990

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 1545-0047

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service and ending For the 2017 calendar year, or tax year beginning C Name of organization D Employer identification number Check if applicable New Mexico Xtreme Sports Association, Inc. Address change Doing business as Number and street (or PO box if mail is not delivered to street address) Boom/suite 43-2089526 Name change 508 1st Street NW Telephone number ZIP code Initial return City or town (505) 296-2738 Albuquerque 87102 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code 402,929 Amended return Gross receipts \$ F Name and address of principal officer Yes X No Application pending H(a) Is this a group return for subordinates? Patrick Baldonado 10412 Peno Pl. NW, Albuquerque, NM 87114 H(b) Are all subordinates included? If "No," attach a list (see instructions) 4947(a)(1) or X 501(c)(3) 501(c)) **◀** (insert no) Tax-exempt status J Website: ▶ www.nmxsports.org H(c) Group exemption number ▶ X Corporation Trust Other • L Year of formation M State of legal domicile K Form of organization Association 2005 NM Part I Summary Briefly describe the organization's mission or most significant activities: NM Xtreme Sports Association, Inc. is a Activities & Governance youth-focused, youth-driven, avenue to introduce, develop and professionally implement skills in the arts, music, outdoor recreation, and nontraditional sports. 2 Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 9 Number of independent voting members of the governing body (Part VI, line 1b). 5 12 Total number of individuals employed in calendar year 2017 (Part V, line 2a) . . . 6 150 Total number of volunteers (estimate if necessary) . . . 7a 0 Total unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 255,197 Contributions and grants (Part VIII, line 1h). 241,119 42,866 35,413 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7¢) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d 20c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII 20 unit (A), lines 2) 118 83,269 91,358 11 367,890 381.332 12 Grants and similar amounts paid (Part IX, column (A), Ines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 Salaries, other compensation, employee benefits (Part IX, column 208,446 232,990 15 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 175,747 159,153 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . 384,193 392,143 18 Revenue less expenses. Subtract line 18 from line 12 -2,861-24,253 Assets or Balances Beginning of Current Year 93,441 79,882 20 Total assets (Part X, line 16) . . . 15,967 21 Total liabilities (Part X, line 26) 26.661 22 Net assets or fund balances. Subtract line 21 from line 20 53,221 Signature Block Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge te Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and Sign Here Type or print name and title Date PTIN Print/Type preparer's name Paid Kharyn L Cover 10/25/2018 self-employed P01469709 **Preparer** Firm's EIN > 85-0474715 **Use Only** Firm's address ▶ 9636 Villa Del Rey NE, Albuquerque, NM 87111 Phone no (505) 797-0995

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Form 990 (2017)

X Yes

Form 990	0 (2017) New Mexico Xtreme Sports Association, Inc.	43-2089526	Page 2
Part	III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1 E	Briefly describe the organization's mission:		
	NM Xtreme Sports Association, Inc is a youth-focused, youth-driven, avenue to introduce,		
	the first of the continuous and a little on the content of the con		
_	the state of the s		
_	opportunitites to enhance New Mexico youth's quality of life.		
	Did the organization undertake any significant program services during the year which were not listed on		
~ t	the prior Form 990 or 990-EZ?	Tyes	X No
	f "Yes," describe these new services on Schedule O.		٠٠١ ١٠٠
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Tyes	X No
		res	NO
	if "Yes," describe these changes on Schedule O.	and an managerad by	
	Describe the organization's program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishment in the instance accomplishment in		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	allocations to others.	,
τ	the total expenses, and revenue, if any, for each program service reported		
•	(O) (F) (F) (O) (FO) (male deep contact of the contact of	¢ 20	\ OEE \
•	· · · · · · · · · · · · · · · ·	enue \$30	
	Warehouse 508 provides a wide range of programming and events geared towards youth in New Mexico). 	
_	the file of the classes were the property of the Vertical Council		
-	consists of youth and young adults ages 15 to 21 making 508 a venue for youth, by youth.		
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41 /	(O) (F) (A) (A		١, ٥٥٥ ١
	(Code:) (Expenses \$ 127,727 including grants of \$) (Reve		
	nontraditional sports like snowboarding and rock climbing. NMX's iGo program encourages youth to		
	NIM Attachment to the second of the second o		
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-	and / or arranges learn-to programs nearly every weekend, year round.		
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	(O) (F) (F) (O) (O		
4c ((Code) (Expenses \$ including grants of \$) (Reve	anue a	/
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4d (Other program services (Describe in Schedule O)		
((Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4-	Total program convocacy pages 232 315		

 Form 990 (2017) New Mexico Xtreme Sports Association, Inc. Page 3 Part IV **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>x</u>
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		X
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		Х
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,"			Ų
•	complete Schedule D, Part III	8		X
9	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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			1
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		~	
L	Schedule D, Part VI	11a	Х	
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		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		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		X
f	the organization's separate of consolidated infancial 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		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		<u> </u>
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			,
10	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u> </u>		T
_	If "Yes," complete Schedule G, Part III.	19		<u> x</u>
			000	

Checklist of Required Schedules (continued)

Yes No 20a Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х 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 Х 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 **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 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 Χ 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II. 26 Х 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Χ Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.

Form 9	90 (2017) New Mexico Xtreme Sports Association, Inc	43-2089	9526	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
4.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	36	H. L. Sept.	* ~@~4	P4 1985,"
1a	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		本學法	المؤوسا	
þ			14 May 2		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		نستشسد	اشتأأنشيه	ئۇڭ يىڭ
	gaming (gambling) winnings to prize winners?	•	1c	X	e. 35
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		外侧的	₹*\$¥ ?	Specific 1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	12	à l éni	14 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			\$ 14 <u>\$</u> 1	NA NA
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority				i
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?		4a		Х
b	If "Yes," enter the name of the foreign country		- 7. 8 (1)	z Tes Gu Sali	7 N.
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			हर थे। इ.स.	3 30
	(FBAR).		rangs Valent	TITE	18 185
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
b			5c		 ^
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		36		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?	• •	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b	535 1 MS 2	(04C) >e ⁻
7	Organizations that may receive deductible contributions under section 170(c).			W 3.	34.5 E
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			<u> </u>	
	and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		海灣	独居部	\$ 1. A
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	25.00.00	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
, ~	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require	⁷ 45	7g		Ĥ
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10		7h		
n	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	30-C · .	£. %.	40. R.	r13 +
8			معانىسىئىد	Lucia	wante
_	sponsoring organization have excess business holdings at any time during the year?		8 	AND P	1.585 /
9	Sponsoring organizations maintaining donor advised funds.			<u> Alimin</u>	كسنعننا
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	. 24.	10.
10	Section 501(c)(7) organizations. Enter:		学 卷	**	
а	Initiation fees and capital contributions included on Part VIII, line 12		聖養	變達	KM.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			粉灣	100
11	Section 501(c)(12) organizations. Enter:		A STATE	\$ 19	
а	Gross income from members or shareholders			養養	188
b	Gross income from other sources (Do not net amounts due or paid to other sources		夢뼿		
_	against amounts due or received from them)		の名	海湾	· 操。有
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	-incir-dal	-dilli-in-il
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1, 13,	50.2	14.4
b 12				學院	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		120	1 184 / 1844	No September 1
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	\$}. •±€	فعدارة فاد
	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				整3
	the organization is licensed to issue qualified health plans		EX	Taria Taria	
С	Enter the amount of reserves on hand		松岭	Target An	美数
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

Part VI

	Check if Schedule O contains a response of note to any line in this Part VI.		• •	· · ·	<u> </u>
Sect	ion A. Governing Body and Management				
		4-		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 9	-		
	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.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 9	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with			
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under	the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X
6	Did the organization have members or stockholders?		6		Х
_	Did the organization have members of stockholders, or other persons who had the power to elect or	annoint	١	•	
7a		арропп	7a		×
	one or more members of the governing body?		/a		 ^
b	, ,	·•	-,		
_	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n auring			
	the year by the following:				لــــــا
а	The governing body?		8a	X	
b	Lacin committee man authority to dot on Lendar et are gerenning and yet		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9		X
<u>Sect</u>	ion 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	ļ.,	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?.	11a	X	L
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			,	لــــا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"			
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and appro	val by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		<u> </u>		<u>.</u>
а	The organization's CEO, Executive Director, or top management official.		15a	Х	
b	Other officers or key employees of the organization		15b	Х	<u> </u>
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	iement			
IVa	with a taxable entity during the year?		16a		×
L	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		100		 ^ ;
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
			16b		
<u></u>		· · · · · · ·	1 100		
	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NM				
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)(3)s only	 /)	
18	available for public inspection. Indicate how you made these available. Check all that apply.	C . (CCC	,5 5111	,	
		volain in Schadiila (1)			
40		kplain in Schedule O)		d	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest pol	icy, ar	iu	
	financial statements available to the public during the tax year.		_		
20	State the name, address, and telephone number of the person who possesses the organization's l				
	New Mexico Xtreme Sports Association, Inc	(505) 296-2738			
	508 1st Street NW. Albuquerque. NM 87102				

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5 000 (0047)	N W 0 14 A 11	-k I								40.00005	oo - 7
Part VII	New Mexico Xtreme Sports Assoc Compensation of Officers, Dire		es. K	ev	En	lar	ovee	s. ŀ	lighest Comp	43-20895 ensated	26 Page 7
T GIT VII	Employees, and Independent C			,		.1	,,,,	- , .	ngnoot oomp	crioatou	
	Check if Schedule O contains a r		te to	an	y lır	ne ii	n this	s Pa	art VII		🔲
Section A.	Officers, Directors, Trustees, Key E	mployees, and	High	est	Cor	npe	nsate	ed E	mployees		
1a Complete	this table for all persons required to be	listed Report co	mper	nsat	ion 1	for t	he ca	len	dar year ending	with or within the	
organization's	s tax year										
	of the organization's current officers, d						duals	or c	rganizations), re	gardless of amo	unt
•	tion. Enter -0- in columns (D), (E), and (4.6	.4		"	
	of the organization's current key emplo organization's five current highest cor										vee)
	reportable compensation (Box 5 of For										yee)
	and any related organizations.							•		•	
	of the organization's former officers, ke eportable compensation from the organ							ed e	employees who r	received more the	an
	of the organization's former directors more than \$10,000 of reportable compe										the
	n the following order: individual trustees employees; and former such persons.	or directors; ins	stitutio	onal	trus	stee	s; offi	cer	s; key employees	s; highest	
Check the	is box if neither the organization nor an	y related organiz	zation	cor	npe	nsa	ted a	ny c	urrent officer, dir	ector, or trustee	
			1		(C)			·		
			1			sition			Ì		
	(A) Name and Title	(B) (do not check more than one box, unless person is both an							(D) Reportable	(E) Reportable	(F) Estimated
		hours per officer and a director/trustee)							compensation from	compensation from related	amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Patrick	Baldonado	2.00	,		H		م				
Vice-Presiden		0.00	1		х						
(2) Jacque	line Vigil	4.00									
President		0 00	+	<u> </u>	X	<u> </u>					
(3) Duane	Kınsley	3.00			١.,						
Treasurer		0.00	+	⊢	Х	-	 				
(4) Eric Ga	iray	2.00 0.00			х		İ				
Secretary (5) Tomas	Sanchez	2.00	+	┢╌	┝	-		┝			
Director	outline -	0.00	• 1	ł	l	l	l	l			
(6) Wallace	e Ashley	2.00	+	t							
Director		0 00	· I								
(7) Cynthia	a Hughes	2.00									
Director		0.00	X	匚		L_		_			
(8) Jonatha	an Novi	2.00									
Director		0.00	_		\vdash	<u> </u>		<u> </u>			
(9) Sara Pa	almer	2.00	•				'				
Director (10) Heavor	Fagan	0.00 2.00		\vdash	 	-	\vdash	-			
Director	i i ayaii	0.00	1								
(11) Jay Spa	ang	40.00	_	\vdash	\vdash	 		\vdash			
Executive Dire		0 00	1]	×	•]		59,682	o	4,106
			+	\leftarrow	-	 	-	\vdash		<u> </u>	

(12)

(13)

(14)

Cape	Estim amou	ount o	of
(15) (19) (29) (21) (22) (23) (24) (25) 1b Sub-total	comper from organi and re organi	n the nizati relate	ation e tion ted
(17) (18) (19) (20) (21) (22) (23) (24) (25) 1b Sub-total			
(18) (19) (20) (21) (22) (23) (24) (25) 1b Sub-total (25) 1c Total from continuation sheets to Part VII, Section A (26) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organizations tayear. (A)			
(29) (21) (22) (23) (24) (25) 1b Sub-total			
(22)			
(22)			
(21) (22) (23) (24) (25) 1b Sub-total			
[22] [23] [24] [25] [25] [25] [25] [25] [26] [27] [28] [28] [28] [28] [29] [29] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [21] [22] [25] [25] [26] [27] [28] [28] [29] [20] [20] [20] [20] [20] [20] [20] [21] [22] [22] [22] [23] [24] [25] [26] [27] [28] [29] [29] [20] [20] [20] [20] [21] [22] [22] [22] [23] [24] [25] [25] [26] [27] [28] [28] [28] [29] [29] [20] [20] [20] [20] [21] [22] [22] [22] [23] [24] [25] [25] [26] [27] [28] [28] [28] [28] [29] [20] [20] [20] [21] [22] [22] [22] [22] [24] [25] [25] [26] [27] [28] [28] [28] [28] [28] [29] [20] [20] [20] [21] [22] [22] [22] [23] [24] [25] [25] [26] [27] [28] [28] [28] [28] [29] [20] [20] [20] [21] [22] [22] [22] [22] [23] [24] [24] [25] [25] [26] [27] [28] [28] [28] [29] [20] [20] [20] [20] [20] [20] [21] [22] [22] [22] [22] [23] [24] [25] [25] [26] [27] [28] [28] [28] [29] [20]			
(24) (25) 1b Sub-total			
(24) (25) 1b Sub-total			
1b Sub-total			
1b Sub-total			
c Total from continuation sheets to Part VII, Section A.			
Total (add lines 1b and 1c)		4	4,106 0
Treportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tayear. (A) (B)		4	4,106
employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tayear.			
employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tayear.	Ye	es	No
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3		X
Individual			
for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's taryear. (A)	4		×
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's taryear. (A) (B)	<u>-</u> -		<u> </u>
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's ta year. (A) (B)	5		X
	×		
	(C)	tion	
			0
			0
			ō
Total number of independent contractors (including but not limited to those listed above) who received			0

Check if Schedule O contains a response or note to any line in this Part VIII								
We to	70.00A			144 (1847) - Car	(A)	(B)	(C)	(D)
			inni.		Total revenue	Related or exempt	Unrelated business	Revenue excluded from
						function	revenue	tax under sections
					. Descriptions of the second	revenue		512-514
t ti	1a Federated campaigns				4			
Grants		Fundraising events		c 0	1			
tributions, Gifts, Grants Other Similar Amounts	q C	Related organizations		d c				
i, Gi	e	Government grants (contributions	<u> </u>	e 218,484				
Contributions, and Other Sim	f	All other contributions, gifts, gran	· —		1			
the X		similar amounts not included abo		f 22,635				
Contr and C	g	Noncash contributions included in li	nes 1a-1f.	486				
о в	h	Total. Add lines 1a-1f			241,119		Park and the second	
en n				Business Code	60.00			
ven	2a	Program Participation Fees		624110	30,456			<u> </u>
e R	b	YCC Contract		900099	4,957	4,957		
Z C	C	·			0			
n Se	u				0	·		
Program Service Revenue	f	All other program service revenue	e		0	 		· · · · · · · · · · · · · · · · · · ·
Pro	ď	Total. Add lines 2a–2f			35,413	Maria Company	Navi Paka Paka	
	3	Investment income (including div			"			
		other similar amounts)			0			
	4	Income from investment of tax-ex	cempt bond pr	oceeds	0			
,	5	Royalties		<u>.</u> . ▶	0	10040 11196 1195	J. 58 1 1 1854	Toras, Casagoro, Casagoro - 1
	_	_ 1	(ı) Real	(II) Personal				
	6a	Gross rents	8,16	50				
	b	Less: rental expenses	8,10	30 0				
	c d	Rental income or (loss) Net rental income or (loss)	0,10	<u>50 </u> ►	8,160	8,160		
	7a	Gross amount from sales of	(ı) Securities	(II) Other			(\$1.4.16.16.16.16.16.16.16.16.16.16.16.16.16.	
		assets other than inventory	,	0 0				
	b	Less. cost or other basis			1			
		and sales expenses		0 0				
	С	Gain or (loss)		0 , (
	d	Net gain or (loss)		. <u></u>	0	3940-35-0460067-5-7480-114	7573 SASSINGS . 7 GMP8665	NGMARK V SCHRENBELL VORREGUNT (1
ø.								
Ž	8a	Gross income from fundraising	0	•				
Š.		events (not including \$ of contributions reported on line	U					
Other Revenue		See Part IV, line 18.		a 49,578				
Ę.	b			b 32,945	1 Carrello 7 1965 26, 6 1937 5 4		180	
ō	C	Net income or (loss) from fundral	sing events.					16,633
	9a	Gross income from gaming activi	-	`				
		See Part IV, line 19		a <u>(</u>	<u> </u>			
	b	Less: direct expenses . '		b(_			
	С	Net income or (loss) from gaming	g activities	· · · · · ·	0	320004403000000000000000000000000000000	144680 A.Ch.O.C. 2003207	0.800 (0.000.000)
	10a	Gross sales of inventory, less		00.050			and the second	dana. mpa yan dan
	_	returns and allowances		a 68,659				
	b	Less cost of goods sold Net income or (loss) from sales of	of inventory	b <u>2,09</u> 4	66,565	66,565		A Maria and the second
,		Miscellaneous Revenue	inventory.	Business Code	36.00	F3.63 (88) (174)	55-48-80 V350	
	11a		<u>-</u>	1	0			A STATE OF THE PARTY OF THE PAR
	b				0		·	
•	C				0			
	d	All other revenue		,	0		2	TO CARD, TOWN AND A R. A.
	е	Total. Add lines 11a-11d			0	+ ·	W. W. T.	
	12	Total revenue. See instructions	<u> </u>	<u></u> . ▶	367,890	110,138	0	,
								Form 990 (2017)

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 or note	to any line in this Pa	art IX		
	not include amounts reported on lines 6b, 7b, 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 domestic organizations				
	domestic governments. See Part IV, line 21	o			
2	Grants and other assistance to domestic			A CARSATA SA	
	ındıvıduals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				44
	individuals See Part IV, lines 15 and 16	l o			
4	Benefits paid to or for members	0	·-	North Control	
5	Compensation of current officers, directors,				
•	trustees, and key employees	61,385	49,614	9,208	2,563
6	Compensation not included above, to disqualified			·	•
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	ا			
7	Other salaries and wages	144,942	122,564	17,958	4,420
8	Pension plan accruals and contributions (include	211,1012	,		<u> </u>
•	section 401(k) and 403(b) employer contributions)	l			
9	Other employee benefits	6,286	4,903	1,383	0
10	Payroll taxes	20,377	17,151	2.445	781
11	Fees for services (non-employees)	20,577	17,101	2,110	
	Management	l o			
a	Legal	0			
b	•	16,094	12,579	3,515	0
ن س	Accounting	10,094	12,579	3,313	
u	Lobbying		Fig. 1 nr sungne,	2.45.48m (32.3m)	
e	Professional fundraising services See Part IV, line 17	0	- A	357 4 1 2 7.20 5 5 44 74 14	
T	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column	21.015	12 626	1,911	5,468
40	(A) amount, list line 11g expenses on Schedule O)	21,0 <u>15</u> 1,332		1,911	
12	Advertising and promotion		1,332	<u>~</u>	·
13	Office expenses	10,493			0
14	Information technology	2,764	2,471	293	0
15	Royalties	0		0.000	
16	Occupancy	13,060	9,994		0
17	Travel	179	150	0	29
18	Payments of travel or entertainment expenses				1
	for any federal, state, or local public officials.	0			-
19	Conferences, conventions, and meetings	1,578	768		
20	Interest	50	50	0	0
21	Payments to affiliates	0			, .
22	Depreciation, depletion, and amortization	933	933		0
23	Insurance	16,761	14,782	1,979	0
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)		A Tarakan Maria		
а	Program Expenses	67,741	67,741	0	0
b	Small Equipment and Grantor Owned Equip	2,030	2,030	0	
С	Automobile expenses	50		0	. 50
d	Equipment Rent and Maintenance	5,073	4,127	946	0
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e .	392,143	332,315	46,438	13,390
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs	1			
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	1		1	

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	<u> , . , . , . , . , . , . ,</u>		<u> </u>
•	-		(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	60,089	_1_	12,846
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	20,997	4	55,940
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	
	6	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			
ets		organizations (see instructions) Complete Part II of Schedule L	0	6	
Assets	7	Notes and loans receivable, net	0	7_	0
⋖	8	Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	9,413	9	9,088
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 4,000		222	
	b	Less accumulated depreciation 10b 1,992	· · · · · · · · · · · · · · · · · · ·	10c	2,008
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0		0
•	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	, 0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	93,441	16	79,882
	17	Accounts payable and accrued expenses	15,967	17	26,661
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	'
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	\$ 5 5 6 6 7 TO CONTRACT 1-1 1
Liabilities	22	Loans and other payables to current and former officers, directors,			
Ĭ.		trustees, key employees, highest compensated employees, and	0	22	
ia		disqualified persons. Complete Part II of Schedule L	0	22	0
- ,	23	Secured mortgages and notes payable to unrelated third parties	0	24	0
	24 25	Other liabilities (including federal income tax, payables to related third	0		<u> </u>
	25	parties, and other liabilities not included on lines 17-24). Complete	,		,
		Part X of Schedule D	l o	25	0
	26	Total liabilities. Add lines 17 through 25	15,967	26	26,661
			3.00		7 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
ý		Organizations that follow SFAS 117 (ASC 958), check here X and			
JCe		complete lines 27 through 29, and lines 33 and 34.	70.070		50.004
ılaı	27	Unrestricted net assets	76,076		53,221
Fund Balances	28	Temporarily restricted net assets	1,398	28 29	
pur	29	Permanently restricted net assets		29	
Ľ,		Organizations that do not follow SFAS 117 (ASC958), check here			
o .		complete lines 30 through 34.	######################################		
Net Assets	30	Capital stock or trust principal, or current funds	0	30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund	0	-	ļ
et A	32	Retained earnings, endowment, accumulated income, or other funds .	0	_	
ž	33	Total net assets or fund balances	77,474	_	53,221
_	34	Total liabilities and net assets/fund balances	93,441	34	79,882

orm 9	90 (2017) New Mexico Xtreme Sports Association, Inc	4:	3-2089526	Pag	_{je} 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			.	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		367	7,890
2	Total expenses (must equal Part IX, column (A), line 25)	2		392	2,143
3	Revenue less expenses. Subtract line 2 from line 1	3		-24	1,253
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		77	7,474
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		53	3,221
art					
	Check if Schedule O contains a response or note to any line in this Part XII				\Box
				Yes	No
1	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.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				П
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
L	Were the organization's financial statements audited by an independent accountant?		. 2b		
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	•	.		\vdash
	separate basis, consolidated basis, or both				l
	X Separate basis				
С	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?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				1 1
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				١
	the Single Audit Act and OMB Circular A-133?		. 3a		<u> </u>
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** (2017)

• 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

Open to Public Inspection

Name	e of ti	ne organization					Employer identification	number	
Vew	Ме	xico Xtreme Sports Association,	Inc.				43-20	89526	_
Par		Reason for Public Char		ganizations must co	mplete th	nis part.)	See instructions.		
		anization is not a private foundat						^	
1	Ĭ	A church, convention of church						Y/I	
2		A school described in section 1					Ĺ	/ (
3		A hospital or a cooperative hos	pital service organiz	ation described in sec	tion 170(i	b)(1)(A)(iii	i).		
4		A medical research organization	n operated in conjur	nction with a hospital d	escribed i	n section	170(b)(1)(A)(iii). En	iter the	
		hospital's name, city, and state:							
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned o	or operate	ed by a go	vernmental unit desc	cribed in	
6		A federal, state, or local govern	ment or governmen	tal unit described in se	ection 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	A)(vi). (Complete Part	II.)				
9		An agricultural research organizor university or a non-land-granuniversity	zation described in s it college of agriculti	section 170(b)(1)(A)(ix ure (see instructions).) operated Enter the	d in conjur name, city	nction with a land-gra , and state of the co	ant college llege or	
10	Х		o its exempt function income and unrelated	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section (no more than 33 1/3 511 tax) from busine	3% of its	-
11		An organization organized and	operated exclusivel	y to test for public safe	ty. See s e	ection 509	9(a)(4).		
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or	section 50	09(a)(2). See section	n 509(a)(3).	
а		Type I. A supporting organize the supported organization(sorganization. You must con	s) the power to regunplete Part IV, Sect	larly appoint or elect a ions A and B.	majority o	of the direc	ctors or trustees of th	ne supporting	
b)	Type II. A supporting organia control or management of the organization(s). You must c	e supporting organi complete Part IV, Se	zation vested in the sa	ıme perso	ns that co	ntrol or manage the	supported	
С		Its supported organization(s						rated with,	
d		Type III non-functionally in	itegrated. A support	ting organization opera	ated in cor	nection w	ith its supported org	anization(s)	
		that is not functionally integr requirement (see instruction						entiveness	
е	:	Check this box if the organiz	ation received a wr	itten determination from	n the IRS	that it is a		e III	
		functionally integrated, or Ty	•	lly integrated supporting	ng organiz	ation.			_
f		Enter the number of supported	-						0
9		Provide the following information Name of supported organization	n about the support	ed organization(s). (iii) Type of organization	(m) to the	organization	(v) Amount of monetary	(vi) Amount of	_
	(1)	Name of Supported organization	(11) 2114	(described on lines 1–10 above (see instructions))	listed in you	ur governing ment?	support (see instructions)	other support (see instructions)	
					Yes	No			
(A)				-			· ·		_
			:						_
(B)									
(C)									
(D)	-			-					
(E)									_
						ļ		-	_

instructions

_		co Xtreme Sports				43-208952	6 Page 2
Pa	till Support Schedule for Org						al a
	(Complete only if you check						der
	Part III. If the organization fa	alls to quality ur	nder the tests ii	stea below, ple	ase complete i	² aπ III.)	/
	tion A. Public Support	1		1 1 2 2 2 2 2	1 (0.0010	(1) 2017 (/A) Tr
Cale	ndar 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	_			•	/	
	ınclude ány "unusual grants ")				<u> </u>		
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf			ļ	/		
3	The value of services or facilities						
	furnished by a governmental unit to the		ļ			-	
	organization without charge .		·		/		
4	Total. Add lines 1 through 3	0	C	0	0	0	
5	The portion of total contributions by				//	1.5	
	each person (other than a						•
	governmental unit or publicly			/			
	supported organization) included on						
	line 1 that exceeds 2% of the amount			1			
	shown on line 11, column (f)		Charles To the time	125 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
6	Public support Subtract line 5 from line 4	- 70 ANASASA	\$ 12 A. A. A.	The state of the s	The state of the s	- 1973 FRANCE - 1	
	tion B. Total Support	1	4.224	1 / 1 > 2015	1 (1) 0040		(O T-1-1
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	0	·	ri c	0	- 0	
8	Gross income from interest, dividends,		/	,			
	payments received on securities loans,						
	rents, royalties, and income from]	/				
	sımılar sources .				ļ	ļ	•
9	Net income from unrelated business		/				
	activities, whether or not the business is		/				
	regularly carried on .		ļ <i></i>	ļ			
10	Other income Do not include gain or		y				
	loss from the sale of capital assets		1		İ		
	(Explain in Part VI)	The state of the s	ASMA" 3 C. N. Oben's Comment's	. And areas of the mediant of the area of the name	. PL40.000 # % 4 × 1004 * 1. 4	st Clark 11 for Track Clark Clark Control and France	
11	Total support. Add lines 7 through 10		Rocker-Message	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		And the Access	
12	Gross receipts from related activities, etc. (12	
13	First five years. If the Form 990 is for the	- //	second, third, four	th, or fifth tax year	as a section 501(c)	. (3)	
	organization, check this box and stop here				•	•	<u> </u>
Se	ction C. Computation of Public Su			-,			
14	Public support percentage for 2017 (line 6,			(f))	•	14	0 00%
15	Public support percentage from 2016 Schei	dyle A, Part II, line	14			15	0 00%
16a	33 1/3% support test—2017. If the organ			3, and line 14 is 33	1/3% or more, che	eck this box	_
	and stop here. The organization qualifies/a	as a publicly suppor	ted organization	•		•	▶ _
b	33 1/3% support test—2016. If the organi	zation did not checl	k a box on line 13	or 16a, and line 15	is 33 1/3% or more	e, check this	r-
	box and stop here. The organization gualif	ies as a publicly su	pported organizati	on ,			. ▶∟
17a	10%-facts-and-circumstances test-201	7. If the organization	on did not check a	box on line 13, 16a	a, or 16b, and line 1	4	
	is 10% or more, and if the organization mee	ets the "facts-and-ci	rcumstances" test	, check this box an	d stop here . Expla	un in	
	Part VI how the organization meets the "fac	cts-and-circumstanc	es" test. The orga	nızatıon qualıfıes a	s a publicly suppor	ted	
	organization		•				. ▶∟
b	10%-facts-and-circumstances test—201					line	
	15 is 10% or more, and if the organization resplain in Part VI how the/organization med	neets the "tacts-and o	u-circumstances" (ircumstances" tost	est, check this box	i and stop nere. mialifies as a bubbi	clv	
	Explain in Fait vi now inerorganization met	ere inc iacreanu-c	ii oui ii ota itai	The organization	quannes as a publi	~· <i>y</i>	. □

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

Sec	ction A. Public Support						
	ndar 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")	251,004	245,782	323,063	255,197	241,119	1,316,165
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	118,396	62,350	191,159	114,444	110,138	596,487
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513	o	o				0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on					`	
	its behalf .						0
5	The value of services or facilities						···
	furnished by a governmental unit to the						
	organization without charge	11,300	11,300	13,000	13,000	13,000	61,600
6	Total. Add lines 1 through 5 .	380,700	319,432	527,222	382,641	364,257	1,974,252
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	6,000	5,765	5,000	11,108	13,023	40,896
b	Amounts included on lines 2 and 3	·	Ü				
	received from other than disqualified		;			j	
	persons that exceed the greater of \$5,000					1	
	or 1% of the amount on line 13 for the year	•					0
С	Add lines 7a and 7b	6,000	5,765	5,000	11,108	13,023	40,896
8	Public support (Subtract line 7c from			建 的人工: 25.60	第6名中国的8		
	line 6).						1,933,356
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	380,700	319,432	527,222	382,641	364,257	1,974,252
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	3					3
b	Unrelated business taxable income (less				;		
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
c	Add lines 10a and 10b .	3	0	0	0	0	3
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income Do not include gain or		'				
	loss from the sale of capital assets						
	(Explain in Part VI)	73,799	44,226	4,058	11,691	16,633	150,407
13	Total support. (Add lines 9, 10c, 11,	1	ì				
	and 12)	454,502	363,658	531,280			2,124,662
14	•	organization's first, s	second, third, fourtl	h, or fifth tax year a	is a section 501(c)	(3)	
	organization, check this box and stop here	· ·		•		•	
Se	ction C. Computation of Public Su	pport Percent	age r			 	
15	Public support percentage for 2017 (line 8, o	column (f) divided b	y line 13, column (f))		15	91.00%
16	Public support percentage from 2016 Scheo					16	91.65%
Se	ction D. Computation of Investmen			_			
17	Investment income percentage for 2017 (lin			olumn (f))		17	0.00%
18	Investment income percentage from 2016 S					18	0.00%
19a	33 1/3% support tests—2017. If the organ					and line 17 is	⊾ [⊽
	not more than 33 1/3%, check this box and					22 1/20/ 224	▶ X
þ	33 1/3% support tests—2016. If the organ line 18 is not more than 33 1/3%, check this						·
	ime 18 is not more than 33 1/3%, check this	DOX AND Stop nero	s. The organization	i quaiiii c s as a pub	nory supported org	arnzaudii .	·

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes." explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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4c		
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9b	w,222.20	7. 5. 90 1
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Schedul	e A (Forn	1 990 or 990-EZ) 2017	New Mexico Xtreme Sports Association, Inc	43-2089526	ı	Page 5
Part	V	Supporting Organ	nizations (continued)			
				-	Yes	No
11			ed a gift or contribution from any of the following persons?			
а			rectly controls, either alone or together with persons described in (b) and (c)	کالان می شنسخت		تنت
	below,	, the governing body o	of a supported organization?	11:	3	<u> </u>
b	A fami	ly member of a persor	n described in (a) above?	111	_	
С	A 35%	controlled entity of a	person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pa	<i>rt VI.</i> 110	:	
Secti	on B.	Type I Supporting	Organizations			
_		<u>- </u>			Yes	No
1	Did th	e directors, trustees, o	or membership of one or more supported organizations have the power to	5	W Karia	
			least a majority of the organization's directors or trustees at all times during the	e 🍱		
			Part VI how the supported organization(s) effectively operated, supervised, o			
			activities If the organization had more than one supported organization,			100
			appoint and/or remove directors or trustees were allocated among the support	ted 🦪	gran,	
			ditions or restrictions, if any, applied to such powers during the tax year.	1		
2	_		e for the benefit of any supported organization other than the supported	. 3		
_			d, supervised, or controlled the supporting organization? If "Yes," explain in Pa	art 🔯		
			fit carried out the purposes of the supported organization(s) that operated,			100
			e supporting organization.	2		
Secti		Type II Supporting			_	
00011	<u> </u>	Type ii oupperting	gariizatio ii		Yes	No
1	Were	a majority of the organ	nization's directors or trustees during the tax year also a majority of the directo	rs with	* 47.74	100
•			ganization's supported organization(s)? If "No," describe in Part VI how control			
			orting organization was vested in the same persons that controlled or manage			
		ipported organization(- -	شنم 1	مدسد المناب	المحسسة
Secti			rting Organizations		-1	
Jecu	<u> </u>	All Type III Suppor	Ting Organizations		Yes	No
1	Did th	o organization provide	to each of its supported organizations, by the last day of the fifth month of the		* 1.5.	i kara
•		•	written notice describing the type and amount of support provided during the p	**************************************		
			990 that was most recently filed as of the date of notification, and (iii) copies of			
			cuments in effect on the date of notification, to the extent not previously provid		<u> </u>	استشترا
_			n's officers, directors, or trustees either (i) appointed or elected by the support		9 S S	(285m)
2			g on the governing body of a supported organization? <i>If "No," explain in Part V</i>		3 N 33 N	
					نست	لتفنفقعدان
•			l a close and continuous working relationship with the supported organization(so by described in (2), did the organization's supported organizations have a	"· <u> </u>	77 - 7 - 4	7.1
3				i da	\$] :	
			nization's investment policies and in directing the use of the organization's	i i		
			s during the tax year? If "Yes," describe in Part VI the role the organization's	3	80 <u>200 2</u>	لعشابيا
<u> </u>		orted organizations pla				Ь
Secti			Ily Integrated Supporting Organizations			
1			nethod that the organization used to satisfy the Integral Part Test during the year	ar (see instructio	ns).	
а	_	=	d the Activities Test. Complete line 2 below			
b	☐ Th	e organization is the p	arent of each of its supported organizations. Complete line 3 below.			
С	☐ Th	e organization suppor	ted a governmental entity. Describe in Part VI how you supported a governme	nt entity (see insti	uction	s)
	_	_		• ,		<u> </u>
2		ies Test Answer (a) a		-4	Yes	No
а			rganization's activities during the tax year directly further the exempt purposes			
			s) to which the organization was responsive? If "Yes," then in Part VI identify			1 18 10
			ntions and explain how these activities directly furthered their exempt purpos			
			esponsive to those supported organizations, and how the organization determine	_		
			ted substantially all of its activities.	28	1 125 1 - 2 1	 - () (5, (5, 1))
b			in (a) constitute activities that, but for the organization's involvement, one or m			
	of the	organization's suppor	ted organization(s) would have been engaged in? If "Yes," explain in Part VI to	he [jij		
			n's position that its supported organization(s) would have engaged in these		Ži	
•		ies but for the organiz		2t) · /·	
3			zations. Answer (a) and (b) below.	1,34,3		
а			ne power to regularly appoint or elect a majority of the officers, directors, or	S To S To S To S To S To S To S To S To	نسند 🌡	لخثكان
	truste	es of each of the supp	orted organizations? Provide details in Part VI.	38		
b	Did th	e organization exercis	e a substantial degree of direction over the policies, programs, and activities of		1	
			ns? If "Yes," describe in Part VI the role played by the organization in this rega			

instructions).

Part V Type III Non-Functionally integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	iizatio	ns must complete Sections	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			1
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	o	0
e Discount claimed for blockage or other		' '	
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	lv inte	grated Type III supporting	organization (see

Part '	Type III.Non-Functionally Integrated 509(a)(3)	Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			<u> </u>
2	Amounts paid to perform activity that directly furthers exempt	nt purposes of supported	i	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6			. 0
8	Distributions to attentive supported organizations to which the	ne organization is respoi	nsive	
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2017 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount	. +		0.000
	,		(ii)	(iii)
, s	ection E - Distribution Allocations (see instructions)	(י) Excess Distributions	Underdistributions	Distributable
	·	LXCC33 DISTINUTIONS	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		器和各次17代次次	0
	Underdistributions, if any, for years prior to 2017			
2	(reasonable cause required-explain in Part VI). See		•	
	instructions.			
3	Excess distributions carryover, if any, to 2017	は多いはない。	则 建设了这个对数数据数据	44、14、14、14、14、14、14、14、14、14、14、14、14、1
а	The state of the s	The state of the s	Maria de la companya	inminimized the property of the first section of
b	From 2013 0			
С	From 2014 0			
d	From 2015			
е	From 2016 0		SHELLER TO THE TOTAL CONTROL OF	
f	Total of lines 3a through e	0	经 价值的设计分类的	
	Applied to underdistributions of prior years	产品25%的4分十二人2分分	0	是一个一个
 h	Applied to 2017 distributable amount		新发生公司公司	- 0
i	Carryover from 2012 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.	· 0		Children and the childr
4	Distributions for 2017 from			
	Section D, line 7 ⁻ \$ 0		i Kuus — Horominiaananahalikakanahalika	a marining and a state of the s
a	Applied to underdistributions of prior years	秦史謂 宋四位为[]於	0	CHARLES SERVICE
b	Applied to 2017 distributable amount	THE STANDARD STANDARD	MATERIAL STATES	0
С	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
,	greater than zero, explain in Part VI See instructions		0	
6 -	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions.			0
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:		Production last de la lace de lace de la lace de la lace de la lace de la lace de la lace de la lace de la lace de la lace de la lace de la lace de la lace de la lace de la lace de la lace de la lace de lace	The contract and in the contract of the contra
a	Excess from 2013 0	3. 特别的 2015年5月2015	需要 25-2700次多数数据	第7年《第788章 第1941年月
b	Excess from 2014 . 0			
C C	Excess from 2015	and the second of the second o		
<u>_</u>	Excess from 2016 0			
<u>e</u>	Excess from 2017		Section of the sectio	South my work that and manual of the Contract

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions.)							
Part III Sec	Part III Section B Line 12 Other income represents net income from special events.							
								
••••								

SCHEDULE D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name	of the organization	·	Employer identification number
New I	Mexico Xtreme Sports Association, Inc.		43-2089526
Part		Advised Funds or Other Similar Fi	
	Complete if the organization answer		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor		
	funds are the organization's property, subject		
6	Did the organization inform all grantees, dono		
	used only for charitable purposes and not for t		
	purpose conferring impermissible private bene	efit?	Yes No
Part	Il Conservation Easements.		
	Complete if the organization answer		•
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., r		on of a 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 contributi	on 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 ease		
C	Number of conservation easements on a certi		<u>2c</u>
d	Number of conservation easements included		
_	historic structure listed in the National Registe		
3	Number of conservation easements modified,	transferred, released, extinguished, or ter	minated by the organization during
4	the tax year ►	progration accoment is located	
4 5	Does the organization have a written policy re		n handling of
3	violations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monitoring, in		
•		appooling, name in grown and a marketing	,
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and enforcing con	servation easements during the year
	▶ \$	5 .	-
8	Does each conservation easement reported o	n line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization rep	orts conservation easements in its revenu	ue and expense statement, and
	balance sheet, and include, if applicable, the t	ext of the footnote to the organization's fir	nancial statements that describes
	the organization's accounting for conservation		
Part	III Organizations Maintaining Collect		
	Complete if the organization answer		
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other simi		
_	of public service, provide, in Part XIII, the text		
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other simi	•	ttion, or research in turtherance
	of public service, provide the following amoun		.
	(i) Revenue included on Form 990, Part VIII,	line 1	
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
	following amounts required to be reported und		
a	Revenue included on Form 990, Part VIII, line		
b	Assets included in Form 990, Part X		🏲 🖔

•										
	ule D (Form 990) 2017 New Mexico Xtreme S			vicel Tree		Othor	43-208			Page 2
3	Using the organization's acquisition, access									
J	collection items (check all that apply).	ssion, and other i	ecorus,	check arry	Of the follows	ing ina	t are a significan	it use of it	.3	
а	Public exhibition		a l	Loan	or exchange	prograi	ms			
b	Scholarly research		e 🗀	Other						
			•							
C 1	Preservation for future generations	collections and s	walam b	ou thou fu	whor the era	onizati	an'a avamnt nurr	D	~	
4	Provide a description of the organization's XIII.	collections and e	expiain n	low they tu	riner the org	anızaıı	ons exempt purp	oose in P	aπ	
5	During the year, did the organization solici	t or receive dona	tions of	art historio	al treasures	or oth	er sımılar			
J	assets to be sold to raise funds rather than							☐ Y	es 🗌	No
Pari	IV Escrow and Custodial Arrange							<u> </u>		
T CILL	Complete if the organization ans		Form 9	990 Part	IV line 9 o	r reno	rted an amour	nt on Fo	m	
	990, Part X, line 21.			, r an	11,	Поро	itod arramodi		***	
1a	Is the organization an agent, trustee, custo	odian or other into	ermediai	ry for contr	ibutions or of	ther as	sets not			
-	-			•					es 🗔	No
b	If "Yes," explain the arrangement in Part X									
		•		_				Amount		
С	Beginning balance						с			0
d	Additions during the year					10	d			
е	Distributions during the year					10			_	
f	Ending balance					1	f			0
2a	Did the organization include an amount or	Form 990, Part	X, lıne 2	1, for escre	ow or custodi	al acco	ount liability?	Y	es 🗵	No
b	If "Yes," explain the arrangement in Part X	III. Check here if	the expl	anation ha	ıs been provi	ded on	Part XIII .			
Part	V Endowment Funds.									
	Complete if the organization ansi	wered "Yes" on	Form 9	990, Part	IV, line 10.					
		(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years bac	ck (e) Fo	our years	back
1a	Beginning of year balance	0		0		0		0		0
b	Contributions								_	
С	Net investment earnings, gains,	1								
	and losses									
d	Grants or scholarships			<u>_</u>				_		
е	Other expenditures for facilities									
f	and programs									
	Administrative expenses End of year balance	0	·	0				0		0
g 2	Provide the estimated percentage of the c		alance (lumn (a)) hel			<u> </u>		
a	Board designated or quasi-endowment	• • • • • • • • • • • • • • • • • • •	% %	c .g, cc	idiiii (a), iici	u us.				
b	Permanent endowment	%	23-							
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c s	hould equal 1009	%.							
За	Are there endowment funds not in the pos			on that are	held and adı	mınıste	red for the			
	organization by.								Yes	No
	(i) unrelated organizations							3a(i)		
								3a(ii)		
þ	If "Yes" on line 3a(ii), are the related organ							3b		
4	Describe in Part XIII the intended uses of the		endowr	ment funds	<u>. </u>		<u>. </u>		_	
Part			_			_				
	Complete if the organization ansi									
	Description of property	(a) Cost or othe			st or other		Accumulated	(d) B	ook valu	е
		(investme		basis	(other)	- '	depreciation			
1a	Land		0	 	0					0
b	Buildings	-	0	<u> </u>	0		0			0
q	Leasehold improvements	-	0		4,000		0 -614		-	0 2,008
d	Equipment			J	4,000		-014]			∠,∪∪0

d Equipment . . e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

2,008

0

•

Part VII Investments—Other Securities Complete if the organization answ		90 Part IV line 11b See Form	990 Part X line 12
(a) Description of security or category	(b) Book value	(c) Method of va	lluation
(including name of security) (1) Financial derivatives	•	O	naiket value
(1) Financial derivatives		0	
(3) Other		<u> </u>	<u>-</u>
(A)			
(B)			
(C)			
(D)			<u> </u>
(E)			
(F)			
(G)			
Total (Column (b) must count form 000 Bort V col (B) line 12)	<u> </u>	0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related		O ACCOUNT ASSESSMENT OF A COMMISSION OF A COMM	with the figure of a constitution with the second of the s
Complete if the organization answers		90. Part IV. line 11c. See Form	990. Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of va	
(a) Description of investment	(b) Book Value	Cost or end-of-year r	
(1)			
(2)	<u> </u>		
(3)			
(4)	-		
(5)	 		
_(0)		· · · · · · · · · · · · · · · · · · ·	
		 	
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	0	
Part IX Other Assets.	`		
Complete if the organization ansi	wered "Yes" on Form 99	90, Part IV, line 11d. See Form	990, Part X, line 15.
	Description		(b) Book value
(1)			-
(2)	<u> </u>		
(3)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col (B)	line 15)	•	. (
Part X Other Liabilities. Complete if the organization ansiline 25.		90, Part IV, line 11e or 11f. See	e Form 990, Part X,
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes		o	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	<u> </u>		
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			·公共发生8年代1967年1969年1967年1967年
2. Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under FII			

Part		Reconciliation Complete if the								er Re	turn.	
1		enue, gains, and							C 12a.		1	380,890
2		included on line		•			icinio			` -	<u> </u>	000,000
a		alized gains (los						2a				
b	•	services and us						2b	13	3,000		
c		es of prior year						2c		,,,,,,,		
d		escribe in Part	-					2d	-		1	
e		2a through 2d								\Box	2e	13,000
3		line 2e from line									3	367,890
4		included on Fo						1 1				
а		ent expenses no						4a				
b		escribe in Part)						4b				
С		s 4a and 4b									4c	0
5	Total reve	enue. Add lines	3 and 4c. (7	This must e	equal Form	n 990, Par	t I, line 12.) .		<u> </u>	. [5	367,890
Part	XII F	Reconciliation	n of Exper	nses per	Audited	Financia	al Stateme	nts Wit	h Expense	s per l	Returr	1.
		Complete if the								•		
1		enses and loss									1	405,143
2		included on line	•									
· a	Donated	services and us	se of facilities	s				2a	13	3,000		
b	Prior yea	ar adjustments .						2b				
С	Other los	sses						2c			1	
d	Other (De	escribe in Part 2	KIII.) .					2d				
е	Add lines	2a through 2d			•					· L	2e	13,000
3	Subtract	line 2e from line	1					<i>:</i> .		L	3	392,143
4	Amounts	included on Fo	rm 990, Par	t IX, line 25	5, but not o	on line 1:					3	
а		ent expenses no						4a				
b		escribe in Part)	•					4b		-		
С		s 4a and 4b								· -	4c	
5		enses. Add line			equal For	rm 990, Pa	art I, line 18. _,). .			5	392,143
Provi	de the des	Supplemental scriptions requires 2d and 4b; and	ed for Part II	, lines 3, 5								1; Part X, line
	 -											
					·			·				
							·					
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			·	-								
			· 									

Schedule D (Form	n 990) 2017	New Mexico	Ktreme Sports A	Association, Ir	nc			43-2089526	3	Page 5
Part XIII	Supplem		nation (contin							
								_		
										
		· · · · · · · · · · · · · · · · · · ·								
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest instructions

Employer identification number

New I	Mexico Xtreme Sports Association, Inc	o.				43-208	39526			
	art I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.									
	Form 990-EZ filers are not									
1	Indicate whether the organization ra	ised funds throu								
а										
b	Internet and email solicitations		=		of government grants	S				
C	Phone solicitations		g 💹 S	pecial fund	raising events					
d	In-person solicitations									
2a	Did the organization have a written of key employees listed in Form 990, F						Yes No			
b	If "Yes," list the 10 highest paid indiv						raiser is			
	to be compensated at least \$5,000 b	by the organization	ion.							
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization			
			Yes	No						
1							2			
2	. ,				0	0	0			
3					0	0	0			
					0	0	0			
					0	0	0			
5					0	0	0			
6					0	0	0			
7					0	0	0			
8					0	0	0			
9	,				0	0	0			
10					0	0	0			
		<u>.</u>	<u>1</u>	. .						
Total	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>	0	0	0			
3	List all states in which the organizat registration or licensing	ion is registered	or license	d to solicit	contributions or has	been notified it is e	xempt from			
										
			- 				. 			
										
	~									
										
	·									
			-							

Revenue

Direct Expenses

New Mexico Xtreme Sports Association, Inc. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events NONE Zombie Run Mural Festival (event type) (total number) (event type) <u>11,4</u>39 38,139 Gross receipts. Less: Contributions Gross income (line 1 38,139 11,439 minus line 2) Cash prizes Noncash prizes . . Rent/facility costs 597 Food and beverages . . . Entertainment . . . 30,173 Other direct expenses . . 2,175 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming bingo/progressive bingo Gross revenue. Direct Expenses Cash prizes . . . Noncash prizes. Rent/facility costs Other direct expenses Yes Yes % Yes No Volunteer labor . Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: 9 If "No," explain.

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . If "Yes," explain.

Schedu	ule G (Form 990 or 990-EZ) 2017 New Mexico Xtreme Sports Association, Inc	43-2	2089526	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	. [Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			_
а	The organization's facility	13a		%
b	The Catalog County is a second county in the second county in the second county is a second county in the second county in the second county is a second county in the second county in the second county is a second county in the second county in the second county is a second county in the second county in the second county is a second county in the second county in the second county is a second county in the second county in the second county is a second county in the second county in the second county is a second county in the second county in the second county is a second county in the second county in the second county is a second county in the second county in the second county is a second county in the second county in the second county is a second county in the second county in the second county is a second county in the second county in the second county is a second county in the second county in the second county is a second county in the second county in the second county is a second county in the second county in	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			••••
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \bullet \$ 0 and the amount of gaming revenue retained by the third party \bullet \$ 0.		· 	
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation \$ 0			
	Description of services provided			
	Director/officer Employee Independent contractor		`	
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		_	
	retain the state gaming license?	. [Yes	∐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations			0
Part	or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, column	ıs (iii) a	nd (v):	
ı aıt	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	al inforr	nation.	
	See instructions			
		-		
-				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

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 approval by the treasurer, the 990 is finalized and signed It is then distributed to the full board of directors prior to filing with the IRS. Form 990, Part VI, Section B, Line 12c: Board members and directors are asked to disclose conflicts of interest at the beginning of each fiscal year. Form 990, Part VI, Section B, Line 15: All employees go through an annual review. Employees 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, conflicts 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) (2017)	Page 2
Name of the organization	Employer identification number
	42 2000526
New Mexico Xtreme Sports Association, Inc.	43-2089526
·	•••••••
•••••	
	