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► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

► *The organization may have to use a copy of this return to satisfy state reporting requirements.*

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization NEW MEXICO PODIATRIC MEDICAL ASSOCIATION		D Employer identification number 85-6011692
	Number and street (or P O box, if mail is not delivered to street address) 316 OSUNA NE STE 501	Room/suite	E Telephone number (505) 565-1155
	City or town, state or country, and ZIP + 4 ALBUQUERQUE, NM 87107		F Group Exemption Number 

G Accounting method ☒ Cash ☐ Accrual Other (specify) ▶

I Website:  WWW.NEWMEXICOPODIATRY.ORG

J Tax-Exempt status(check only one)—☐ 501(c)(3) ☒ 501(c)(6) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 60,353**

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	24,100
	2	Program service revenue including government fees and contracts	2	34,170
	3	Membership dues and assessments	3	
	4	Investment income	4	2,083
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
			6b	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	60,353	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	6,425
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	56,669
	17	Total expenses. Add lines 10 through 16	17	63,094
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,741
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	173,748
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-618
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	170,389

Part II

Balance Sheets

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

☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	171,848	22	183,489
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	2,600	24	2,600
25	Total assets	174,448	25	186,089
26	Total liabilities (describe in Schedule O)	700	26	15,700
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	173,748	27	170,389

Part III

Statement of Program Service Accomplishments

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

☒

What is the organization's primary exempt purpose? THE ASSOCIATION SHALL PROMOTE THE ETHICAL PRACTICE OF PODIATRIC MEDICINE AND ITS PROPER PLACE IN THE BETTERMENT OF PUBLIC HEALTHCARE		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	THE NMPMA IS COMMITTED TO PROMOTING QUALITY CONTINUING MEDICAL EDUCATION OPPORTUNITIES FOR PODIATRIC PHYSICIANS, CLINICAL PRACTICES BASED ON SOUND SCIENTIFIC FOUNDATIONS AND RESEARCH, ETHICAL AND SUCCESSFUL BUSINESS PRACTICES (Grants \$) If this amount includes foreign grants, check here	28a	
29	THE NMPMA IS COMMITTED TO CAMARADERIE AMONG THE PODIATRIC PHYSICIANS IN THE STATE OF NEW MEXICO, AND APPROPRIATE STATE AND FEDERAL LEGISLATION THAT IS CONSISTENT WITH THIS MISSION OF ADVOCACY (Grants \$) If this amount includes foreign grants, check here	29a	
30	 (Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

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

☒

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ NM		
42a	The organization's books are in care of ▶ DR TOMMY ROE Telephone no ▶ (505) 565-1155 1003 MAIN ST SW Located at ▶ LOS LUNAS, NM ZIP + 4 ▶ 87031		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

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

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

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

Sign Here	*****	2012-08-09			
	Signature of officer	Date			
	STEVEN WREGE DPM PRESIDENT				
	Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	KENYON R SCHLENKER	Date 2012-08-09	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	SCHLENKER & CANTWELL PA 8401 CONSTITUTION AVE NE STE 100 ALBUQUERQUE, NM 87110			EIN
					Phone no (505) 275-3915
May the IRS discuss this return with the preparer shown above? See instructions					
Yes No					

Additional Data

Software ID:
Software Version:
EIN: 85-6011692
Name: NEW MEXICO PODIATRIC MEDICAL ASSOCIATION

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
STEVEN WREGE 5111 JUAN TABO BLVD NE ALBUQUERQUE,NM 87111	PRESIDENT 000 00	0		
NATHAN IVEY 5111 JUAN TABO BLVD NE ALBUQUERQUE,NM 87111	VICE-PRESIDE 000 00	0		
ANGELA DRURY 101 HOSPITAL LOOP 214 ALBUQUERQUE,NM 87109	VICE-PRESIDE 000 00	0		
JONATHAN WILLIAMSON 5111 JUAN TABO BLVD NE ALBUQUERQUE,NM 87111	TREASURER 000 00	0		
BRENT FRAME 5111 JUAN TABO BLVD NE ALBUQUERQUE,NM 87111	SECRETARY 000 00	0		
JANET SIMON 316 OSUNA NE STE 501 ALBUQUERQUE,NM 87107	EXECUTIVE DI 000 00	0		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
NEW MEXICO PODIATRIC MEDICAL
ASSOCIATION**Employer identification number**

85-6011692

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE EXPENSE 7,864 OFFICE EXPENSE 1,533 TRAVEL 6,092 SEMINAR EXPENSES 33,731 INSURANCE 754 COMMISSIONS & FEES 20 DONATIONS 1,300 DUES & SUBSCRIPTIONS 305 LEGAL AND PROFESSIONAL DU 3,503 MISCELLANEOUS EXPENSE 104 NMMS ADMIN 1,307 REFUNDS 156 TOTAL 56,669
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	UNREALIZED GAINS/LOSSES SCHWAB INVESTMENTS -618
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 2,600 2,600 TOTAL 2,600 2,600
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 700 15,700
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	THE ASSOCIATION SHALL PROMOTE THE ETHICAL PRACTICE OF PODIATRIC MEDICINE AND ITS PROPER PLACE IN THE BETTERMENT OF PUBLIC HEALTHCARE
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	THE NMPMA IS COMMITTED TO PROMOTING QUALITY CONTINUING MEDICAL EDUCATION OPPORTUNITIES FOR PODIATRIC PHY SICIANS, CLINICAL PRACTICES BASED ON SOUND SCIENTIFIC FOUNDATIONS AND RESEARCH, ETHICAL AND SUCCESSFUL BUSINESS PRACTICES
ALL OTHER ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 31	THE NMPMA IS COMMITTED TO CAMARADERIE AMONG THE PODIATRIC PHY SICIANS IN THE STATE OF NEW MEXICO, AND APPROPRIATE STATE AND FEDERAL LEGISLATION THAT IS CONSISTENT WITH THIS MISSION OF ADVOCACY

TY 2011 Compensation Explanation

Name: NEW MEXICO PODIATRIC MEDICAL
ASSOCIATION

EIN: 85-6011692

Person Name	Explanation
STEVEN WREGE	
NATHAN IVEY	
ANGELA DRURY	
JONATHAN WILLIAMSON	
BRENT FRAME	
JANET SIMON	