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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2016**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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.**A** For the 2016 calendar year, or tax year beginning

5011

, 2016, and ending

, 20

B Check if applicable

- ☒ Address change
☒ Name change
☒ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization ?

Zia Youth Soccer League

Number and street (or P.O. box, if mail is not delivered to street address) ?

P.O. Box 1582

City or town, state or province, country, and ZIP or foreign postal code

Edgewood, New Mexico 87015

D Employer identification number ?

475333709

E Telephone number

(505) 292-9774

F Group Exemption

Number ▶ ? 5083

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ www.ziasoccer.org**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B ?
(Form 990, 990-EZ, or 990-PF).**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. ▶ \$ 75619

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. ☒

1	Contributions, gifts, grants, and similar amounts received	1	500
2	Program service revenue including government fees and contracts	2	75107
3	Membership dues and assessments	3	0
4	Investment income	4	0
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less: cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
c	Less: direct expenses from gaming and fundraising events	6c	0
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
7a	Gross sales of inventory, less returns and allowances	7a	12
b	Less: cost of goods sold	7b	3
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	9
8	Other revenue (describe in Schedule O)	8	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	75616
10	Grants and similar amounts paid (list in Schedule O)	10	0
11	Benefits paid to or for members	11	0
12	Salaries, other compensation, and employee benefits ?	12	0
13	Professional fees and other payments to independent contractors ? 27023	13	27023
14	Occupancy, rent, utilities, and maintenance	14	6234
15	Printing, publications, postage, and shipping	15	746
16	Other expenses (describe in Schedule O) ? 38653	16	38653
17	Total expenses. Add lines 10 through 16	17	72656
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2960
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0
20	Other changes in net assets or fund balances (explain in Schedule O)	20	(34,391)
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	(31,431)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2016)

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AO

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. ☐

	Yes	No
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		<input checked="" type="checkbox"/>
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. Otherwise, explain the change on Schedule O (see instructions)	<input checked="" type="checkbox"/>	
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b 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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c Section 501(c)(3), 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 ▶ 0		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ <u>New Mexico</u>		
42a The organization's books are in care of ▶ <u>Chrysti Agan</u> Telephone no. ▶ <u>(505) 292-9774</u> Located at ▶ <u>P.O. Box 1582 (17 Dinah Court) Edgewood, New Mexico</u> ZIP + 4 ▶ <u>87015</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ <u>n/a</u> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<input checked="" type="checkbox"/>	
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ <u>n/a</u>		<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 n/a		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<input checked="" type="checkbox"/>

- 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 ☐ ☒

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 ☐ ☒
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 ☐ ☒
- 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a ☐ ☒
- b If "Yes," was the related organization a section 527 organization? 49b ☐ ☐
- 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 none

- 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 none

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

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 11/14/17
Date
 Signature of officer
 Chrysti Agan, Executive Director
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN			
Firm's address	Phone no.			

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

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017 2016

**Open to Public
Inspection**

Name of the organization

Zia Youth Soccer League

Employer identification number

47-5333709

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 1–10 above (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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	n/a	n/a	n/a	500	n/a	500
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	n/a	n/a	n/a	75116	n/a	75116
3 Gross receipts from activities that are not an unrelated trade or business under section 513	n/a	n/a	n/a	0	n/a	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	n/a	n/a	n/a	0	n/a	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	n/a	n/a	n/a	0	n/a	0
6 Total. Add lines 1 through 5	n/a	n/a	n/a	75616	n/a	75616
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	n/a	n/a	n/a	0	n/a	0
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	n/a	n/a	n/a	0	n/a	0
c Add lines 7a and 7b	n/a	n/a	n/a	0	n/a	0
8 Public support. (Subtract line 7c from line 6.)						75616

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	n/a	n/a	n/a	75616	n/a	75616
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	n/a	n/a	n/a	0	n/a	0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	n/a	n/a	n/a	0	n/a	0
c Add lines 10a and 10b	n/a	n/a	n/a	0	n/a	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	n/a	n/a	n/a	0	n/a	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	n/a	n/a	n/a	0	n/a	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	n/a	n/a	n/a	75616	n/a	75616
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 checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2017. 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 ▶ <input type="checkbox"/>		
b 33 1/3% support tests—2016. 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 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017 2016

Open to Public
Inspection

Name of the organization

Zia Youth Soccer League

Employer identification number

47-5333709

Other expenses included in Part I, #16:

- 1) Administrative Expenses, such as office supplies, website maintenance, bookkeeping software, administrator education, etc.: \$579
- 2) Volunteer Coach Background Check Processing: \$188
- 3) Practice and Game Field Equipment Purchases and Maintenance, and Porta-Potty Rentals: \$3,664
- 4) Insurance for organization, participants, volunteers, and board members: \$4,550
- 5) Costs related to the initial establishment of the organization, such as fees paid to the State of NM for the establishment of the nonprofit organization, and payments to CBB Holdings, LLC for the purchase of the participant roster and other necessary organizational aspects of the former Zia Futbol Club, LLC, which were used as the groundwork for forming the 501(c)(3) organization, Zia Youth Soccer League: \$9,668
- 6) Seasonal items provided to players, including uniforms and participation awards (trophies and medals): \$12,387
- 7) Transportation costs for taking equipment to fields for games and practices, delivering uniforms and other equipment to coaches, posting registration announcements throughout the city, inspecting game and practice fields prior to the start of each season, attending quarterly meetings with the Parks and Recreation Department, etc. Includes gas, insurance, vehicle lease, maintenance, and repair: \$7,617

PART I, #20: The organization has the following existing liabilities and assets not accounted for on line 18.

LIABILITY: Balance owed to CBB Holdings (please see #5 above): \$23,605

LIABILITY: Credit card balance: \$14,786 (\$10,000 applied to the down payment to CBB Holdings, plus \$4,786 for the purchase of field equipment, uniform components, and participation awards)

ASSET: Field equipment with a fair market value of approximately \$4,000 (see PART II, #24, below)

PART II, #24: Other assets include field equipment, such as various sizes of soccer goals, practice and game equipment, field paint machines, etc., with a fair market value of approximately \$4,000.

PART II, #26: Other liabilities include the balance owed to CBB Holdings (please see Part I, #16, #5 above) in the amount of \$23,605, plus a credit card balance in the amount of \$14,786 (please see Part I, #20 above for description), totalling \$38,391

Name of the organization Zia Youth Soccer League	Employer identification number 47-5333709
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PART III: The organization's primary exempt purpose is to instruct children in the game of soccer and promote player development, while emphasizing integrity, respect, responsibility, leadership, confidence, positive sportsmanship, and fun.

PART III, #31: The organization hosts a summer camp program, which offers two one-week-long day camps serving approximately 30 children each. The camp is provided by a separate organization, Challenger Sports, who directly receives all participant registration fees and covers all related expenses. Zia Youth Soccer League merely hosts the camp, and therefore incurs no related expenses.

PART V, #34: Please see the attached Articles of Amendment from the New Mexico Secretary of State, as well as a copy of the organization's name change request letter to the IRS, in regards to the change of the organization's name to Zia Youth Soccer League.

NOTE IN REGARDS TO SCHEDULES A & O:

It is currently November of 2017, and the organization's 990 EZ forms are being submitted during the approved 6-month extension period. However, the 2016 990 schedules are no longer available on the IRS website. Therefore, the organization's information is being submitted for the year 2016 using the 2017 forms, with the year altered at the top of each form for clarification.

OFFICE OF THE SECRETARY OF STATE

NEW MEXICO

Certificate of Amendment

OF

Zia Youth Soccer League

5174252

New Mexico

The Office of the Secretary of State certifies that the Articles of Amendment, 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 Amendment and attaches hereto a duplicate of the Articles of Amendment.

Dated: **May 4, 2017**

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.



Maggie Toulouse Oliver

**Maggie Toulouse Oliver
Secretary of State**



**New Mexico
Secretary of State**

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

Office of the New Mexico Secretary of State
Filing Number: 0001767543
Filed On: 5/4/2017
Total Number of Pages: 1 of 1

**SUBMIT ORIGINAL AND A COPY
TYPE OR PRINT LEGIBLY**

**Nonprofit Corporation
ARTICLES OF AMENDMENT
TO THE ARTICLES OF INCORPORATION**

Pursuant to the provisions of the New Mexico Nonprofit Corporation Act, the undersigned corporation adopts the following Articles of Amendment for the purpose of amending its Articles of Incorporation:

ARTICLE ONE: The name of the corporation is (include NM CORP#): _____
Zia Soccer League (5174252)

ARTICLE TWO: The following articles are amended as set forth here: (*identify by article number and attach additional pages if necessary*)

ARTICLE ONE: The name of the corporation is: Zia Youth Soccer League
ARTICLE FIVE: The mailing address of all directors is PO Box 1582, Edgewood, NM 87015

ARTICLE THREE: (*select the appropriate action taken*) The date of the meeting of members at which the amendment was adopted was April 1, 2017.

A quorum of the members entitled to vote was present and the amendment received at least two-thirds (2/3) of the votes which members present at the meeting or represented by proxy were entitled to cast.

OR

_____ The amendment was adopted by a consent in writing signed by all members entitled to vote thereon.

OR

_____ The date of the meeting of the board of directors at which the amendment was adopted was _____. The corporation has no members, or no members entitled to vote thereon, therefore the amendment was adopted by a majority of the board of directors in office.

ARTICLE FOUR: If these Articles of Amendment are not to be effective upon filing with the Secretary of State, the effective date is: (*if an effective date is specified here, it cannot be a date prior to the date the articles are received by the commission*) _____

Dated: May 1, 2017

Zia Soccer League

Name of Corporation

Two officers must sign: By _____

Signature of Authorized Officer

By _____

Signature of Authorized Officer

Form DNP-AM (revised 06/13)

RECEIVED
SOS
Corporation Bureau

MAY 04 2017

OFFICE OF THE SECRETARY OF STATE

NEW MEXICO

Certificate Of Amendment

OF

ZIA SOCCER LEAGUE

5174252

NEW MEXICO

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

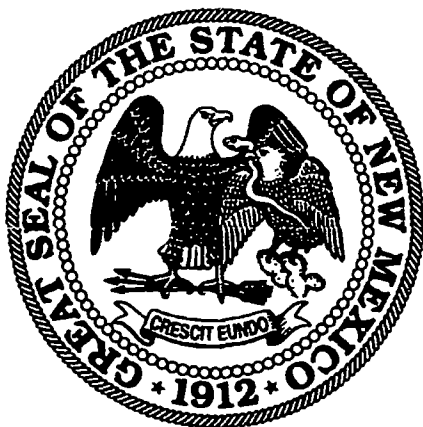
Nonprofit Corporation Act

(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 Amendment and attaches hereto a duplicate of the Articles Of Amendment.

Dated: **April 12, 2016**

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.

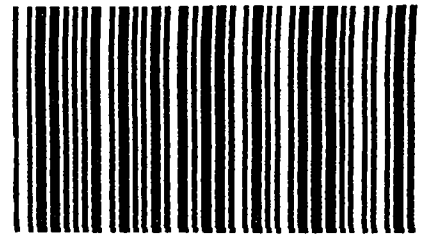


Brad Winter
Secretary of State



NEW MEXICO
Secretary of State

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(800) 477-3632 • www.sos.state.nm.us



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**Nonprofit Corporation
ARTICLES OF AMENDMENT
TO THE ARTICLES OF INCORPORATION**

FILED
SOS
Corporation Bureau

APR 12 2016

Pursuant to the provisions of the New Mexico Nonprofit Corporation Act, the undersigned corporation adopts the following Articles of Amendment for the purpose of amending its Articles of Incorporation:

ARTICLE ONE: The name of the corporation is (include NM CORP#):
_____ (5174252) _____ Zia Futbol Club, _____

ARTICLE TWO: The following articles are amended as set forth here: (*identify by article number and attach additional pages if necessary*)

ARTICLE ONE: The name of the corporation is: Zia Soccer League

ARTICLE THREE: (*select the appropriate action taken*) The date of the meeting of members at which the amendment was adopted was April 1, 2016.

A quorum of the members entitled to vote was present and the amendment received at least two-thirds (2/3) of the votes which members present at the meeting or represented by proxy were entitled to cast.

OR

_____ The amendment was adopted by a consent in writing signed by all members entitled to vote thereon.

OR

_____ The date of the meeting of the board of directors at which the amendment was adopted was _____. The corporation has no members, or no members entitled to vote thereon, therefore the amendment was adopted by a majority of the board of directors in office.

ARTICLE FOUR: If these Articles of Amendment are not to be effective upon filing with the Secretary of State, the effective date is: (*if an effective date is specified here, it cannot be a date prior to the date the articles are received by the commission*) _____

Dated: April 5, 2016 _____

Zia Futbol Club

Name of Corporation

Two officers must sign: By _____

Signature of Authorized Officer

By _____

Signature of Authorized Officer

Form DNP-AM (revised 06/13)

RECEIVED
SOS

APR 12 2016

OFFICE OF THE SECRETARY OF STATE

NEW MEXICO

Certificate Of Incorporation

OF

ZIA FUTBOL CLUB

5174252

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

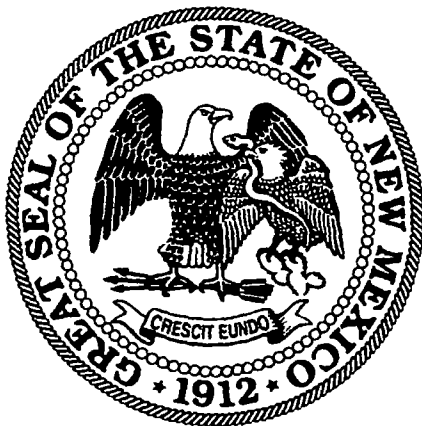
Nonprofit Corporation Act

(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 : **February 4, 2016**

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 "Brad Winter".

Brad Winter
Secretary of State