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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

	rtment of that Reve <u>nu</u>	he Treasury le Ser <u>vice</u>	► The organization may have to use a copy of this return to satisfy state rep	orting requirements		Inspection
Α	For the	2012 ca	endar year, or tax year beginning , and en			
В	Check if a	pplicable	C Name of organization New Mexico Xtreme Sports Association, Inc	D Employer	dentifica	ation number
	Address o	hange	Doing Business As	43-2089526		
	Name cha	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone	number	
\sqcap	Initial retu	ırn	508 1st Street NW	(505) 296-27	738	
Ħ.	Terminate	ed	City, town or post office, state, and ZIP code			
=	Amended		Albuquerque NM 87102	G Gross rece	ipts \$	355,554
\equiv		n pending	F Name and address of principal officer	H(a) Is this a group retur	n for affil	liates? Yes X No
٠ ــــا	фриса	poag	Patrick Baldonado 10412 Peno Pl. NW, Albuquerque, NM 87114	H(b) Are all affiliates incl	uded?	Yes No
	-			If "No," attach a list		structions)
	ax-exem					•
<u>J \</u>	<u> Vebsite</u>	: ► ww	w nmxsports org	H(c) Group exemption n	umber =	
KF	orm of O	rganization	X Corporation Trust Association Other ▶ L Yea	r of formation 2005	M Sta	ate of legal domicile NM
P	art I	Su	mmary			
	1	Briefly o	escribe the organization's mission or most significant activities NM X	treme Sports Asso	ciation,	Inc is a
	l	youth-fo	cused, youth-driven, avenue to introduce, develop and professionally impl	ement		
age .		skills in	the arts, music, outdoor recreation, and nontraditional sports through		 -	
Activities & Governance		mentors	hips, lifestyle events, and entrepreneurial opportunitites to enhance NM yo	outh's		***************************************
ove.	2	Check t	his box I if the organization discontinued its operations or disposed	of more than 25% of	of its ne	et assets
<u>ග</u> න	3	Number	of voting members of the governing body (Part VI, line 1a)		3	9
e s	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4	9
\ \frac{1}{2}	5	Total nu	mber of individuals employed in calendar year 2012 (Part V, line 2a) .		5	8
1 5	6	Total nu	imber of volunteers (estimate if necessary)		6	150
•	7a	Total ur	related business revenue from Part VIII, column (C), line 12		7a	
-	b_	Net unr	elated business taxable income from Form 990-T, line 34		7b	
3				Prior Year		Current Year
פ כ	8		utions and grants (Part VIII, line 1h)	264	,489	268,176
Revenue	9		n service revenue (Part VIII, line 2g)	29	,442	11,456
₽è	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		8	11
ŽŪ	11		evenue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11e)	113	,946	65,073
SCANNED Revenu	12		renue—add lines 8 through 1/1 (must equal Par Wil Frommin (A) line 12)	407	<u>,885 </u>	344,716
<u>تر</u>	13		and similar amounts paid (Par IX, column (A), lines 1-3)			_
~	14	Benefit	s paid to or for members (Fight IX, column (A), line 4)			
es	15	Salaries	, other compensation, employed benefits (Part K, & Blum (A) lines 5-10)	207	7,688	186,101
Expenses	16a	Protess	ional fundraising fees (Part IX, column (A), line 11e)	, ~~~ *, \$ a# / m	W-5	
핓	b	Other	ndraising expenses (Part X, column P) (P) 7,350			
	17		xpenses (Part IX, column (A), lines 11a-11d, 111-24e)		5,776	181,317
	18 19		openses Add lines 13–17 (must equal Part IX, column (A), line 25)		3,464	367,418
- E		neven	e less expenses Subtract line 18 from line 12.	Beginning of Current	5,579	-22,702
Assets or	20	Total	ssets (Part X, line 16)			End of Year
Ass	21		abilities (Part X, line 26)		2,594	91,011
Not /	22		ets or fund balances Subtract line 21 from line 20		9,694 2,900	50,813
	art II	_	gnature Block		2,9001	40,198
		ties of periu	ry, I declare that I have examined this return, including accompanying schedules and statements	and to the hest of my ki	nowledge	
and	belief, it	is true cor	ect, and on plete Declaration of pregarer (other than officer) is based on all information of which	h preparer has any know	l e dge	
e:	a n		Malle 7. Kraude	8/	141	2013
	gn	7	Signature of officer	Date	7	
111	ere		ANDREW E. BRAMAN, EXECUTIVE	E DIRECT	TOV.	7
		🔻	Type or print name and title			
		Pr	nt/Type preparer's name Preparer's signature	Date		PTIN
Pa	aid	 	aryn Cover Kharyn Carea		heck L	f
	repare	·	7.		elf-empl	1.0.100.00
U	se On	עי 🦟	m's name ► Kharyn Cover, CPA, PC	Firm's EIN ▶	85-04	74715
_		Fu	m's address ► 9636 Villa Del Rey NE, Albuquerque, NM 87111	Phone no	505-7	2 97-0995
M	ay the l	RS discu	ss this return with the preparer shown above? (see instructions) .			X Yes No

Form **990** (2012)

For Paperwork Reduction Act Notice, see the separate instructions.

Pari	 Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		
		• •	
	Briefly describe the organization's mission		
	NAME AND COURTS Appropriate the second transfer devices devices and provide the introduces		
	at the season of		
	pentred the pal coarte through montarchine lifestille events, and entrepreneural		
	opportunitites to enhance New Mexico youth's quality of life and community involvement in a		
	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		
	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.		
	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by	/
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 200,054 including grants of \$) (Rever	nue \$	5,993)
74	Warehouse 508 provides a wide range of programming and events geared towards youth in New Mexico	ιωο ψ	41470)
	Market Control Control Control	· · · · · · · · · · · · · · · · · · ·	
	and staff implement programs from concept to completion, including rock concerts, poetry slams and	·	
	the state of the setting along a state of the setting and for the setting and for the setting and the setting		
	projects such as a youth-run retail store The Youth Creative Council consists of youth and young		
	17. 00 I COO I COO II COO		
		·- ·	
4b	(Code) (Expenses \$ 110,483 including grants of \$) (Rever	nue \$	5,463)
	NMX Sports provides safe, structured and affordable ways for youth to participate in		
	and the second s		
	consider the community converse while covers gradity applicable to NIMV and COO trans, workshape		
	alana and an area Albay balance at the sure of the sur		• • • • • • • • • • • • • • • • • • • •
	and / or arranges learn-to programs nearly every weekend, year round		
4c	(Code) (Expenses \$ including grants of \$) (Reve	nue \$)
		• • • • • • • • • • • • • • • • • • • •	
		• • • • • • • • • • • • • • • • • • • •	
	Other was a server (Developed Association Control of the Control o		
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$		

Part IV Checklist of Required Schedules

1			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	<u>X</u>	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
	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		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			}
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	J		T
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	_	١.	,
	VII, VIII, IX, or X as applicable.		ž	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b	 	X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"		 ``	1
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	g diagonic outline of the children	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b	+	<u>×</u>
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15	\vdash	X
-	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10	+-	X
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>	1	 ^
	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? If "Yes," complete Schedule G, Part III	1.0		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	+	 X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
	2 de la composition della comp	1201	<u> </u>	

 New Mexico Xtreme Sports Association, Inc
 Checklist of Required Schedules (continued) Part IV

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		Χ_
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 2º If "Yes," complete Schedule I, Parts I and III	22		_X
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		<u>X</u>
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	04-		, , , , , , , , , , , , , , , , , , ,
	24b through 24d and complete Schedule K. If "No," go to line 25	24a 24b		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		-
U	to defease any tax-exempt bonds?	24c		X
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			1
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Х	<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			,
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		X
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	,	7 "	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		 ^-
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
04	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	<u> ×</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			
32		31		<u>X</u>
JE	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		1	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	+	X
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	55	 	+^-
	III, or IV, and Part V, line 1	34		×
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
27	organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	┼	 × -
-	19? Note. All Form 990 filers are required to complete Schedule O			
	The state of the s	38	X	Щ.

Enter the number of ported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable Did be de organization comply with backup withholding rules for reportable gaming (gambing) withing 5 to prace with rest organization comply with backup withholding rules for reportable gaming (gambing) withings to prace with rest organization comply by with backup withholding rules for reportable gaming (gambing) withings to prace with rest organization for employees reported on Form W-3, Transmittal of Wage and Tax Batternenis, field for the calendary year ending with or within the year covered by this return 2a B 2a	Pari			1	<u> </u>
1a Enter the number reported in Box 3 of Form 1006 Enter 0-4 not applicable Enter the number of Forms W-26 included in the 12. Enter-0-4 not applicable On the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to orgae winners? 2a Enter the number of employees reported on Form W-3, Transmittal off Wage and Tax gaming (gambling) winnings to orgae winners? 2a Enter the number of employees reported on Form W-3, Transmittal off Wage and Tax Shartemests, field for the calandar year ending with or within the year covered by the set unit of the Shartemest of the Sh		Check if Schedule O contains a response to any question in this Part V	·		<u> </u>
be Einer the number of Forms W-26 included in line 1a, Enter -0- if not applicable Dot the organization comply with backup withfolding rules for reportable payments to vendors and reportable gaming (gambling) with backup withfolding rules for reportable payments to vendors and reportable gaming (gambling) with backup withfolding rules for reportable payments to vendors and reportable statements, filed for the calendar year ending with or within the year covered by this return Statements, filed for the calendar year ending with or within the year covered by this return Statements, filed for the calendar year ending with or within the year covered by this return Statements, filed for the calendar year ending with or within the year covered by this return Statements, filed for the calendar year define gross income of \$3.000 or more during the year? Statements and the sum of lines at an da as greater than 250, you may be required to e-file (see instructions) 30. If the sum of lines at an da as greater than 250, you may be required to e-file (see instructions) 31. At any time during the calendar year, did the organization as an interest in or a signature or other authority over, a financial account? 31. At any time during the calendar year, did the organization as an interest in or a signature or other authority over, a financial face and the foreign country 4. At any time during the calendar year, did the organizations as any time during the tax year? 32. At any time during the calendar year, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization related annual face and the area or organization and the organiza				Yes	
but the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2a. Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax. Statements, field for the calendar year endoing with or within the year covered by this return. 2	_		,	6 75.87 Yuke	
agaming (gambling) winnings to pize winners? Either 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. 8			~ .	3.00	ter.
2a Eleter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field for the caleadar year anding with or within the year covered by this return 2a 8 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C	- · · · · · · · · · · · · · · · · · · ·	1	′ ~ '	Ì
Statements, flied for the calendar year ending with or within the year covered by this return 2 8 3 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22			- T-S	
Note, If the sum of lines 1a and 2a is greater than 250, you may be required to de-file (see instructions) Note, If the sum of lines 1a and 2a is greater than 250, you may be required to de-file (see instructions) 2	20		,	1 1	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2	b		2b		-
b if "Yes," has it flied a Form 990-T for this year? If "No." provide an explanation in Schedule O 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 ver, a financial account in a foreign country b if "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? Sa			367	****	
4a At any time during the calendar year, dot the organization have an interest in. or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' either the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for thing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for thing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for Financial Accounts See instructions of Financial Accounts See instructions for Financial Accounts Section SOI (C)(72) qualifications for Financial Accounts Section SOI (C)(72)	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
over, a financial account in a foreign country (such as a bank account, or other financial account)? b If "Yes," enter the name of the foreign country b If "Yes," enter the name of the foreign country b If "Yes," enter the name of the foreign country was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 58	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
account) b If "Yes," enter the name of the foreign country b If "Yes," enter the name of the foreign country See instructions for 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? 5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X ci if "Yes" to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sholt any contributions that it were not tax deductible as charitable contributions? 6b If "Yes" of did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization sholted with every solicitation and express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 9 If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract? 9 To Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 If the organization received a contribution of cars, boats, anglines, or other vehicles, did the organization. 9 If the organization make a distribution under section 4966? 9 Sponsoring organizations maintaining donor advised funds and section 509(a) supporting organizations. Did the surporting organization or advised funds. 9 In the organization make a distribution to a donor, donor advised funds. 9 In the or	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
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b Gross income from other sources (Do not net amounts due or paid to other sources 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? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14a Did the organization is licensed to issue qualified health plans in more than one states in which the organization is licensed to issue qualified health plans 15 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 15 Enter the amount of reserves on hand 16 When the organization receive any payments for indoor tanning services during the tax year? 16 When the titled of Farm 700 to account the content of the sources and the same titled of Farm 700 to account the organization the organization that is a service is during the tax year?					
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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 11a Xeight of the Account the amount of the amount of the amount of the amount of the any payments for indoor tanning services during the tax year?				5 A	
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," beaut filed a Form 700 to several theory are serviced for mindoor tanning the tax year?	b		7.		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? It "Yes" beaut filed a Farm 700 to serve the received or accrued during the year 12b 13a 13a 13a 13b 13b	10-	· · · · · · · · · · · · · · · · · · ·	المنتشر	.] •	3.
Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	 	4	<u> </u>
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a X			```'		
Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X					1 30
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	u		132	-	
the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b		3	1 4	72.75
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	_	and the second s	1 - 1		1
Did the organization receive any payments for indoor tanning services during the tax year? 14a X	С		-	1 3	
h If "Voo " hoo it filed a Form 700 to separat these separat O K "No."		[100]			1
	b				†^

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI... Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, b stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a Each committee with authority to act on behalf of the governing body? Х 8b is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 Х 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 ► NM Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest 19 policy, and financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the New Mexico Xtreme Sports Association, Inc (505) 296-2738 508 1st Street NW, Albuquerque, NM 87102

orm 990 (2012) New Mexico Xtreme Sports Associa									43-208952	26 Page 7	7
Part VII · Compensation of Officers, Direct	tors, Trustee	s, K	ey E	Em	plo	yees,	Hig	ghest Compe	ensated	-	
 Employees, and Independent Co 										_	
Check if Schedule O contains a re	_ ` •										_
ection A. Officers, Directors, Trustees, Key En					_						_
a Complete this table for all persons required to be list	sted Report cor	npens	satio	on fo	or th	e cale	nda	r year ending w	ith or within the		
rganization's tax year											
• List all of the organization's current officers, dir						uals or	org	janizations), reg	jardless of amou	ınt	
 f compensation Enter -0- in columns (D), (E), and (F List all of the organization's current key employ 	•			-		definiti	on 6	of "key employe	ю ^п		
 List the organization's current key employ List the organization's five current highest com 										vee)	
who received reportable compensation (Box 5 of Form											
organization and any related organizations											
 List all of the organization's former officers, key 							i en	nployees who re	eceived more tha	an .	
100,000 of reportable compensation from the organi				-				_	_		
 List all of the organization's former directors organization, more than \$10,000 of reportable competents. 										:he	
ust persons in the following order individual trustees compensated employees, and former such persons	or directors, ins	titutio	naii	trus	tees	s, office	ers,	key employees	, highest		
Check this box if neither the organization nor any	related organiz	ation	com	nper	nsat	ed any	cu:	rrent officer, dire	ector, or trustee		
				(C	>)		Ī				
	(5)			Posi		46		(5)	(5)	.	
(A) Name and Title	(B) Average	box,	unles	s pe	rson	than on is both a	n 📗	(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week (list any			-		or/trustee		compensation from	compensation from related	amount of other	
	hours for related	Individual trustee or director	Institutional	Officer	Кеу є	Highest co	Former	the organization	organizations (W-2/1099-MISC)	compensation from the	
	organizations	dual ecto	tion	4	employee	st co	۳	(W-2/1099-MISC)	(W-2/1093-WII3C)	organization	
	below dotted line)	rus	al tru		уее	mpe				and related organizations	
	•	8	trustee			Highest compensated employee					
			Ľ		<u></u>	řed					_
(1) Patrick Baldonado	5 00				1	I	Т				

	hours per	office	er an	dad	irect	or/trust	ee)	compensation	compensation	amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Patrick Baldonado	5 00									
President		X	<u> </u>	X	ļ		↓_			
(2) Jacqueline Vigil	2 00	1						}		
Vice President	·	X	<u> </u>	X	ļ	<u> </u>	<u> </u>			
(3) Duane Kınsley	5 00	1		ļ			ļ			
Treasurer		X		X	Ļ.,		_			
(4) Cynthia Hughes	5 00									
Secretary		X	L.	X	<u> </u>		\perp			
(5) Valeria Ojeda	2 00						Ì			
Director		X	<u> </u>				<u></u>		<u></u>	
(6) Carlos Vigil	2 00					1				
Director		X		L		İ			<u></u>	
(7) Adam Halpren	2 00									
<u>Director</u>		X					_		<u> </u>	ļ
(8) Pat Hernandez	2 00				T					
Director		X								
(9) Matt Deller	2 00		T							
<u>Director</u>		X			i					
(10) Andy Braman	40 00)			Τ					
Executive Director	I.			X	-		ļ	42,755	5	2,155
(11)										
(12)			+	+	\dagger	-			<u> </u>	
(13)		-				†				
(14)		-	1		\dagger	-	1			

Pai	t VII 5 Section A. Officers, Directors, Tru	stees, Key Em	ploye	es,	and	1 Hi	ghes	t Co	ompensated Em	ployees (cor	ntinued)		
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	unles er and	Pos ieck is pe	rson	ha box Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MIS	con (C) (organ	(F) stimated mount of other npensation from the ganization d relate	f ion on ed
(15)			<u> </u> 				<u>e</u>				-		
(16)					-						-		
(17)				<u> </u>	-	ļ		-					
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(22)	······································											-	
(23)													
(24)													
(25)													
1b c	Sub-total Total from continuation sheets to Part VII, S	Section A			1		1	>	42,755	5		2	2,155
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization		isted		ve)	who	rece	eive	42,755 d more than \$10			2	2,155
3	Did the organization list any former officer, die employee on line 1a? <i>If "Yes," complete Sche</i>	dule J for such i	ndıvıc	lual	ĺ		Ì		•		3		No X
4	For any individual listed on line 1a, is the sum the organization and related organizations greindividual										4		×
5	Did any person listed on line 1a receive or according for services rendered to the organization? If "									ividual	5		×
Sec 1	tion B. Independent Contractors Complete this table for your five highest component compensation from the organization. Report of year	pensated indepe compensation fo	ndent	t coi cale	ntra nda	ctor ir ye	s that	rec	ceived more than g with or within t	s \$100,000 of the organization	on's tax		
_	(A) Name and business ad	ddress							(B) Description of s	ervices		(C) ensation	n
_								+					
					•			\pm					
2	Total number of independent contractors (inc		nited	to ti	nose	e lis	ted al	bov	e) who received				

Total. Add lines 11a-11d

Total revenue. See instructions

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (C) (B) (D) Total revenue Related or Unrelated Revenue exempt business excluded from tax under sections function revenue 512, 513, or 514 revenue 1a Federated campaigns Contributions, Gifts, Grants Similar Amounts 1b b Membership dues 1c C Fundraising events 1d d Related organizations Government grants (contributions) 1e 184,009 All other contributions, gifts, grants, and and Other similar amounts not included above 1f 84,167 Noncash contributions included in lines 1a-1f \$ 26,016 268,176 Total. Add lines 1a-1f **Business Code** Revenue 11.456 2a Program Participation Fees 624110 11 456 Service All other program service revenue 1 - 1 - 1 - 1 · 1 · 1 Total. Add lines 2a-2f ▶ 11,456 Investment income (including dividends, interest, and other similar amounts) . . . Income from investment of tax-exempt bond proceeds ▶ 5 Royalties (ı) Real (II) Personal Gross rents 17,716 Less rental expenses 770 Rental income or (loss) 16,946 Net rental income or (loss) 16,946 16,946 (i) Securities (ii) Other Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses Gain or (loss) С Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 16,291 **b** Less direct expenses . 8,555 Net income or (loss) from fundraising events 7,736 Gross income from gaming activities See Part IV, line 19 а **b** Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 41,629 Less cost of goods sold 1,513 Net income or (loss) from sales of inventory 40,116 Miscellaneous Revenue **Business Code** 11a Other Income 624110 275 b С All other revenue .

. - - . ; ,

68,793

275

344,716

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)

	Check if Schedule O contains a response to any qu	uestion in this Part I	X		
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				Butter and the second
2	Grants and other assistance to individuals in the			الماري أماري الماري الماري ماري من الماري الماري	
	United States See Part IV, line 22				
3	Grants and other assistance to governments,	j		The state of the s	
	organizations, and individuals outside the				
_	United States See Part IV, lines 15 and 16			***	A - 80 64 15 12 12 12 12 12 12 12 12 12 12 12 12 12
4	Benefits paid to or for members			***	
5	Compensation of current officers, directors,	40.755	05.407	C 440	055
_	trustees, and key employees	42,755	35,487	6,413	855
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	121,836	120,463	830	543
8	Pension plan accruals and contributions (include	121,030	120,403	630	543
·	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,464	6,106	295	63
10	Payroll taxes	15,046	14,282	662	102
11	Fees for services (non-employees)	10,040	14,202	002	102
а	Management				
b	Legal	19,744		19,744	
c	Accounting	13,165	10,256	2,342	
d	Lobbying	,			
е	Professional fundraising services See Part IV, line 17			*	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column		, , , , , , , , , , , , , , , , , , , ,		
	(A) amount, list line 11g expenses on Schedule O)	2,500			2,500
12	Advertising and promotion	2,751	2,627		124
13	Office expenses	25,434	16,837	6,968	1,629
14	Information technology				
15	Royalties				
16	Occupancy	17,190	12,160	4,639	391
17	Travel				-
18	Payments of travel or entertainment expenses		1		
40	for any federal, state, or local public officials	, , , , , , , , , , , , , , , , , , , ,			
19	Conferences, conventions, and meetings				
20	Interest	512		512	
21 22	Payments to affiliates	4.007			
23	Depreciation, depletion, and amortization Insurance	1,237	7.004	1,237	+ · · · · · · · · · · · ·
24	Other expenses Itemize expenses not covered	10,164	7,994	2,094	76
	above (List miscellaneous expenses in line 24e If		- ر میر		
	line 24e amount exceeds 10% of line 25, column		T work		建设部 化工程数
	(A) amount, list line 24e expenses on Schedule (A)	-	74		
а	Program Expenses	75,084	74.020	146	***************************************
b	Small Equipment and Grantor Owned Equip	1,222	74,938 1,222		2 4
c	Automobile expenses	2,779			
d	Equipment Rent and Maintenance	5,193		1,153	
e	All other expenses	4,342			
25	Total functional expenses. Add lines 1 through 24e	367,418			
26	Joint costs. Complete this line only if the	307,418	310,337	49,53	7,350
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here]		
	following SOP 98-2 (ASC 958-720)				

34

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 25,611 1 30,696 48,018 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 18,617 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 1.75550 Le. organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 7,287 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 11,664 Less accumulated depreciation 10b 6.338 348 10c 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 92,594 16 91,011 17 Accounts payable and accrued expenses 17,697 17 27,215 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Liabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 11.997 22 18,997 23 Secured mortgages and notes payable to unrelated third parties 23 4,601 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 29,694 Organizations that follow SFAS 117 (ASC 958), check here | X | and Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 59,223 27 28 Temporarily restricted net assets 3.677 28 or Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Net Assets 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances

40,198

91,011

62,900

92.594

33

34

Form 9	90 (2012) New Mexico Xtreme Sports Association, Inc	43-2	089526	Page 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		344,716
2	Total expenses (must equal Part IX, column (A), line 25)	2		367,418
3	Revenue less expenses Subtract line 2 from line 1	3		-22,702
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		62,900
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10		40,198
Part				
	Check if Schedule O contains a response to any question in this Part XII		· · · · · ·	Yes No
1 2a	Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis			A STATE OF THE STA
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis		2b	X
С	X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	f	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	×
b	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		3b	
			Form	990 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047
2012

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Name of the organization

New Mexico Xtreme Sports Association, Inc

43-2089526

Par				arity Status (All org						Siruction	15		
	rgan			on because it is (For l									
1	닑			hes, or association of			ın sectioi	1 1/0(0)(I)(A)(I).				
2	片			170(b)(1)(A)(ii). (Atta			-4: 170	/L\/4\/A\	/:::X				
3	爿	•	="	spital service organiza						4\(6\(111)	Catast		
4	<u></u>	hospital's nan	ne, city, and stat										
5	لــا	•	•	he benefit of a college Complete Part II)	or univers	sity owned	or opera	ted by a g	jovernmer	ntal unit d	escribe	d	
6		A federal, sta	te, or local gover	rnment or government	al unit des	cribed in s	ection 17	70(b)(1)(A	A)(v).				
7		-	-	receives a substantial)(A)(vi). (Complete Pa		support fr	om a gov	ernmenta	l unit or fr	om the ge	eneral p	ublic	
8		A community	trust described i	n section 170(b)(1)(A)(vi) (Com	nplete Par	t II)						
9	X	receipts from support from	activities related	receives (1) more than It o its exempt function it income and unrelated after June 30, 1975 Se	s—subjec d business	t to certair taxable i	n exception ncome (le	ons, and (i ess section	2) no more n 511 tax)	e than 33	1/3% o	f its	3
10		An organizati	on organized an	d operated exclusively	to test for	public sa	fety See	section 5	609(a)(4).				
11 e		purposes of c 509(a)(3). Ch a Type By checking to persons other	one or more publiced the box that b	that the organization in managers and other	ations des supporting HII–Functi s not contr	cribed in some organization org	ection 50 tion and c grated ctly or ind	9(a)(1) or complete I d T T T	r section 5 ines 11e t ype III–No one or mo	509(a)(2) through 1 on-functio ore disqua	See se 1h nally int alified	egrate	d
f				written determination	from the IF	RS that it i	s a Type	I, Type II,	or Type I	ll support	ıng		
g		. •		he organization accept	ted any gif	t or contril	oution froi	m any of t	the				
				or indirectly controls, e		_	•	ersons de	scribed in	(11)		Yes	No
			_	erning body of the sup		anızatıon'	7				11g(i)	ļ	<u> </u>
				person described in (i) v of a person described		ı) abovo3					11g(II)		<u> </u>
h				tion about the supporte		•					11g(III)	L	<u> </u>
(1)		e of supported ganization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the o in col (i) his governing o	rganization sted in your	the organ	ou notify nization in of your oort?	organiza (i) organi	Is the tion in col ized in the S?	(vii) Am	nount of m support	onetary
					Yes	No	Yes	No	Yes	No		_	
(A)													
(B)							-						
(C)													
(D)													
(E)											+		· · · · · ·
Tota							-						

P <u>art</u>	•Support Schedule for Organizat (Complete only if you checked the Part III. If the organization fails to	box on line 5	5, 7, or 8 of Pa	art I or if the d	organization fa	illed to qualify	under
Sact	ion A. Public Support	quality dilider	the teete hete	<u> </u>	de de la	art)	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	(4) 2000	(2) 2000	(0) = 0.10		\-/	77
•	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	Total. Add lines 1 through 3 .						
5	The portion of total contributions by each	-	-		27 - 1	A	
	person (other than a governmental unit	-	,		1	,	
	or publicly supported organization)		_			٠ سنڌ ۽ شيار	
	included on line 1 that exceeds 2%	7.	-		~		
	of the amount shown on line 11,		-				
	column (f)				1-5,50	_	
6	Public support. Subtract line 5 from line 4	-					
Sect	ion B. Total Support						-
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						-
8	Gross income from interest, dividends,						
	payments received on securities loans,	i					
	rents, royalties and income from similar						
	sources		<u> </u>				
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. (se					12	
13	First five years. If the Form 990 is for the or	ganization's fire	st, second, third	l, fourth, or fifth	tax year as a s	ection 501(c)(3)	
	organization, check this box and stop here						▶ [
Sec	tion C. Computation of Public Suppor	t Percentage					
14	Public support percentage for 2012 (line 6, c	olumn (f) divide	ed by line 11, co	olumn (f))		14	·
15	Public support percentage from 2011 Sched					15	
16a	33 1/3% support test—2012. If the organiza	ation did not che	eck the box on	line 13, and lin	e 14 is 33 1/3%	or more, check	this box
	and stop here. The organization qualifies as	a publicly sup	ported organiza	ation			▶□
b	33 1/3% support test—2011. If the organiza	ation did not chi	eck a box on lir	ie 13 or 16a, ai	nd line 15 is 33	1/3% or more, c	heck this
	box and stop here. The organization qualified	es as a publicly	supported orga	anızatıon			▶ [
17a	10%-facts-and-circumstances test—2012.	If the organiza	tion did not che	ck a box on lin	e 13, 16a, or 16	b, and line 14	_
	is 10% or more, and if the organization meet	ts the "facts-and	d-circumstance	s" test, check t	his box and sto	p here. Explain	ın
	Part IV how the organization meets the "fact	s-and-circumst	ances" test. Th	e organization	qualifies as a pu	ublicly supported	1
	organization			-	. г	,	▶ [
b	10%-facts-and-circumstances test—2011.	. If the organiza	ition did not che	eck a box on lin	ne 13, 16a, 16b.	or 17a, and line	- L
	15 is 10% or more, and if the organization m	neets the "facts	-and-circumsta	nces" test, che	ck this box and	stop here. Exp	ain in
	Part IV how the organization meets the "fact	s-and-circumst	ances" test Th	e organization	qualifies as a pi	ublicly	
	supported organization			<u> </u>		•	⊾ [
18	Private foundation. If the organization did r	not check a box	on line 13 16:	a 16b 17a or	17h check this	hox and see	
	instructions .			_,	. , or or con trib	SON GIRE SEE	. г

43-2089526

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sect	ion A. Public Support						
Caler	idar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	125,528	332,478	255,231	264,489	268,176	1,245,902
2	Gross receipts from admissions, merchandise	120,020	002,170	200,201	201,100	233,	1,2:0,002
_	sold or services performed, or facilities furnished		İ				
	in any activity that is related to the						
	organization's tax-exempt purpose	19,791	26,190	20,027	29,442	11,456	106,906
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	89,748	123,318	145,728	135,709	59,345	553,848
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the	11.000	44.000	44 000	11 000	11 000	50 500
	organization without charge	11,300	11,300	11,300	11,300	11,300	56,500
6	Total. Add lines 1 through 5	246,367	493,286	432,286	440,940	350,277	1,963,156
7a	Amounts included on lines 1, 2, and 3			6,000	7,000	6,000	19,000
L	received from disqualified persons Amounts included on lines 2 and 3 received			0,000	7,000	0,000	19,000
b	from other than disqualified persons that				ļ		
	exceed the greater of \$5,000 or 1% of the					1	
	amount on line 13 for the year						
С	Add lines 7a and 7b			6,000	7,000	6,000	19,000
8	Public support (Subtract line 7c from		,				
	line 6)					- 7,	1,944,156
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	246,367	493,286	432,286	440,940	350,277	1,963,156
10a	Gross income from interest, dividends,	240,007	490,200	452,200	440,940	330,211	1,903,130
104	payments received on securities loans,						
	rents, royalties and income from similar sources					11	11
b	Unrelated business taxable income (less				· · · · · · · · · · · · · · · · · · ·	<u>```</u>	
	section 511 taxes) from businesses						
	acquired after June 30, 1975					l	
С	Add lines 10a and 10b					11	11
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						I
12	Other income Do not include gain or						-
	loss from the sale of capital assets			<u> </u>			
	(Explain in Part IV)					16,291	16,291
13	Total support. (Add lines 9, 10c, 11,	_					
	and 12)	246,367					1,979,458
14	First five years. If the Form 990 is for the organization, check this box and stop here	zation's first, seco	nd, third, fourth,	or fifth tax year a	is a section 501(c)(3)	▶ 🗆
Sec	tion C. Computation of Public Support	t Percentage					
15	Public support percentage for 2012 (line 8, column	n (f) divided by lin	e 13, column (f)			15	98 22%
16	Public support percentage from 2011 Schedule A					16	99.24%
Sec	tion D. Computation of Investment Inc	ome Percent	age				
17	Investment income percentage for 2012 (line 10c	, column (f) dıvıde	ed by line 13, col	umn (f))		17	
18	Investment income percentage from 2011 Schedi					18	
19a	33 1/3% support tests—2012 If the organizatio						
	not more than 33 1/3%, check this box and stop						► X
b	33 1/3% support tests—2011 If the organization						
	line 18 is not more than 33 1/3%, check this box a						▶ 🗌
20	Private foundation. If the organization did not cl	heck a box on line	e 14, 19a, or 19b	, check this box a	and see instruction	ons	▶□

Schedule A (Form 990 or 990-EZ) 2012 New Mexico Xtreme Sports Association, Inc	43-2089526 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations require Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any addition instructions)	red by Part II, line 10;
Part III Line 12 Gross income from fundraising activities	
······································	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

OMB No 1545-0047

Open to Public Inspection

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Department of the Treasury Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization Employer identification number

	Mexico Xtreme Sports Association, Inc	a Advised Funds or Other Similar	Funds or Assounts Complete if
Part		or Advised Funds or Other Similar	runus of Accounts. Complete ii
	the organization answered "Yes" t		(h) Finds and other converts
_	Tatal months and advance	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year Aggregate contributions to (during year)		
2	Aggregate contributions to (during year) Aggregate grants from (during year)		
3			
4	Aggregate value at end of year Did the organization inform all donors and do	por advisors in writing that the assets held	d in donor advised
5	funds are the organization's property, subject		
6	Did the organization inform all grantees, done		
0	used only for charitable purposes and not for		
	purpose conferring impermissible private ben		Yes No
G - 4	· · <u> </u>		
Part	Conservation Easements. Comp	plete if the organization answered "Ye	es to Form 990, Part IV, line 7
1	Purpose(s) of conservation easements held to		
	Preservation of land for public use (e g , recr	eation or education) Preservati	on of an historically important land area
	Protection of natural habitat	Preservati	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribu-	tion 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 eas	ements	2b
С	Number of conservation easements on a cer	tified historic structure included in (a)	2c
d	Number of conservation easements included	in (c) acquired after 8/17/06, and not on a	a
	historic structure listed in the National Regist	er	_2d
3	Number of conservation easements modified	l, transferred, released, extinguished, or te	erminated by the organization
	during the tax year		
4	Number of states where property subject to o	conservation easement is located	
5	Does the organization have a written policy r	egarding the periodic monitoring, inspecti	on, handling of
	violations, and enforcement of the conservat		Yes No
6	Staff and volunteer hours devoted to monitor	ing, inspecting, and enforcing conservation	on easements during the year
	•		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements during the year
_	\$		
8	Does each conservation easement reported	on line 2(d) above satisfy the requirement	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the		financial statements that describes
Par	the organization's accounting for conservation		Oleritar Assessed
rai	Complete if the organization answere	ons of Art, Historical Treasures, or Othe	er Similar Assets.
1a	If the organization elected, as permitted und		
	works of art, historical treasures, or other sir		
	of public service, provide, in Part XIII, the te		
b	If the organization elected, as permitted und		
	works of art, historical treasures, or other sir		cation, or research in furtherance
	of public service, provide the following amou	•	
	(i) Revenues included in Form 990, Part VII	I, line 1	> \$
_	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of		
_	following amounts required to be reported u		
a	Revenues included in Form 990, Part VIII, II	ne 1	\$
b	Assets included in Form 990, Part X		<u> </u>

Schedu	le D (Form 990) 2012 New Mexico Xtreme Sp	oorts Association	n, Inc				43-20895	26	Pa	age 2
Part				orical Tr	easures, or	Other	Similar Asset	s (cont	ınued)
3	Using the organization's acquisition, access	ssion, and other	records,	check any	of the following	g that a	re a significant			
	use of its collection items (check all that ap	oply)								
а	Public exhibition		d	Loan	or exchange pr	ograms				
b	Scholarly research		e	Other						
c	Preservation for future generations			_						-
4	Provide a description of the organization's	collections and	explain h	ow they fi	uther the organ	nzation'	s exempt purpo:	se in		
7	Part XIII		Onpiam n	011 tiloy 10						
5	During the year, did the organization solic	it or receive don	ations of	art, histori	cal treasures. o	or other	sımılar			
ŭ	assets to be sold to raise funds rather than							Yes	s	No
Part								90. Pai	rt	
rait	IV, line 9, or reported an amoun					cica	100 10 1011111	,, , a		
10	Is the organization an agent, trustee, cust					er asse	ts not			
1a	included on Form 990, Part X?	odian or other in	lemieula	iy ioi com	ributions of oth	iei asse	13 1101	☐ Ye	\Box	No
b	If "Yes," explain the arrangement in Part >	(III and complete	the follo	wing table	a ·			·•	• Ш	
D	Tres, explain the arrangement in react	and complete	3 1110 10110	wing table	•		A	mount		
С	Beginning balance					1c	1			
d	Additions during the year					1d		_		
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount of	n Form 990. Par	t X. line 2	17				Ye	s X	No
b	If "Yes," explain the arrangement in Part >				as been provid	led in P	art XIII		Ħ	
Part										
Part	Endowment Fanas. Complete	(a) Current year	1	rior year	(c) Two years b		d) Three years back	т	ur years	hack
10	Beginning of year balance	(a) Ourient year	(8)11	ioi year	(c) Two years c	Jack (ay Timee years back	(0,10	ur years	Duck
1a b	Contributions				-			+		
C	Net investment earnings, gains,							+		
·	and losses					ļ				
d	Grants or scholarships				 			1		
e	Other expenditures for facilities	·			 					
	and programs .									
f	Administrative expenses									
g	End of year balance			·						
2	Provide the estimated percentage of the	current year end	balance	(line 1g, c	olumn (a)) held	d as				
а	Board designated or quasi-endowment	•	. %							
b	Permanent endowment	%								
C	Temporarily restricted endowment		•							
	The percentages in lines 2a, 2b, and 2c s									
3a	Are there endowment funds not in the po	ssession of the o	organizat	ion that ar	e held and adn	nınıstere	ed for the	ı		T
	organization by							r = -	Yes	No_
	(i) unrelated organizations (ii) related organizations							3a(i)		
.	, , , , , , , , , , , , , , , , , , , ,	tions listed as re		, . Oabadul.	- D0			3a(ii)		 -
b 4	If "Yes" to 3a(ii), are the related organiza Describe in Part XIII the intended uses or							3 b	L	L
Pari										
1 (21)	Description of property	(a) Cost or o		T			A	40.5		
	Description of property	(a) Cost of C			Cost or other sis (other)		Accumulated epreciation	(a) B	ook valu	e
1a	Land		<u> </u>	1	- · ·					
b	Buildings .			+						
c	Leasehold improvements			 				-		
d	Equipment			1	11,664		6,338			5,326
е	Other				,		5,555	· · · · · · ·		5,020
Tota	al. Add lines 1a through 1e (Column (d) mu	ust equal Form 9	990, Part	X, column	(B), line 10(c))	•			5,326

5,326

Part VII	Investments—Other Securities	s. See Form 990, Part	X, line 12.	
	Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financial d	erivatives			
• •	ld equity interests			
(3) Other				
<u>(A)</u>		<u></u>		
(B)				
(<u>C</u>)				
(D)				 -
(E)				
(F)				
(G)		<u> </u>		
(H) (I)				
	nust equal Form 990 Part X col (B) line 12)			
Part VIII	Investments—Program Relate	ed. See Form 990, Part	X, line 13	
	Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year m	
(1)			305.0.0.0.0.704	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		· · · · · · · · · · · · · · · · · · ·		
(9)				
(10)		·		
	must equal Form 990 Part X col (B) line 13)			
Part IX	Other Assets. See Form 990, F			
	(a) Description		(b) Book value
(1)				
(2)				
(3)		-		_ _
(4)				
(5)				
(6) (7)				
(8)		· · · · · · · · · · · · · · · · · · ·		
(9)				
(10)				
	nn (b) must equal Form 990, Part X, co	I (B) line 15)	>	-
Part X	Other Liabilities. See Form 99			
1.	(a) Description of liability	(b) Book value		of History and the second
(1) Federal	income taxes		a la garage de	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(9)</u>				
(10)				
(11)				
	must equal Form 990 Part X col (B) line 25)			
2. FIN 48 (ASC	740) Footnote In Part XIII, provide the text of	the footnote to the organization	n's financial statements that reports the org	anization's liability
for uncertain ta	x positions under FIN 48 (ASC 740) Check he	ere if the text of the footnote has	s been provided in Part XIII	

Sched	ule D (Form 990) 2012 New Mexico Xtreme Sports Association, Inc	43-2089526	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	377,016
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		-
а	Net unrealized gains on investments	İ	
b	Donated services and use of facilities 2b 32,300		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)	ĺ	
е	Add lines 2a through 2d	2e	32,300
3	Subtract line 2e from line 1	3	344,716
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	344,716
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return	
1	Total expenses and losses per audited financial statements	1	399,718
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		· .
а	Donated services and use of facilities 2a 32,300		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	32,300
3	Subtract line 2e from line 1	3	367,418
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	367,418
Par	t XIII Supplemental Information		<u> </u>
	oplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV	tings 1h and	Oh
	V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provi		20,
	tional information	vide arry	
		•	• • • • • • • • • • • • • • • • • • • •
·	······································		

Schedule D (Form	990) 2012	New Mexico Xtreme Sports Association, I	nc	43-208	39526 Page 5
Part XIII	Supple	nental Information (continued)			
•					
_, _		,	· · · · · · · · · · · · · · · · · · ·		
			-		
	• • • • • • • • • • • • • • • • • • • •				
	• • • • • • • • • •		•		
					
	••				/
		······································			
	••	······			•
	••				
	·				
					•••••••
	•••••				
	· • • • • • • • • • • • • • • • • • • •			** -**	

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 28c,

Department of the Treasury Internal Revenue Service or Form 990-EZ, Part V, line 38a or 40b

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

Open To Public Inspection

OMB No 1545-0047

Name o	f the organization				-					En	nployer	dentific	ation n	umber	
New N	Mexico Xtreme Sports A	Association,	Inc	_						43	20895	26			
Par			-					_	nizations only) or 25b, or Form	990-E.	Z, Part	V, line	40b		
	(a) Name of disc	nualified nerson		(b) R	lelationship	betwee	n disqualified po	erson	(c) Desc	ription o	f transac	non		(d) Corr	rected?
	(a) Name of disq				aı	nd organ	nization							Yes	No
(1)															ļ
(2)_				<u> </u>											
(3)															<u> </u>
(4)_															
(5)				ļ										ļl	<u> </u>
(6)															
2	Enter the amount of under section 4958	tax incurred	by the or	ganıza	tion mar	agers	or disqualifi	ed pers	ons during the y	ear		•	\$		_
3	Enter the amount of	tax, if any,	on line 2, a	above,	reimbur	sed by	the organiz	ation				•	\$		
Par		e organizati	on answe	red "Ye	es" on Fo				8a or Form 990,	Part I	V, line	26, or	if the		
(a)	Name of interested person	(b) Relation with organiza	ship (c) P	urpose loan	1 '.'		om (e) Orig	gınal	(f) Balance due (g) In defa		e (g) In default?		proved pard or nittee?		/ritten ement?
					То	Fron	n			Yes	No	Yes	No	Yes	No
(1)	Sports Systems	Owner is	on Cash	Flow	X	1		21,000	18,997	1,55	X	X		+	X
(2)	Duane Kinsley	board of I		111011	 °	 	-	21,000	10,337	<u> </u>	 ^	 ^	 	†	 ^ -
(3)		100000		_	i	1						<u> </u>	 	1	
(4)					T						1			 	
(5)						1									
(6)					1										
(7)															†
(8)						T									
(9)															
(10)															
Total	<u> </u>							▶ \$	18,997						5
Par	Grants or As Complete if th						90 Part IV II	ine 27							
	(a) Name of interested pers		(b) Relations	hip betwe			c) Amount of as		(d) Type of a	ssistand	ce	(e) F	ourpose.	of assist	tance
(1)												1			
(2)						-†						1			
(3)								··········			_	1			
(4)										_		†			
(5)															
(6)															
(7)															
(8)												1			
												+			

(10)

(a) Name of interested person	Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction		(d) Description of transaction	(e) Sha organiz reven	ations
				Yes	No
(1)					
(2)					
(3) (4)					
(5)					
(6)					
(7)					<u> </u>
(8)					
10)					ļ
Part V Supplemental Information	1		<u> </u>	<u> </u>	
Complete this part to provide	de additional information for resp	onses to questions	on Schedule L (see instructi	ons)	
			-		
					· · · ·
			w		
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					- -

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

New Mexico Xtreme Sports Association, Inc.

Employer identification number

43-2089526

Part Part	Types of Property	,						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) ethod of det sh contribu		
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications		-			_		
5	Clothing and household	•		•				
	goods					<u> </u>		
6	Cars and other vehicles				ļ			
7	Boats and planes				<u> </u>			
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock				ļ			
11	Securities—Partnership, LLC,							
	or trust interests				ļ			
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic				1			
	structures				 			
14	Qualified conservation							
	contribution—Other		-		ļ			
15	Real estate—Residential				 _			
16	Real estate—Commercial	ļ		<u></u>	<u> </u>	 -		
17	Real estate—Other				 			
18	Collectibles		<u> </u>	ļ	 			
19	Food inventory			 	 			 ·
20	Drugs and medical supplies		 	 	 -			
21	Taxidermy	-		 				
22	Historical artifacts			4	ļ	***		
23	Scientific specimens .				 			
24	Archeological artifacts				 			
25	Other ► (Program prizes & a)	X	4		FMV			
26	Other ► (Equipment)	X			FMV			
27	Other ► (Event food & bever)	X	8		FMV			
28	Other (Event supplies)		12		FMV			
29	Number of Forms 8283 received which the organization complete							
	which the organization complete	u FUIII 626	55, Fait IV, Donee Acknowle	agment	29		7	T
30a	During the year, did the erganize	ation rooms	a by contribution any areas	h, reported in Dert Lines 1	20	_	Yes	No
SVa	During the year, did the organiza		- · · · · · · · · · · · · · · · · · · ·	•	20	· •	1 12	
	that it must hold for at least three required to be used for exempt p			button, and which is not			١,	Ì
L	If "Yes," describe the arrangeme				•	30a		X
b 21	_					ىقى *	·**	3
31	Does the organization have a gift contributions?	п ассертал	be policy that requires the re	view or any non-standard		1	. [-	
220		a third sad	on or related argaminations	en antique propert as as!		31		X
32a	Does the organization hire or us	e uma parti	ies or related organizations t	o solicit, process, or sell				
L	noncash contributions?					32		X
	If "Yes," describe in Part II	an amazza	tin column (a) for a time of	د / سندنا د د مامیمانی و کار باسومونی		ب ا		15%
33	If the organization did not report checked, describe in Part II	an amoum	tin column (c) for a type of p	roperty for writch column (a)	IS			- 14

Schedule M (Fo	orm 990) (2012) New Mexico Xtreme Sports Association, Inc	43-2089526 Page 2
Part il	 Supplemental Information. Complete this part to provide the information required by Pa 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of number of items received, or a combination of both. Also complete this part for any additional complete the part for any additional complete. 	rt 1, lines 30b, f contributions, the
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number Name of the organization 43-2089526 New Mexico Xtreme Sports Association, Inc. Form 990 Part VI Section B Line 11b The draft is completed by the auditor, with questions answered by the business manager and the executive director. Once the 990 is completed, it is reviewed one more time by the executive director and the bookkeeper before being forwarded to the Board Treasurer for review After approved 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 based on individual performance, market value, and if there is room in the budget to justify any raises 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

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
New Mexico Xtreme Sports Association, Inc	43-2089526
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