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# Form. 990

### 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)

Open to Public

OMB No 1545-0047

Department of the Treasury

		the Treasury ue Service	<b>•</b>	The organiz	zation may ha	ve to use a	copy of this re	turn to satisfy	state re	porting r	equirement	3	Inspec	tion
Ā	For the	2009 cal	endar ye	ar, or tax ye	ear beginning	1			, and e	nding				
В	heck if ap	pplicable	Please use IRS	C Name of	organization	New Me	xico Xtreme	Sports Asso	ciation	Inc	D Employ	er identi	ification number	
	Address	ess change label or Doing Business As 43-20895  e change print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite E. Telepho												
ים	Name ch	ange		Number a	and street (or P	O box if mail	s not delivered	to street address	) R	oom/suite	E Telepho	ne numb	er	
ים	nıtıal reti	um	type. See	508 1st St	reet NW				1		(505) 296	-2738		
$\sqcap$	Terminat	ed	Specific		wn, state or cou	ntry, and ZIP	+ 4					•		
Ħ,	Amended	d return	Instruc- tions.	Albuquera	iue	•	N	IM 8	7102		G Gross r	eceipts \$		525,793
Ħ,	Application	on pending			dress of princ	pal officer		-		H(a) is	this a group r	etum for	affiliates?	Yes X No
_	••				10412 Pend	•	lbuquerque	NIM 87114		1	e all affiliates			Yes No
									_	<b>-</b> 1 ''			instructions)	IAS   NO
		mpt status			3) <b>◄</b> (insert	no)	4947(a)(1)	or 527		-		•		
<u>J V</u>	Vebsite	e: ► wwv				<del></del>	_		_	H(c) Gr	oup exempte	n numbe	r 🕨	
KF	orm of o	rganization	X co	proration	Trust	Association	Other ▶		L Ye	ar of forma	ation 200	)5 M	State of legal dom	iicile NM
Р	art l	Sur	nmary				-							
	1	Briefly d	escribe t	the organiz	ation's miss	ion or most	significant a	activities N	M Xtre	me Spo	rts Associ	ation I	nc is a youth-f	ocused,
		youth-dr	iven ave	enue to intro	oduce, deve	lop and pro	fessionally i	mplement sl	alls in t	he arts,	music, ou	tdoor re	ecreation and	
92		nontrad	itional sp	ports throu	gh mentorsh	ıps, lifestyl	e events and	i entreprenet	<u>ırıal op</u>	portunit	es to enha	nce N	ew Mexico	
Activities & Governance		youth's	quality o	of life and c	ommunity in	volvement	in a safe, sti	uctured and	superv	used en	vironment		·	
8	2	Check th	nis box	▶  lf th	ne organizati	on disconti	nued its ope	rations or dis	posed	of more	than 25%	of its r	net assets	
ජ	3	Number	of voting	g members	of the gove	rning body	(Part VI, line	e 1a)				3	1	. 8
<u></u>	4	Number	of indep	endent vot	ting member	s of the go	verning body	/ (Part VI, line	e 1b)			4		8
ξ	5	Total nu	mber of	employees	s (Part V, line	e 2a)	_					5		14
AC	6	Total nu	mber of	volunteers	(estimate if	necessary)	1					6		225
	7a											7a		
	b	Net unre	elated bu	ısıness tax	able income	from Form	990-T, line	34				7b	<u> </u>	
		Prior Year								Current				
	8				Part VIII, line							25,528		332,478
Ž	9	Investment income (Part VIII, column (A), lines 3, 4, and 7d)									19,791	<u> </u>	26,190	
Revenue	10										3	3	3	
æ	11		-									89,748		123,318
	12	Total reve	enue—ad	ld lines 8 thr	ough 11 (mus	t equal Part	VIII, column (	A), line 12)				235,070	7	481,989
	13	Grants and similar amounts paid (Part IX, column (A), mes 1/2)									-	<del></del>		
	14	Benefits paid to or for members (Part IX, column (A) line 4)								140 400	,——	040.004		
88	15	Salaries	, other c	ompensation	on, employe	e penetits (	Part IX, colu	imn (A)  lines	5–10)	·		10,120	<u> </u>	212,964
šu.	16a	Professi	onal fund	draising fee	es (Part IX, o	Solhand (V)	Gr∭os Ja∯ 🤇	טוט	00 77	.			<del> </del>	
Expenses	b				(Part IX, co				36,773	3		00.04	. <del> </del>	044000
_	17				olumn (A), lii			41T- 25				82,814	<del></del>	244,289
	18				13–17 (must			(A), line 25)		-		192,934 42,136		457,253
	19	Revenue	e iess ex	penses Si	ubtract line 1	io irom line	12			Regia	ning of Curn		End of '	24,736
S S	20	Total ac	cate (Da	ırt X, line 16	8)					Degiii	ining or our	91,212		102,721
Vsse Balz	21			Part X, line								45,628		32,401
Net Assets or Fund Balances	22		•	-	s Subtract l	ne 21 from	line 20				***	45,584	Y	70,320
	rt II		nature		o oubtract_t	21 110111	mio 20				-	10,00	<u> </u>	10,020
					iedare that I have	e examined the	nis return, includ	ling accompanyi	ng sched	ules and s	statements, a	nd to the	best of my knowled	dge
		and b	oelief, it is t	true, correct, a	ind complete D	eclaration of p	reparer (other th	nan officer) is bas	sed on al	l informati	on of which p	reparer h	as any knowledge	,
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Sig	ın											·	-10	
He			Signature		· · · · · · · · · · · · · · · · · · ·	~	15:4 a. 0.0	0			Dat	е		
	-		$\overline{\mathbf{w}}$		LINSLEY	( K	BASURB	<u> </u>		_				
		<del></del>		nnt name and	title			Date		Sheek 4				
P-	a	Prepa signa		17.		c	,	Date		Check if self-				
Pai		1 -		Kha	~~	Con	ومر	10/31/20	1	employed	<b></b> ▶∟_			
	parer'	, I rom	s name (or		Kharya L Co	ver, CPA	PC				EIN	▶ 85-0	0474715	
US	Only	if self-employed),									5) 797-0995			
NA-	u the II					-					I I HOHE HU	<u> </u>	X Yes	,
ivia	y the H	NO UISCUS	s uns re	turn with tr	ne preparer s	nown abov	ve / (see insi	i uctions)						No.

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

Form 990 (2009)

	Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission	
,	'NM Xtreme Sports Association. Inc. is a youth-focused, youth-driven avenue to introduce, develop and profe	
	skills in the aets, music, outdoor recreation and nontraditional sports through mentorships, lifestyle events an	
	opportunities to enhance New Mexico youth's quality of life and community involvement in a safe, structured environment.	and supervised
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun allocations to others, the total expenses, and revenue, if any, for each program service reported.	t of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 269,667 including grants of \$ ) (Revenue \$	5,923 )
	Warehouse 508 provides a wide range of programming and events geared towards youth in New Mexico. Wo	
	26,000 sq. ft. warehouse in downtown Albuquerque, 508's Youth Creative Council and staff implement progra	
	concept to completion, including rock concerts, poetry slams and writingworkshops, film editing classes, mer	
	graphic design, and future entrepreneurial projects such as a youth-run retail store. The Youth Creative Cou	incil consists of
	youth and young adults ages 15 to 23 making 508 a venue truly for youth, by youth.	
	•••••••••••••••••••••••••••••••••••••••	
4b	(Code ) (Expenses \$ 98,147 including grants of \$ ) (Revenue \$	143,585 )
	NMX Sports provides safe, structured and affordable ways for youth to participate in nontraditional sports like	
	and wake boarding. NMX's iGo program encourages youth to engage in community service while earning cr	
		edits
	applicable to NMX and 508 trips, workshops, classes and programs. NMX takes outdoor recreation excursion	redits ons, hosts
		redits ons, hosts
	applicable to NMX and 508 trips, workshops, classes and programs. NMX takes outdoor recreation excursic youth-focused competition and / or arranges learn-to programs nearly every weekend, year round.	edits ons, hosts
	applicable to NMX and 508 trips, workshops, classes and programs. NMX takes outdoor recreation excursion youth-focused competition and / or arranges learn-to programs nearly every weekend, year round.	edits ons, hosts
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4c	applicable to NMX and 508 trips, workshops, classes and programs. NMX takes outdoor recreation excursion youth-focused competition and / or arranges learn-to programs nearly every weekend, year round.  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )	edits ons, hosts
	applicable to NMX and 508 trips, workshops, classes and programs. NMX takes outdoor recreation excursic youth-focused competition and / or arranges learn-to programs nearly every weekend, year round.  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  (Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	edits ons, hosts

Par	IV Checklist of Required Schedules			
			Yes	No
1	I's the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1 1	Х	İ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
•	Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice			
	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	Ť		
Ü	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<del>  ^</del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<u> </u>		<del>  ^</del> -
0	complete Schedule D, Part III	8		x
•	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			<del>  ^-</del>
9			ļ	
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	_		
40	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	40		
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	١.,		
	VII, VIII, IX, or X as applicable	11	X	27.
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		2	av de
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			Sec
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	and the	猛	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	Y 4.	Sec.	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		-3	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	man to		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		Service Control	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			. تعمد ا
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	, , , , , , , , , , , , , , , , , , , ,			
	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No	7.75		-
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.		4.00	<b>第</b> 25000000000000000000000000000000000000
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		LX
14a	Did the organization maintain an office, employees, or agents outside of the United States? .	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	1	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, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			1
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			1
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del>  '''</del>	1	<del>  ^</del>
.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	+^	+-
13	If "Yes," complete Schedule G, Part III	40	1	
20	·	19	+	1- <del>×</del>
_20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	1	X

#### 43-2089526 Checklist of Required Schedules (continued) Part IV Yes No 21' Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II 21 Х 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 Χ 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 a grant selection committee member, or to a person related to such an individual? 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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28b Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 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 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 III, IV, and V, line 1. 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Schedule R, Part V, line 2 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 organization? If "Yes," complete Schedule R, Part V, line 2 36 Χ 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, Part 37 Х

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

Par	V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a '	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable	- 1	1	ı
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			Ì
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		- 1	l
•	gaming (gambling) winnings to prize winners?	1c	x	ı
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			1
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	Ì
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)	l		l
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	'	Х
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
*	See the instructions for exceptions and filing 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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ŀ
	and services provided to the payor?	7a	X	L
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	_X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			İ
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			ĺ
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	<i>N</i> /	4
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			n
•	required?	7h	- <i>N</i> /	<i>H</i>
8	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?		./	VΔ
^		_ 8	<del>  ~/</del>	<i>/</i> /
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	0-	\	10.
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a	- N	1/2
	- · · · · · · · · · · · · · · · · ·	9b	<del>  //</del>	<i>[7</i> —
10	$1 - 1 \cdot 7 \cdot 1H$		′	
a b	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  10a / 10b			]
	Section 501(c)(12) organizations. Enter		1	
11	1 - 1 / V/H			
a h	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources			
ь	against amounts due or received from them ) .			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b   $\sim$ //A	120	╂	<del>-</del>
	7V	Form	gan	(2009)
		1.OHL		(4009)

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.

Sact	ion A. Governing Body and Management			
Seci	ion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body	3	103	
b		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7		
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	<b>-</b>		<del>-^-</del>
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		$\frac{\hat{x}}{x}$
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		$\frac{\hat{x}}{x}$
6	Does the organization have members or stockholders?	6	<u> </u>	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	-	-	<del>  ^-</del>
ı a	of the governing body?	7a	x	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	"	<u> </u>	<del>  ^-</del>
Ū	the year by the following			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	OD	^	<del> </del>
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		×
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal	<u> </u>		
	enue Code.)			
, ,,,,,	shad dddd,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	-	X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104	-	<del>  ^</del>
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100	<del>                                     </del>	
• •	form?	11	×	
11A		<b></b>	<del>  ^-</del>	
12a		12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120	<del>  ^-</del> -	
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	<del>  ^</del>	
Ū	describe in Schedule O how this is done	12c	x	İ
13	Does the organization have a written whistleblower policy?	13	<del>  ^</del>	X
14	Does the organization have a written document retention and destruction policy?	14	X	<del>  ^</del>
15	Did the process for determining compensation of the following persons include a review and approval by	14	┼^	<del> </del>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	^	$\vdash$
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	130	<del>  ^</del>	†
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	100	1	<del>  ^</del> -
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		Ì
Sec	tion C. Disclosure	100		L
17	List the states with which a copy of this Form 990 is required to be filed ► NM			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	onky	<del>-</del>	
	available for public inspection. Indicate how you make these available. Check all that apply.	orny)		
	Own website X Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	ract		
	policy, and financial statements available to the public.	। <b>८</b> ३६		
20	State the name, physical address, and telephone number of the person who possesses the books and records of	the		
	· · · · · · · · · · · · · · · · · · ·			
	organization ► Jacqueline Vigil (505) 296-	120		

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed
- 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. 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.

Check this box if the organization did not compe	nsate any curre	ent of	fice	r, d	irec	tor, o	r trı	ustee.		
(A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)						Reportable	Reportable	Estimated
,	hours per week	Key employee Officer Institutional trustee Individual trustee or director		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
Patrick Baldonado			1							
President	5.	Χ		X						
Jeff Robb Vice president	2.	Х		x						
Duane Kınsley										
Treasurer	5	Х		X						
Mark Pando										
Director	_ 2	Х	<u> </u>		<u> </u>					
Stacy Glacer					Γ					
Director	2	Х								
Eddie Vargas				Γ						
Director of NMX Sports	40			X			<u>L</u> _	10,208		<u> </u>
Amy Dalness	 				Г					
Director of Warehouse	40.			X				35,167		985
Mark Stuart										
Executive Director	40			X				25,000		1,153
	-									
							T			

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for		(A)	(B)			•	C)		(D)		(E)		(F)	
1b Total  1b Total   Total		Name and title	hours per	<del></del>	Institutional truste	•		_		compensation from the organization	compensation from related organizations	<u>`</u>	amount other compens from th organiza and rela	t of r sation he ation ated
1b Total  1b Total   Total		.,												
1b Total  Total a number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete liths table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A) (B) (C) Compensation		.,												
1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a* if "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000* if "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a is the sum of reportable compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation		.,												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►    Yes   N														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►    Yes   N														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►    Yes   N														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►    Yes   N														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►    Yes   N														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►    Yes   N														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►    Yes   N														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►    Yes   N														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►    Yes   N														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►    Yes   N														
reportable compensation from the organization    Yes   N	1b	Total							<b>•</b>	70,375				
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation	2			se lis	ted a	abov	e) w	ho re	eceiv	ed more than \$1	100,000 in			
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation		reportable compensation from the organiza	tion 🕨	_									<del></del>	,
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation	3	Did the organization list any former officer,	director or trus	stee, k	еу е	emplo	oyee	e, or h	nighe	est compensated	ı [		Yes	No
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation  (C)  Compensation		employee on line 1a? If "Yes," complete Sc	hedule J for su	ich in	dıvıd	ual .					1_	3		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person . 5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation	4	the organization and related organizations												
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation  Compensation	5	Did any person listed on line 1a receive or								rganization for		4	-	X
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  (B)  Compensation  Compensation			es," complete	Sche	dule	J for	suc	h pe	rson			5	<u> </u>	<u> </u>
compensation from the organization.  (A)  Name and business address  (B)  Description of services  Compensation	_Se		<del></del>											
Name and business address  Description of services  Compensation	1		mpensated ind	epen	dent	cont	racte	ors th	at re	eceived more that	an \$100,000 o	f 		_
			address				_				rvices	Comp		
									+					
				-				_	$T^-$					

Part	VIII	Statement of Revenue							
	•			•	2-2-4	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns	. [-	1a					
ran un'		Membership dues	. [-	1b		-	ŀ		
9.6		Fundraising events		1c					
ar a		Related organizations .	[-	1d		-	İ		
s, g milk		Government grants (contributions)	. [-	1e	300,605				
noi Sii		All other contributions, gifts, grants,	and		,		i		
her	•	similar amounts not included above		1f	31,873				
T of	q	Noncash contributions included in li	_		17,879				ļ
Contributions, gifts, grants and other similar amounts	_	Total. Add lines 1a-1f			▶	332,478			
					Business Code	······································			
eun	2a	Program participation fees		e	624110	26,190	26,190		
ě	b			Ī					
<u> </u>	С								
٥	ď								
S E	е			Γ					
Program Service Revenue	f	All other program service revenue							
P.	q	Total. Add lines 2a-2f.		_	. •	26,190			
	3	Investment income (including divide	ends, interest,	and					!
		other similar amounts)			▶	3			3
	4	Income from investment of tax-exer	mpt bond proc	eed	s ▶				
	5	Royalties			▶ أ				
		,	(ı) Real		(II) Personal				
	6a	Gross Rents .							
	ь	Less rental expenses				1			
	С	Rental income or (loss)							
	d	Net rental income or (loss)			▶				
	7a	Gross amount from sales of	(i) Securities		(II) Other		,		
		assets other than inventory							
	b	Less cost or other basis							
		and sales expenses							
	С	Gain or (loss)							
	d	Net gain or (loss)			▶	İ			
	8a	Gross income from fundraising		ſ					
e E		events (not including \$						•	
/eu	ļ	of contributions reported on line 1c	)	- 1				i	
è		See Part IV, line 18	,	a	42,690				
er_	ь	Less direct expenses		b	42,236	r			
Other Revenue	С	Net income or (loss) from fundraisi	ng events		<b>•</b>	454			
J	9a	Gross income from gaming activities	-	ſ					
		See Part IV, line 19		а					
	b	Less direct expenses		b					
	С	Net income or (loss) from gaming a	activities	_	•				
		Gross sales of inventory, less							
		returns and allowances		a	124,079	-			
	b	Less cost of goods sold .		ь	1,568	1			
		Net income or (loss) from sales of	inventory		. ▶	122,511		1	
		Miscellaneous Revenue			Business Code				
	11a	Other			624110	353	353		
	b								
	C			Ì					
	d	All other revenue		ļ					
	е	Total. Add lines 11a-11d		•	•	353			1
	12	Total revenue. See instructions	•			481,989			3

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). (B) (C) (A) Do not include amounts reported on lines 6b, Program service Total expenses Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to governments and organizations in the U.S See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 70,375 57,317 5,279 trustees, and key employees 7,779 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 121,183 77,455 23,802 Other salaries and wages 19,926 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 2,138 1,693 165 280 9 Other employee benefits 19,268 13,555 2,935 10 Payroll taxes 2.778 Fees for services (non-employees): 11 Management а Legal b 6,952 3,557 3,395 Accounting C d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees f Other 342 342 g 12 Advertising and promotion 10.132 10.132 Office expenses 23,318 14,328 5,382 3,608 13 14 Information technology Royalties . 15 16,378 11,803 4,301 16 Occupancy 274 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 471 235 236 12,805 23 Insurance 7,099 5,706 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below ) 55.163 54.013 Program expenses 1,149 Small equipments and grantor-owned euipment 108,858 108,590 169 99 Supplies 222 4,454 3,961 271 2,597 2,207 130 d Equipment rent & maintenance 260 f All other expenses 2,819 1,527 1,179 113 Total functional expenses. Add lines 1 through 24f 25 457,253 367,814 52,666 36,773 Joint costs. Check here ► If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

43-2089526

Pa	irt_X	Balance Sheet				
	•	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		52,926	1	45,226
	2	Savings and temporary cash investments .	[	17,276	2	
	3	Pledges and grants receivable, net .	. [		3	
	4	Accounts receivable, net		19,562	4	56,518
- 1	5	Receivables from current and former officers,	directors, trustees, key		İ	
		employees, and highest compensated employ Schedule L	rees. Complete Part II of		5	
	6	Receivables from other disqualified persons (	· · · · · · · · · · · · · · · · · · ·			
	_	4958(f)(1)) and persons described in section 4		6		
ıχ	7	Notes and loans receivable, net	-	7		
Assets	8	Inventories for sale or use		8		
As	9	Prepaid expenses and deferred charges	ŀ		9	
	_	Land, buildings, and equipment: cost or	10a 5,449		<del>-</del>	
	104	other basis Complete Part VI of Schedule D	0,110			
	h	Less accumulated depreciation	10b 4,472	1,448	10c	977
	11	Investments—publicly traded securities	7,772	1,140	11	377
	12	Investments—other securities See Part IV, Iii	ne 11		12	
	13	Investments—program-related See Part IV, II			13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must e	91,212	16	102,721	
_	17	Accounts payable and accrued expenses		30,735		21,254
	18	Grants payable			18	21,201
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities .			20	<del></del>
S	21	Escrow or custodial account liability Complet	e Part IV of Schedule D		21	<del></del>
Liabilities	22	Payables to current and former officers, direc				
Ϊ́g		employees, highest compensated employees				
Ë		persons Complete Part II of Schedule L	,	14,893	22	11,147
	23	Secured mortgages and notes payable to unr	elated third parties		23	
	24	Unsecured notes and loans payable to unrela	·		24	<del></del>
	25	Other liabilities Complete Part X of Schedule	•		25	
	26	Total liabilities. Add lines 17 through 25		45,628	26	32,401
es		Organizations that follow SFAS 117, check complete lines 27 through 29, and lines 33				
Š	27	·	und 54.	40 400	27	07.407
ala	27	Unrestricted net assets .	•	42,136		67,487
ω.	28 29	Temporarily restricted net assets  Permanently restricted net assets	•	3,448		2,833
Š	29	•			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 and complete lines 30 through 34.	, check here►			
ets	30	Capital stock or trust principal, or current fund	ds		30	
SSI	31	Paid-in or capital surplus, or land, building, or	equipment fund		31	
ž A	32	Retained earnings, endowment, accumulated	income, or other funds		32	
ž	33	Total net assets or fund balances	45,584	33	70,320	
	34	Total liabilities and net assets/fund balances		91,212		102,721
						Form 990 (2009)

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

Form **990** (2009)

3b

### SCHEDULE A (Form 990 or 990-EZ)

# **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

OMB No 1545-0047
2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Employer identification number Name of the organization New Mexico Xtreme Sports Association, Inc. 43-2089526 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II ) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 X An organization that normally receives. (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III–Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(ı) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (ii) EIN (i) Name of supported (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US2 Yes Yes No Yes No

Part	Support Schedule for Organiz	ations Desc	ribed in Sec	tions 170(b)(	1)(A)(iv) and	170(b)(1)(A)	(vi)	
	<ul> <li>(Complete only if you checked t</li> </ul>	he box on line	€ 5, 7, or 8 of	Part i.)				
Secti	on A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants").							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.		2					
	on B. Total Support				· · · · · · · · · · · · · · · · · · ·	t		
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4	<u></u>	1-7	(3) = 3.3	(4) 400	(5)	(1) / 0 10.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on			,				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10	<u> </u>						
12	Gross receipts from related activities, etc. (s			• •		12		
13	First five years. If the Form 990 is for the o organization, check this box and stop here ion C. Computation of Public Suppor	<u>.</u>		ırd, fourth, or fi	fth tax year as	a section 501(	c)(3) <b>-</b>	
	Public support percentage for 2009 (line 6,			column (f))		14		
14 15	Public support percentage from 2008 Sched			column (1))		15		
16a	33 1/3% support test–2009. If the organization qualifies a	ition did not ch	eck the box or		ne 14 is 33 1/3		eck this box	
b	b 33 1/3% support test–2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances test-2009. or more, and if the organization meets the "	facts-and-circu	mstances" tes	t, check this bo	ox and <b>stop he</b>	e <b>re.</b> Explain in f	Part IV how	
b	the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    \[ \bigsim							
18	Private foundation. If the organization did not cl	neck a box on lin	e 13, 16a, 16b,	17a ,or 17b, ched	ck this box and s	ee instructions	▶ 🗌	

Pari	Support Schedule for Organizations Described in Section 509(a)(2)								
Cont	(Complete only if you checked the A. Rublic Support	ne box on line	9 of Part I)	<del></del>			<del></del>		
	ion A. Public Support ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
	, , , , , , , , , , , , , , , , , , , ,	(a) 2003	(b) 2000	(6) 2001	(d) 2000	(e) 2003	(i) iotai		
1	Gifts, grants, contributions, and	ľ							
	membership fees received. (Do not include any "unusual grants")	8,280	25,101	5,179	125,528	332,478	496,566		
_	•	0,200	23,101	3,179	123,320	332,470	450,300		
2	Gross receipts from admissions, merchandise				1				
	sold or services performed, or facilities furnished				į				
	in any activity that is related to the	21,298	35,811	145,879	19,791	26,190	248,969		
3	organization's tax-exempt purpose Gross receipts from activities that are not an	21,290	33,011	143,079	19,791	20,190	240,909		
•	unrelated trade or business under section 513				89,748	123,318	213,066		
4	Tax revenues levied for the organization's				33,7.19	,			
	benefit and either paid to or expended on			1					
	its behalf								
5	The value of services or facilities			1					
	furnished by a governmental unit to the		ľ		Ì				
_	organization without charge			454.050		101 000			
6	Total. Add lines 1 through 5	29,578	60,912	151,058	235,067	481,986	958,601		
7 a	Amounts included on lines 1, 2, and 3		1			i			
	received from disqualified persons	<del></del>							
b	Amounts included on lines 2 and 3 received		İ						
	from other than disqualified persons that					ļ			
	exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year								
_	Add lines 7a and 7b								
8	Public support (Subtract line 7c from	Į į							
<u> </u>	line 6)	<u> </u>	l				958,601		
	tion B. Total Support endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(a) 2007	(d) 2008	(e) 2009	(f) Total		
Cale	endar year (or riscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(u) 2006	(e) 2009	(I) Total		
9	Amounts from line 6 .	29,578	60,912	151,058	235,067	481,986	<u>9</u> 58,601		
10a	· · · · · · · · · · · · · · · · · · ·								
	payments received on securities loans,			1					
	rents, royalties and income from similar		ا ا			2	7		
b	sources Unrelated business taxable income (less		- !		3	3			
U	section 511 taxes) from businesses								
	acquired after June 30, 1975		ļ						
С	Add lines 10a and 10b .		1		3	3	7		
11	Net income from unrelated business						<u> </u>		
	activities not included in line 10b,				İ				
	whether or not the business is regularly				1		i		
	carried on								
12	Other income Do not include gain or								
	loss from the sale of capital assets				İ				
13	(Explain in Part IV.) <b>Total support</b> . (Add lines 9, 10c, 11,					<del></del>			
13	and 12)	29,578	60,913	151,058	235,070	481,989	958,608		
14	First five years. If the Form 990 is for the or		<del></del>						
17	organization, check this box and stop here.	-	3t, 3000mg, time	u, 1001ti1, 01 111ti	i tax year as a	36011011 301(0)	(S) _ [		
Soc	tion C. Computation of Public Support		· · · · · · · · · · · · · · · · · · ·		<del></del>				
15	Public support percentage for 2009 (line 8, c		nd by line 12 o	olumn (ft)		45	100.000		
16	Public support percentage from 2008 Sched	• • •	•	olumin (1))		15 16	100 00%		
	tion D. Computation of Investment Inc			·		10	100 00%		
17	Investment income percentage for 2009 (line			o 12 column /	f)	47	· · · · · · · · · · · · · · · · · · ·		
18	Investment income percentage from 2008 S	,	•	e 13, column (	''))	17			
19a				line 14 and li	ne 15 is more t		nd line 17 is		
130	not more than 33 1/3%, check this box and s						<del></del>		
h	33 1/3% support tests–2008. If the organization						. <b>▶</b> X		
U	line 18 is not more than 33 1/3%, check this box a								
20	Private foundation. If the organization did r								
	are reconstruction in the organization and t			_, _,,,	and box and	555 HISH GCHOI	· •		

	n 990 or 990-EZ) 2009 No	ew Mexico Xtreme Sport	s Association, Inc		3-2089526 Page <b>4</b>
Part IV			is part to provide the expla		
	Part II, line 17a or	17b; and Part III, line 1	2 Provide any other additi	onal information. Se	e instructions
				·	
				• • • • • • • • • • • • • • • • • • • •	*
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#### **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Vame o	f the organization		Employer identification number
New I	Mexico Xtreme Sports Association, Inc		43-2089526
Part		or Advised Funds or Other Similar F	
	the organization answered "Yes" to		
		(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 d	onor advisors in writing that the assets he	eld in donor advised
	funds are the organization's property, subject	ct to the organization's exclusive legal cor	ntrol? . Yes No
6	Did the organization inform all grantees, dor	nors, and donor advisors in writing that gra	ant funds can be
	used only for charitable purposes and not for	r the benefit of the donor or donor adviso	r, or for any other
	purpose conferring impermissible private be	nefit?	Yes No
Part	I Conservation Easements. Comp	lete if the organization answered "Yes	s" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held	by the organization (check all that apply)	
•	Preservation of land for public use (e.g.		on of an historically important land area
			• •
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	ation held a qualified conservation contrib	ution in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ea		2b
С	Number of conservation easements on a ce		2c
d	Number of conservation easements include		2d
3	Number of conservation easements modifie	d, transferred, released, extinguished, or	terminated by the organization
	during the tax year		
4	Number of states where property subject to		
5	Does the organization have a written policy		tion, handling of
-	violations, and enforcement of the conserva		Yes No
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservat	ion easements during the year
	<b>•</b>		
7	Amount of expenses incurred in monitoring	, inspecting, and enforcing conservation e	easements during the year
	▶ \$		
8	Does each conservation easement reported	•	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		∐ Yes ∐ No
9	In Part XIV, describe how the organization		•
	balance sheet, and include, if applicable, th	<b>~</b>	s financial statements that describes
	the organization's accounting for conservat		
Par		ons of Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answere		<del></del>
1a	• • •		
	art, historical treasures, or other similar ass	•	•
	service, provide, in Part XIV, the text of the		
b	If the organization elected, as permitted un		
	historical treasures, or other similar assets	•	search in furtherance of public
	service, provide the following amounts rela		
	(i) Revenues included in Form 990, Part V	II, line 1	▶ \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of	f art, historical treasures, or other similar	
	following amounts required to be reported to	under SFAS 116 relating to these items:	
а	Revenues included in Form 990, Part VIII,	ine 1	<b>▶</b> \$
h			<b>P C</b>

Schedule D (Form 990) 2009

Part	III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures, c	or Oth	er Similar Ass	ets (continued)
3	Using the organization's acquisition,	accession, and o	ther recor	ds, chec	k any of the	followii	ng that are a sigr	nificant
	use of its collection items (check all	that apply):						
а	Public exhibition		d 📙	Loan	or exchange	progra	ms	
b	Scholarly research		e	Other				
С	Preservation for future genera	itions						
4	Provide a description of the organiza	ation's collections	and expla	iin how t	hey further th	ne orga	anization's exemp	ot purpose in
5	During the year, did the organization assets to be sold to raise funds rath							Yes No
David				-				<del></del>
Part	IV Escrow and Custodial Art IV, line 9, or reported an an	_	•		-	nswer	ed yes to For	m 990, Part
1a	Is the organization an agent, trustee					s or of	her assets not	
	included on Form 990, Part X?		00,	.a.a., .c.	00111110011011			Yes No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the	following	table:			
							An	nount
С	Beginning balance					1c		
d	Additions during the year					1d	<b>.</b>	
е	Distributions during the year				•	1e		
f	Ending balance		•			_1f		
2a	Did the organization include an amo		Part X, Irr	ne 21?				Yes X No
b	If "Yes," explain the arrangement in		. <u>.                                   </u>		1107 114 5			
Part	V Endowment Funds. Com							
4-	Daylana afwar halama	(a) Current year	(b) Prio	r year	(c) Two years	Dack	(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions  Net investment earnings, gains,	<del></del>				$\rightarrow$	<del></del>	
С	and losses				İ			
d	Grants or scholarships		l		_			
e	Other expenditures for facilities							
•	and programs				ł			
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of	f the year end bal	ance held	as.				" -
а	Board designated or quasi-endowm	ent 🕨						
b	Permanent endowment							
С	Term endowment ▶							
3a	Are there endowment funds not in the	he possession of	the organi	zation th	nat are held a	nd adr	ministered for the	
	organization by							Yes No
	(i) unrelated organizations			•				3a(i)
	(ii) related organizations				- 4-1- DO			3a(ii)
b	If "Yes" to 3a(II), are the related org							3b
Part	Describe in Part XIV the intended u  VI Investments—Land, Buil					t X lin	ne 10	
L CH	Description of investment	(a) Cost or o			st or other			(d) Book value
	·	(investri			s (other)		Accumulated epreciation	(u) book value
1a	Land							<del></del>
b	Buildings	<u> </u>		<u> </u>				
C	Leasehold improvements							<del></del>
d	Equipment		<del></del>	<del></del>	5,449		4,472	977
e Tota	Other	(d) must sound 5=	rm 000 0	od V ==	lump (D) line	10/-1	<del></del>	
1019	I. Add lines 1a through 1e (Column	u) must equal Fo	ни ээо, Р	ail A, CO	iumin (B), iine	; 10(C)	/ - 1	977

	14CW Mickies Attends opens Association,

organization's liability for uncertain tax positions under FIN 48.

Part VII			ne 12.
	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
nancial deriv	/atives		
osely-held e	equity interests		
-			
·			<del></del>
	• • • • • • • • • • • • • • • • • • • •		
al (Column (b) m	nust equal Form 990, Part X, col (B) line 12)	<b>•</b>	
		ated. See Form 990, Part X, li	ne 13
(a)	Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<del></del>			
		1	
		+	<del></del>
			· · · · · · · · · · · · · · · · · · ·
	nust equal Form 990 Part X col (B) line 13)	<b>P</b>	
	nust equal Form 990 Part X col (B) line 13)  Other Assets. See Form 990		
			(b) Book value
		), Part X, line 15.	(b) Book value
		), Part X, line 15.	(b) Book value
		), Part X, line 15.	(b) Book value
		), Part X, line 15.	(b) Book value
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		), Part X, line 15.	(b) Book value
		), Part X, line 15.	(b) Book value
		), Part X, line 15.	(b) Book value
		), Part X, line 15.	(b) Book value
		), Part X, line 15.	(b) Book value
Part IX	Other Assets. See Form 990	O, Part X, line 15. (a) Description	(b) Book value
Part IX	Other Assets. See Form 990	D, Part X, line 15. (a) Description  X, col (B) line 15)	
otal. (Colum	Other Assets. See Form 990  onn (b) must equal Form 990, Part Other Liabilities. See Form	X, col (B) line 15) 990, Part X, line 25	
otal. (Colum	Other Assets. See Form 990  on (b) must equal Form 990, Part Other Liabilities. See Form (a) Description of liability	D, Part X, line 15. (a) Description  X, col (B) line 15)	
otal. (Colum	Other Assets. See Form 990  on (b) must equal Form 990, Part Other Liabilities. See Form (a) Description of liability	X, col (B) line 15) 990, Part X, line 25	
otal. (Colum	Other Assets. See Form 990  on (b) must equal Form 990, Part Other Liabilities. See Form (a) Description of liability	X, col (B) line 15) 990, Part X, line 25	
otal. (Colum	Other Assets. See Form 990  on (b) must equal Form 990, Part Other Liabilities. See Form (a) Description of liability	X, col (B) line 15) 990, Part X, line 25	
otal. (Colum	Other Assets. See Form 990  on (b) must equal Form 990, Part Other Liabilities. See Form (a) Description of liability	X, col (B) line 15) 990, Part X, line 25	
otal. (Colum	Other Assets. See Form 990  on (b) must equal Form 990, Part Other Liabilities. See Form (a) Description of liability	X, col (B) line 15) 990, Part X, line 25	
otal. (Colum Part X	Other Assets. See Form 990  on (b) must equal Form 990, Part Other Liabilities. See Form (a) Description of liability	X, col (B) line 15) 990, Part X, line 25	
otal. (Colum Part X	Other Assets. See Form 990  on (b) must equal Form 990, Part Other Liabilities. See Form (a) Description of liability	X, col (B) line 15) 990, Part X, line 25	
Part IX	Other Assets. See Form 990  on (b) must equal Form 990, Part Other Liabilities. See Form (a) Description of liability	X, col (B) line 15) 990, Part X, line 25	
otal. (Colum	Other Assets. See Form 990  on (b) must equal Form 990, Part Other Liabilities. See Form (a) Description of liability	X, col (B) line 15) 990, Part X, line 25	
otal. (Colum Part X	Other Assets. See Form 990  on (b) must equal Form 990, Part Other Liabilities. See Form (a) Description of liability	X, col (B) line 15) 990, Part X, line 25	
otal. (Colum	Other Assets. See Form 990  on (b) must equal Form 990, Part Other Liabilities. See Form (a) Description of liability	X, col (B) line 15) 990, Part X, line 25	
otal. (Colum Part X ederal incon	Other Assets. See Form 990  on (b) must equal Form 990, Part Other Liabilities. See Form (a) Description of liability	X, col (B) line 15) 990, Part X, line 25	

Schedi	Jie D (Form 990) 2009			Pag
_Part	-XI Reconciliation of Change in Net Assets from Form 990	to Audited Financia	Sta	tements
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	481,9
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	457,2
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	24,7
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	24,7
Par		nents With Revenue	per	Return
1	Total revenue, gains, and other support per audited financial statements		L	1 543,5
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains on investments	2a		
þ	Donated services and use of facilities	<b>2b</b> 61,5	51	
C	Recoveries of prior year grants	2c	_	
d	Other (Describe in Part XIV)	2d	_	
е	Add lines 2a through 2d .			<b>2e</b> 61,5
3	Subtract line 2e from line 1		L	3 481,9
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		Ŀ	4c
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5 481,9
Par	t XIII Reconciliation of Expenses per Audited Financial State	ments With Expens	es p	er Return
1	Total expenses and losses per audited financial statements			1 518,8
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities .	2a 61,	551	
b	Prior year adjustments .	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		L	<b>2e</b> 61,
3	Subtract line 2e from line 1		L	3 457,
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b .		L	4c
_ 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Iii	ne 18)	_	<b>5</b> 457,
Par	t XIV Supplemental Information			
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, ar part to provide any additional information	nd Part XIII, lines 2d and	d 4b	
		·····		
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	43-2009320	New Mexico Atreme Sports Association, inc	
Page <b>5</b>	_ <u></u>	990) 2009	Schedule D (Form
		Supplemental Information (continued)	Part XIV
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#### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

See separate instructions

OMB No 1545-0047
20**09** 

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 43-2089526 New Mexico Xtreme Sports Association, Inc Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (II) Activity (III) Did fundraiser have (i) Name of individual (vi) Amount paid to (iv) Gross receipts (or retained by) or entity (fundraiser) custody or control of from activity (or retained by) fundraiser listed in contributions? organization col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2009

-Pa	rt-l				es" to Form 990, Part IV ss receipts greater than		report	ed
		,	(a) Event #1 Snow Show (event type)	(b) Event #2 (event type)	(c) Other events  NONE (total number)	(d) Tota (add col	el events (a) throug (c))	jh
Revenue	1 2	Gross receipts Less Charitable contributions	42,690		1		42	2,690
	3	Gross income (line 1 minus line 2)	42,690				42	2,690
	4	Cash prizes						
ses	5 6	Noncash prizes  Rent/facility costs	12,083				12	2,083
Direct Expenses	7	Food and beverages	2,624				2	2,624
Direc	8	Entertainment	125				- ,	125
	9	Other direct expenses	27,404	<del></del>			27	7,404
Pa	10 11	Net income summary Co	mbine line 3, column (d), and the organization answ	and line 10	990, Part IV, line 19, or r	eported mo		,236) 454
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total ( col (a) thro		
- <u>~</u>	1	Gross revenue						
ses	2	Cash prizes						
rect Expenses	3	Noncash prizes						<del></del>
Direct	4	Rent/facility costs						
	5		Yes	Yes	Yes			
	7		Add lines 2 through 5 in	column (d)	No ►			
		·	nary Combine line 1, colu		•		•	
9		Enter the state(s) in which th					Yes	No
	a	s the organization licensed if "No," explain.		es in each of these state		9a		
		Were any of the organization If "Yes," explain				10a		
1·	1	Does the organization opera		onmembers?				
1:		Is the organization a grantor	, beneficiary or trustee of		a partnership or other entit			

					Yes	No
13	Indicate the percentage of gaming activity operated in:					
а	The organization's facility	13a				
b	An outside facility	13b		]		
14	Enter the name and address of the person who prepares the organization's gaming/	specia	l events books	1		
	and records:			1		
	Name ▶					
		· ·	• • • • • • • • • • • • • • • • • • • •			
	Address ▶					
		· ·				
15a	Does the organization have a contract with a third party from whom the organization	receiv	es gaming			
	revenue?			15a		ĺ
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$		and the			
	amount of gaming revenue retained by the third party ▶ \$	· ·	• • • • • •			
С	If "Yes," enter name and address of the third party					
	Name ▶					
			•	İ		
	Address ▶					
16	Gaming manager information					
	Name N					
	Name ▶		•••••			
	Coming manager companyation					
	Gaming manager compensation > \$					
	Description of services provided					
	Description of services provided					<u> </u>
	Director/officer Employee Independent contract	ctor		İ		1
		COI				
17	Mandatory distributions					
'' a	Is the organization required under state law to make charitable distributions from the	namir	a proceeds to			
a	retain the state gaming license?	garriii	ig proceeds to	17a		
h	Enter the amount of distributions required under state law to be distributed to other e	vemnt	organizations	''a		<del> </del>
,	or spent in the organization's own exempt activities during the tax year > \$	vembr	Organizations			
	or open an and organization of our oxempt detirities during the tax year.			<u> 1</u>	<u></u>	<u> </u>

# SCHEDULE L

(Form 990 or 990-EZ)

### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Open To Public

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Inspection Employer identification number

New Mexico Xtreme Sports Association, Inc					43-2089526								
Part I Excess Benefit Transactions Complete if the organization answ	s (section								, line 40	)b			
1 (a) Name of disqualified person			(b) Description of transaction								(c) Correc		
(4)									Yes	No			
<ul> <li>2 Enter the amount of tax imposed on tounder section 4958</li> <li>3 Enter the amount of tax, if any, on line</li> </ul>						ons du	ring th	e year	<b>•</b>	\$ \$			
Part II Loans to and/or From Into													
Complete if the organization a  (a) Name of interested person and purpose	(b) Loan	to or from	(c) Ongi principal ar	nal	(d) Balance due						proved ard or	ved (g) Wr or agreen	
	То	From					Yes	No	Yes	No	Yes	No	
Sport Systems - Duane Kinsley Provide ope	X			21,000	11,147		11,147 X		X			X	
Fadal				<b>\$</b>		11,147			 				
Part III Grants or Assistance Ber Complete if the organization a		_		ons.		11,147			L	<u>-</u>	<b>I</b>		
(a) Name of interested person			p between inter	ested per			(c) Amo	ount of g	rant or ty	pe of as	sistance	:	
							-						
									•				
Part IV Business Transactions Ir Complete if the organization a					IV, line 28a	ı, 28b, d	or 28c.						
(a) Name of interested person	, ,	elationship sted perso organizat	on and the		amount of	(0	d) Descr	iption of	transact	ion	organi	aring of zation's nues?	
	-	<u> </u>				-					Yes	No	
	<u> </u>			· <u>-</u>		<del> </del>					1	<del>                                     </del>	
						-					ļ	<u> </u>	
			ž.								1	1	

### **SCHEDULE O** (Form 990)

# Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

43-2089526

Department of the Treasury Internal Revenue Service Name of the organization

New Mexico Xtreme Sports Association, Inc.

➤ Attach to Form 990.

Form 990 Part VI Section B Line 11 The Draft 990 is completed by the auditor, with guestions
answered by the business manager and the two co-directors of operations. Once the 990 is completed,
it is reviewed one more time by the office manager and the two co-directors of operations, before
being forwarded to the Board Treasurer for review. After approval by the Treasurer, the 990 is
finalized and signed. It is then distributed to the full Board of Directors prior to filing with the
IRS
Form 990 Part VI Section B Line 12c Board members and Directors are asked to disclose conflicts of
interest at the beginning of each fiscal year
Form 990 Part VI Section B Line 15 All employees go through an annual review Employee are eligible
for raises only during this time. A raise is determined on individual performance, market value, and
ıf there ıs room in the budget to justıfy any raıses
Form 990 Part VI Section C Line 19 The governing documents, conflict of interest policy, and
financial statements are maintained with the Organization and available to the public upon request.
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