



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

2014

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: ALAMOGORDO CLUB FOR TEENS. D Employer identification number: 46-4320335. E Telephone number: (575) 551-8186. F Group Exemption Number.

G Accounting Method: [X] Cash [] Accrual [] Other (specify). H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: N/A. J Tax-exempt status (check only one): [X] 501(c)(3) [] 501(c) (insert no.) [] 4947(a)(1) or [] 527.

K Form of organization: [] Corporation [] Trust [] Association [] Other.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 3,079

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Revenue total is 3,079. Expenses total is 4,596. Net Assets total is -1,517.

SCANNED JUN 19 2015

RECEIVED MAY 21 2015 OGDEN, UT

Handwritten mark resembling the number 67.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice...
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year...
40c Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
40d Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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...
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
46 X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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 Yes No
47 X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 X

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a X

b If "Yes," was the related organization a section 527 organization? 49b X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ... ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ... ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No
X

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here 05/14/15
 Signature of officer Date
 INGO HOEPPNER PRESIDENT
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name VIVIAN ROACH	Preparer's signature <i>Vivian Roach</i>	Date 5-14-15	Check <input type="checkbox"/> if self-employed	PTIN P00002862
Firm's name ▶ H AND R BLOCK	Firm's EIN ▶ 200150081		Phone no. 575-434-1761	
Firm's address ▶ 805 WHITE SANDS BLVD STE B				

May the IRS discuss this return with the preparer shown above? See instructions Yes No
X

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization **ALAMOGORDO CLUB FOR TEENS** Employer identification number **46-4320335**

Part I 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.)

- 1 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.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described 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).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2014

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

(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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					2,850	2,850
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
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 organization without charge						
6 Total. Add lines 1 through 5					2,850	2,850
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						2,850

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6					2,850	2,850
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)					2,850	2,850
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests -- 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests -- 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.**
▶ **Attach to Form 990 or Form 990-EZ.**

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

**Open To Public
Inspection**

Name of the organization **ALAMOGORDO CLUB FOR TEENS** Employer identification number **46-4320335**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
INGO HOEPPNER	PRESIDEN	START UP EXPENSES	x		3,106	3,106		x	x			x

Total ▶ \$ **3,106**

Part III Grants or Assisted Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2014

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

ALAMOGORDO CLUB FOR TEENS

Employer identification number

46-4320335

PART 1 LINE 16 EXPENSES - EXPENSES

INSURANCE LIABILITY - 1041

BANK FEES - 24

SUPPLIES AND DJ FEE - 580

LEGAL FEES - 1706

EQUIPMENT - 1025

PART II LINE 26 BALANCE SHEET - ENDING LIABILITIES

END OF YEAR LIALIABLITES - 3106

2014 FORM 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2014, or tax period beginning	, and ending
Name of Organization ALAMOGORDO CLUB FOR TEENS	Employer Identification Number 46-4320335	

Primary Purpose

OUR MISSION IS TO PROVIDE A FUN, SECURE PLACE FOR YOUNG ADULTS BETWEEN THE AGES OF 13 AND 18. OUR THREE MAIN AREAS OF FOCUS ARE TO ACKNOWLEDGE THESE YOUNG ADULTS, TO HELP THEM CREATE THEIR VISIONS AND SHAPE THEIR IDEAS AND TEACH THEM IMPORTANT LIFE SKILLS.

2014 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2014, or tax period beginning _____, and ending _____
---------------------------	---

Name of Organization ALAMOGORDO CLUB FOR TEENS	Employer Identification Number 46-4320335
---	--

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses
------------------------	--------------------------------	--------------------------

Exempt Purpose Achievements

WE HAD EVENTS THROUGH OUT THE YEAR TO GIVE THE TEENS A SAFE PLACE TO COME TOGETHER FOR QUALITY TIME WITH EACH OTHER AND TO PROMOTE A SAFE ENVIRONMENT TO GATHER IN ONE LOCATION. WE GAVE THEM INFORMATION ON DIFFERENT CURRENT TOPICS AND HAD DISCUSSTIONS.

2014 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION For calendar year 2014, or tax period beginning , and ending

Name of Organization ALAMOGORDO CLUB FOR TEENS Employer Identification Number 46-4320335

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
INGO HOEPPNER PRESIDENT	10.00	0	0	0
CECELIE E. BERNARD DIRECTOR	1.00	0	0	0
VIVIAN SMITH DIRECTOR	5.00	0	0	0

2014 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION	For calendar year 2014, or tax period beginning _____, and ending _____
Name of Organization ALAMOGORDO CLUB FOR TEENS	Employer Identification Number 46-4320335
Part V - Line 42a	

Individual Name
or
Business Name.
ALAMOGORDO CLUB FOR TEENS

Street Address 10 HOMESTEAD TRAIL

U.S. Address
Zip code 88310 City ALAMOGORDO State NM

Foreign Address
City
Province or State
Country
Postal code
Phone Number (575) 551-8186
Fax Number

508488604 - 12 EIN OBTAINED

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

OMB No. 1545-0003

EIN

46-4320335

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Alamogordo Club For Teens Corporation	
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name Ingo Hoepfner
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 1111 10th St. #533	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) Alamogordo, New Mexico 88310	5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located Otero, New Mexico	
	7a Name of responsible party	7b SSN, ITIN, or EIN 649-30-4141
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members ▶
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Charitable <input type="checkbox"/> Other (specify) ▶ _____		
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____		
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
10 Reason for applying (check only one box)		
<input checked="" type="checkbox"/> Started new business (specify type) ▶ Charitable <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____		
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____		
11 Date business started or acquired (month, day, year). See instructions. 12/18/2013	12 Closing month of accounting year December	
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		
Agricultural 0	Household 0	Other 2
14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input checked="" type="checkbox"/>		
15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ 06/01/2014		
16 Check one box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) Charitable <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Club for Teens		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶		

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name Abraham Zavala	Designee's telephone number (include area code) (323) 962-8600 x5205
	Address and ZIP code 101 N. Brand Ave., 10th Floor, Glendale, CA 91203	Designee's fax number (include area code) (323) 962-0227
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) (575) 437-8998
Name and title (type or print clearly) ▶ Ingo Hoepfner, Owner		Applicant's fax number (include area code)
Signature	Date ▶ 01/06/14	





STATE OF NEW MEXICO
DIANNA J. DURAN
SECRETARY OF STATE

December 20, 2013

LEGALZOOM.COM, INC.
100 W BROADWAY STE 100
GLENDALE CA 91210

RE: ALAMOGORDO CLUB FOR TEENS CORPORATION

Entity ID: 4847180

The Office of the Secretary of State has approved and filed the Articles Of Incorporation for the above captioned corporation effective December 18, 2013. The enclosed Certificate Of Incorporation is evidence of filing, and should become a permanent document of the corporation's records.

The referenced approval does not constitute authorization for the above referenced corporation to transact any business which requires compliance with other applicable federal or state laws, including, but not limited to, state licensing requirements. It is the corporation's sole responsibility to obtain such compliance with all legal requirements applicable thereto prior to engaging in the business for which it has obtained approval of the referenced document.

Pursuant to Chapter 53, Article 8 NMSA 1978 Nonprofit Corporations Act, (53-8-83), you are required to file an initial corporate report with a filing fee of \$10 by January 20, 2014. Thereafter, a corporate report must be filed annually on or before the fifteenth day of the fifth month following the the end of its taxable year. Late filing penalty of \$10 will be added for untimely filing of any report. The report is required to be filed whether a corporation is active or inactive or until such time that the corporation is relieved from filing the report as required by law. A supplemental report shall be filed within thirty days if, after filing of the corporate report, a change is made affecting the report. All of the above reports can be filed by using the e-Filing web portal: <https://portal.sos.state.nm.us/Corps>

Your canceled check, as validated by this office, is your receipt. If you have any questions please contact the Corporations Bureau at (505) 827-4508 or toll free at 1-800-477-3632 for assistance.

Corporations Bureau

OFFICE OF THE SECRETARY OF STATE
NEW MEXICO

Certificate Of Incorporation

OF

ALAMOGORDO CLUB FOR TEENS CORPORATION

4847180

The Office of the Secretary of State certifies that the Articles Of Incorporation, duly signed and verified pursuant to the provisions of the

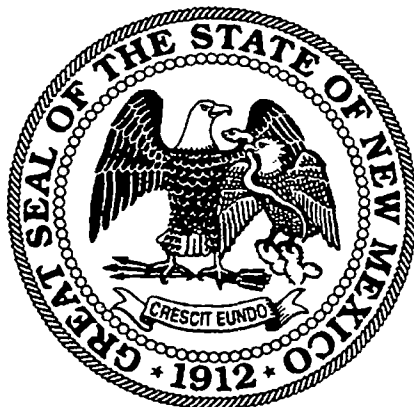
Nonprofit Corporation Act

(53-8-1 To 53-8-99 NMSA 1978)

have been received and are found to conform to law. Accordingly, by virtue of the authority vested in it by law, the Office of the Secretary of State issues this Certificate Of Incorporation and attaches hereto a duplicate of the Articles Of Incorporation.

Dated : **December 18, 2013**

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the city of Santa Fe, and the seal of said office to be affixed hereto.



A handwritten signature in cursive script, reading "Dianna J. Duran".

Dianna J. Duran
Secretary of State

SUBMIT ORIGINAL AND A COPY
TYPE OR PRINT LEGIBLY

FILED
SOS
Corporation Bureau

DEC 18 2013

Nonprofit Corporation
ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) to form a corporation under the New Mexico Nonprofit Corporation Act, adopt the following Articles of Incorporation:

ARTICLE ONE: The name of the Corporation is: _____
Alamogordo Club For Teens Corporation

ARTICLE TWO: The period of duration is: Perpetual

ARTICLE THREE: The purpose for which the corporation is organized is _____
Club for Teens

ARTICLE FOUR:

(1) The New Mexico street address of the corporation's initial registered office is:
4801 Lang Avenue, Suite 110, Albuquerque, NM 87109
(P.O. Box is not acceptable. Provide a description of the geographical location if a street address does not exist)

(2) The name of the initial registered agent at the address of the initial registered office is:
United States Corporation Agents, Inc

ARTICLE FIVE: The names and addresses of the initial board of directors are: (*minimum number of directors required is three*) (*attach schedule if needed*)

NAME

Ingo Hoepfner
Cecelie E. Bernal
Donna Van Middlesworth

ADDRESS

1111 10th St. #533, Alamogordo, New Mexico 88310
1111 10th St. #533, Alamogordo, New Mexico 88310
1111 10th St. #533, Alamogordo, New Mexico 88310

ARTICLE SIX: The name and address of each incorporator is: (*attach schedule if needed*)

NAME

Legalzoom.com, Inc.

ADDRESS

7083 Hollywood Blvd., Ste. 180, Los Angeles, CA 90028

Dated: 12/17/2013

Legalzoom.com, Inc., Incorporator

Cheyenne Moseley, Authorized Signatory



Signature of Incorporator(s)
(each person named in Article Six must sign)

Form DNP
(revised 07/03)

RECEIVED
SOS
Corporation Bureau

DEC 18 2013

STATEMENT OF ACCEPTANCE OF APPOINTMENT
BY DESIGNATED INITIAL REGISTERED AGENT

FILED
SOS
Corporation Bureau

DEC 7

I, Jacob Varghese

hereby acknowledge that the undersigned individual or corporation accepts appointment

as Initial Registered Agent of Alamogordo Club For Teens Corporation

the corporation which is named in the annexed Articles of Incorporation.

*(Sign on this line if the registered agent named in the Articles of Incorporation is an individual.
If this line is signed, the two lines below do not apply and must be left blank.)*

.....
CORPORATION ACTING AS A REGISTERED AGENT ONLY

(If the following lines are used, the signature line above does not apply and must be left blank)

United States Corporation Agents, Inc.

*(If the registered agent named in the Articles of Incorporation is a corporation, type or print the name
of that corporation here.)*

By 

(An authorized officer of the corporation being appointed as registered agent must sign here)

Form D-STMNT
(revised 07/03)

RECEIVED
SOS
Corporation Bureau

DEC 18 2013

Attachment to
Articles of Incorporation of
Alamogordo Club For Teens Corporation

Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under the section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code. The business activity for said organization is as follows: Club for Teens

No part of the net earnings of this organization shall inure to the benefit of, or be distributable to, its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of this organization shall be the carrying on propaganda, or otherwise attempting to influence legislation, and this organization shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the corporation shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under section 501(c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170(c) (2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of this corporation, assets remaining shall be distributed for one or more exempt purposes within the meaning of Section 501(c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.



Office of the Secretary of State Business Services Division

ACT88310 | [Change Password](#) | [Update Account](#) | [Login](#)

[Home](#) [Lookup Corporations](#) [Paper Forms](#) [e-Filing User Guide](#) [Help](#)

Corporation is in Good Standing

Name	ALAMOGORDO CLUB FOR TEENS CORPORATION
In New Mexico, DBA	
Type	Domestic Nonprofit
Good Standing Status	The above corporation is in Good Standing until 5/15/2016

Filing Information

Corp #	4847180
Status	Active Corporation
Date of Incorporation	Dec 18 2013
State of Incorporation	NM
Fiscal Year Date	Dec 31-2015
Report Duedate	May 15 2016
Character of Affairs	Founder / President

Address Information

1 Principal Place Of Business-In NM
10 HOMESTEAD TRAIL
ALAMOGORDO, NM - 88310
2 Corp Mailing Address
1111 10TH STREET #533
ALAMOGORDO, NM - 88310

Agent Information

UNITED STATES CORPORATION AGENTS, INC.
4801 LANG AVE STE 110,
ALBUQUERQUE, NM - 87109

Directors Information

1	INGO HOEPPNER
2	CECELIE E BERNAL
3	VIVIAN SMITH

Officers/Organizer Information

1 Incorporator LEGALZOOM COM, INC

Instrument History

1 Instrument	
Number	4847180
Filing Date	Dec 18 2013
Type	Certificate Of Incorporation
Text	ALAMOGORDO CLUB FOR TEENS CORPORATION



New Mexico
Secretary of State
 Corporations Bureau

325 Don Gaspar, Suite 300 · Santa Fe, NM 87501
 (800) 477-3632 · www.sos.state.nm.us

Corporation Report Confirmation

Entity ID: 4847180
Corporation Name: ALAMOGORDO CLUB FOR TEENS CORPORATION
 Report Period 12/31/2014
 Transaction Type Regular Report
 Transaction Date 4/6/2015 9 33 12 AM
 Transaction Amount \$10 51

Address

Type	Address	City	State	Country	Zip
Principal Place of Business in NM	10 HOMESTEAD TRAIL	ALAMOGORDO	NM	US	88310
Corp Mailing Address	1111 10TH STREET #533	ALAMOGORDO	NM	US	88310

Agents

Agent Name	Address	City	State	Country	Zip
UNITED STATES CORPORATION AGENTS, INC	4801 LANG AVE STE 110	ALBUQUERQUE	NM	US	87109

Directors

Director Name	Address	City	State	Country	Zip
INGO HOEPPNER	1111 10TH ST #533	ALAMOGORDO	NM	US	88310
CECELIE E BERNAL	1111 10TH ST #533	ALAMOGORDO	NM	US	88310
VIVIAN SMITH	1111 10TH ST #533	ALAMOGORDO	NM	US	88310

Officers

Designation	Name	Address	City	State	Country	Zip
Incorporator	LEGALZOOM COM, INC	7083 HOLLYWOOD BLVD STE 180	LOS ANGELES	CA	US	90028

Character of affairs: Founder / President