Jul 1, 2010, and ending Jun 30, 2011

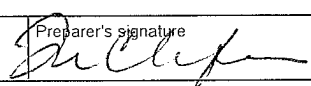
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>El Refugio, Inc.</u> Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street addr) Room/suite <u>800 S. Robert</u> City, town or country State ZIP code + 4 <u>Silver City NM 88061-4303</u> F Name and address of principal officer: <u>KAY STONE 800 S. ROBERT ST. SILVER CITY NM 88061</u>	D Employer Identification Number <u>85-0311066</u> E Telephone number <u>(575) 538-2125</u> G Gross receipts \$ <u>880,013.</u> H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions) H(c) Group exemption number ►
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ► <u>N/A</u>		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		
L Year of Formation: <u>1983</u>		M State of legal domicile: <u>NM</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>EL REFUGIO EMPOWERS ALL PERSONS AFFECTED BY DOMESTIC AND SEXUAL VIOLENCE BY PROVIDING ADVOCACY EDUCATION AND SERVICES IN A SAFE AND SUPPORTIVE ENVIRONMENT.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		9
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5		28
	6 Total number of volunteers (estimate if necessary)	6		9
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue		Prior Year		Current Year
	8 Contributions and grants (Part VIII, line 1h)	763,722.		873,488.
	9 Program service revenue (Part VIII, line 2g)			
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,512.		6,525.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	770,234.		880,013.
Expenses				
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	572,316.		563,029.
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25) ► <u>0.</u>			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	171,363.		185,323.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	743,679.		748,352.
	19 Revenue less expenses. Subtract line 18 from line 12	26,555.		131,661.
Net Assets or Fund Balances		Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	994,900.		1,461,825.
	21 Total liabilities (Part X, line 26)	91,339.		109,073.
	22 Net assets or fund balances. Subtract line 21 from line 20	903,561.		1,352,752.

Part II Signature Block

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 <u>Kay Stone</u> <u>KAY STONE</u> Type or print name and title.	Date <u>01/09/12</u>	
Paid Preparer Use Only	Print/Type preparer's name <u>TIMOTHY P. CLIFFORD</u>	Preparer's signature 	Date <u>7/20/12</u>
	Firm's name ► <u>Clifford, Ross & Cooper, LLC</u> Firm's address ► <u>1155 Commerce, Ste E</u> <u>Las Cruces NM 88011</u>	Check <input type="checkbox"/> if self-employed PTIN _____ Firm's EIN ► _____ Phone no. _____	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No