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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short 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)

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $100,000 and total assets less than $250,000 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*

OMB No 1545-1150

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 9/1/2006 and ending 8/31/2007

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
TAOS COYOTE YOUTH HOCKEY ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P.O. BOX 1241

City, town, or country State ZIP + 4
EL PRADO, NM NM 87529

D Employer identification number
76-0734153

E Telephone number
(575) 737-5034

F Group Exemption Number ▶

- *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

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 Organization type (check only one)— ☒ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $100,000 or more, file Form 990 instead of Form 990-EZ. ▶ $ 53,220

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	53,220
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	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 (attach schedule)	5c	0
	6	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) 6a		
	b	Less: direct expenses other than fundraising expenses 6b		
	c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	0
	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	0
	8	Other revenue (describe ▶)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	53,220
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ See attached statement	16	45,468
	17	**Total expenses.** Add lines 10 through 16 ▶	17	45,468
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	7,752
	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)	19	10,808
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	18,560

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Part II Balance Sheets—If Total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	10,808	22	18,560
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	10,808	25	18,560
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	10,808	27	18,560

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form **990-EZ** (2007)

P 23

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)

What is the organization's primary exempt purpose? Youth Hockey Association

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

28	A youth hockey association and team has been created (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	45,399
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a	-45,399
32	**Total program service expenses.** Add lines 28a through 31a ▶	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 61 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name Annette Bowden Str 910 Calle Conquistad City Taos ST NM ZIP 87571	Title President Hr/WK 30.00	0		
Name Lauri Hapter Str 4 Blue Spruce Lane City Taos ST NM ZIP 87571	Title Vice-President Hr/WK 30.00	0		
Name Randi Archuleta Str 69 Vista del Ocaso City Ranchos de Taos ST NM ZIP 87557	Title Secretary Hr/WK 30.00	0		
Name Marc Hempel Str Box 3079 City Taos ST NM ZIP 87571	Title 30 Hr/WK .00	0		

Part V Other Information (Note the statement requirement in General Instruction V.)

			Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	*If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	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 unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b			
39	*501(c)(7) organizations.* Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			

Part V Other Information (Note the statement requirement in General Instruction V.) *(Continued)*

			Yes	No
40 a	*501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ____ ; section 4912 ▶ ____ ; section 4955 ▶ ____			
b	*501(c)(3) and (4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ ____			
d	Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ ____			
e	*All organizations*. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		X

41 List the states with which a copy of this return is filed. ▶ ____

42 a The books are in care of ▶ Name ____ Telephone no. ▶ ____

Located at ▶ ____ City ____ ST ____ ZIP + 4 ▶ ____

			Yes	No
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)?	42b		X
	If "Yes," enter the name of the foreign country: ▶ ____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
	If "Yes," enter the name of the foreign country: ▶ ____			

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 . . . . . ▶ | 43 | N/A

Please Sign Here

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.

Signature of officer — Date: 3-12-10

Marc L Hemgel

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: Bernadine M Garcia, CFE, CPA	Date: 3/11/2010	Check if self-employed ▶ X	Preparer's SSN or PTIN (See Gen Inst X): 525-04-9010
Firm's name (or yours if self-employed), address, and ZIP + 4: BERNADINE M. GARCIA,CFE,CPA P.O. BOX 548 RANCHOS DE TAOS NM 87557		EIN ▶	Phone no ▶ (575) 758-1384

Line 16 (990-EZ) - Other Expenses 45,468

1	Travel, Meals and Entertainment		
	a Travel	1a	351
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc.	5	
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Unrelated business income taxes	10	
11	Awards	11	3,059
12	Clinic	12	1,500
13	Equipment Purchases	13	2,195
14	Food	14	205
15	Ice Time	15	18,043
16	Individual Registration	16	2,650
17	Jerseys	17	69
18	Office Miscellaneous	18	1,012
19	Promotionals	19	3,450
20	Referee Fees	20	4,912
21	Tornament Applications	21	0
22	Tornament Fees	22	4,335
23	Uniforms	23	1,897
24	Bank Fees	24	53
25	Bantam Pizza Party	25	113
26	Lodging	26	1,624