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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

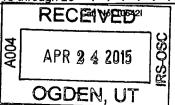
2014

OMB No 1545-1150

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 2,241 16 Other expenses (describe in Schedule O) 16 26,661 17 Total expenses. Add lines 10 through 16 17 32,277 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 8,771 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 57,215 20 Other changes in net assets or fund balances (explain in Schedule O) 20	ΑI	or the	2014 calend	ar year, or tax year beginning , 2	014, and ending			, 20			
Namber and street (or P C) box, if mail is not delivered to street address) Room/suite E Teleptone number	В	Check if ap	plicable	C Name of organization		D Emp	loyer ide	ntification number			
Potal status Potal desirations Potal de		Address c	ess change New Mexico Academy of Physician Assistants								
Follow/feather Fol			- 1	Number and street (or P O. box, if mail is not delivered to street address)	Room/surte	E Telep	hone nu	mber			
City or town, state or province, country, and ZiP or foreign postal codes F Circup Exemption Aputacion peedro Albusuarque, NM 87198 H Check If the organization is not required to attack Schedule B Towns and the province Towns and	=			PO Box 40331			888	3-862-0325			
Approximate presents Albuquerque, NM 87196 Accountal Website:						F Gro	up Exen	nption			
A Accounting Method:	=			Albuquerque. NM 87196		Nun	nber 🕨				
Website:	_				Н	Check	► Øif	the organization is not			
Jar-exempt status (check only one)			•					=			
K Form of organization:	J ·T	ax-exen		<u></u>	(1) or \[\begin{array}{c} 527 \end{array}	-					
L Add knee 5h, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part I	$\overline{}$										
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 2,000						assets					
Part 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 2.000							▶ ¢				
Check if the organization used Schedule O to respond to any question in this Part I						instru	ctions	for Part I)			
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 31,512		arti									
2	_	1 1					T				
3 Membership dues and assessments 3 7,520		ı		· ·		• •					
4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 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) c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6 Resistant of gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 6 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Cross profit or (loss) from sales of inventory (Subtract line 10 from line 7a) 7 Cross profit or (loss) from sales of inventory (Subtract line 10 from line 9) 7 Cross profit or (loss) from sales of inventory (Subtract line 10 from line 9) 8 Cross profit or (loss) from sales of fiventory sales line 10 from line 9) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other comp											
Sa Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 6c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) . 6d 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) . 6c 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 Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c d Constant revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . 9 41,048 . 9 41,048 . 9 41,048 . 9 41,048 . 9 41,048 . 9 41,048 . 9 50 41,		1		•		• •					
b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		1 1			50		 	10			
Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							1 1				
6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000)							=				
a Gross income from gaming (attach Schedule G if greater than \$15,000). 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). c Less: direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7b from line 7c) c Gross profit or (loss) from sales of inventory (Subtract line 17 from line 9c) c Gross profit or (loss) from sales of lines 10 through 16 contractors lines 10 through 16 contractors lines 10 through 16 contractors line 27c, column (A)) (must agree with end-of-year figure reported on pror year's return) c Gross profit or (loss) from gaming and fundraising events lines 18 through 20 contractors line 5c. page 15c. pa					om ime say		30				
\$15,000) 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). C Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). A Gross sales of inventory, less returns and allowances		0									
sum of such gross income and contributions exceeds \$15,000) . 6b	•	a		- · · · · · · · · · · · · · · · · · · ·	c- l						
sum of such gross income and contributions exceeds \$15,000) . 6b	Ē	1.		La company of the com			1 1				
sum of such gross income and contributions exceeds \$15,000) . 6b	ě	D		• • • • • • • • • • • • • • • • • • • •	or contributior	15	1				
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)	č				en l						
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances						•	1				
Iline 6c)		1 .				htroot	1				
Ta Gross sales of inventory, less returns and allowances		l "		le of floss) from gaining and fundraising events laud lines of	and ob and su	Diraci					
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Especial Contract Incomplete and the payments of the payments o		1 _	•		- - 1	• •	ba				
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 41,048 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 11 12 Salaries, other compensation, and employee benefits 12 12 13 Professional fees and other payments to independent contractors 13 3,375 14 Occupancy, rent, utilities, and maintenance 14 14 15 Printing, publications, postage, and shipping 15 2,241 16 Other expenses (describe in Schedule O) 16 26,661 17 Total expenses. Add lines 10 through 16 ▶ 17 32,277 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 8,771 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 57,215 20 Other changes in net assets or fund balances (explain in Schedule O) ▶ 20 65,986 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 65,986							4				
8 Other revenue (describe in Schedule O)							1_1				
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		1									
10 Grants and similar amounts paid (list in Schedule O) 10 11 11 12 12 12 12 12		li .						 			
11 Benefits paid to or for members 11	_	+				. •	 	41,048			
Salaries, other compensation, and employee benefits 12				, ,							
Professional fees and other payments to independent contractors		1	-				1	·			
15	ě Š	12	•	• • • • • •							
15	SE SE	13						3,375			
Other expenses (describe in Schedule O)		. 1					 +				
Total expenses. Add lines 10 through 16	Ŵ	15					15	2,241			
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		16	-	· · · · · · · · · · · · · · · · · · ·			16	26,661			
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)		17	Total exp	enses. Add lines 10 through 16	<u> </u>	. ▶	17	32,277			
21 Net assets of fund balances at end of year. Combine lines 18 through 20	Ś	18					18	8,771			
21 Net assets of fund balances at end of year. Combine lines 18 through 20	8	19			n (A)) (must agree	e with					
21 Net assets of fund balances at end of year. Combine lines 18 through 20	Ą		end-of-yea	ar figure reported on prior year's return)			19	57,215			
21 Net assets of fund balances at end of year. Combine lines 18 through 20	<u></u>	20	Other chai	nges in net assets or fund balances (explain in Schedule O).			20				
For Paperwork Reduction Act Notice, see the separate instructions. REC [at W/D05]21 Form 990-EZ (2014)	Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		. ▶	21	65,986			
	Fo	r Paper	work Reduc	tion Act Notice, see the separate instructions.	Est An Endests		-	Form 990-EZ (2014)			





Pa	rt II - Balance Sheets (see the instructions t	for Part II)				
	Check if the organization used Schedule		ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		<i></i> [57,215	22	65,986
23	Land and buildings		<i></i> . [23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets		<i>.</i> [57,215	25	65,980
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	57,215	27	65,986
Par	t III Statement of Program Service Accom	plishments (see th	e instructions for	Part III)		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III		Expenses
Wha	t is the organization's primary exempt purpose?	Promote the PA prof	ession in New Mexic	:0		quired for section (c)(3) and 501(c)(4)
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise money ons benefited, and other relevant information for ea	anner, describe the			orga	anizations, optional for ers.)
28	Provided CME (continuing medical education) confer	rence for 100 particip	ants on September	11-13, 2014		
	Participants claimed up to 18 hours AAPA Category	1 CME credit.				
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here .	▶ □	28	,
29	Provide member services and support: Publish quart			enings for PAs in		1
	New Mexico, inform members of important changes				1	
	and other activities which strive to meet the mission.					j
		includes foreign gra	ints, check here	• 🗇	298	,
30	Work with New Mexico lawmakers on bills affecting it	D.4 -				
	(Grants \$) If this amount	includes foreign gra	ints, check here		30a	, [
31	Other program services (describe in Schedule O)				1	1
	, ,	includes foreign gra			316	
32	Total program service expenses (add lines 28a	through 31a)		· · · · >	32	
Par	List of Officers, Directors, Trustees, and Key					
	Check if the organization used Schedule					_
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)			Estimated amount of other compensation
Sabr	Ina Johnson		-		十	· · · · · · · · · · · · · · · · · · ·
Pre	esident	10	١ ,	, l	0	0
Chris	s Gavladon					
Pre	esident-Elect	5	١ .		اه	0
Laur	a Grimes				\top	-
im	mediate Past President	2	ا ا	, l	٥	0
	y Johnson				十	
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	cording Secretary	5	1		٥	0
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Part	· · · · · · · · · · · · · · · · · · ·			
•	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	rant		اللا
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		~
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		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
ь	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		<u> </u>
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	V	
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		~
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		-
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		,
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	308		<u> </u>
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	-	_	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
0	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	<u> </u>	1
41	List the states with which a copy of this return is filed ▶ none			
42a		505-29		0
b	Located at ► 11300 Snowhelghts Blvd, NE ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	87	112 Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	1
	If "Yes," enter the name of the foreign country: ▶		 	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	V
43	Section 4947(a)(1) nonexempt chantable 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		V	NI -
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		v
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	_	v
C	Did the organization receive any payments for indoor tanning services during the year?	44c	 	1
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		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	\vdash	1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			Ť
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			1
	Form 990-EZ (see instructions)	45b		1

Form 9	90-EZ (2014)
	1
40	Did the e

Page 4

	•						_		res	ИО
		ne organization engage, directly or in								
1		ndidates for public office? If "Yes," o		, Part I				46		1
Part V		Section 501(c)(3) organizations								
		All section 501(c)(3) organization	s must answer que	stions 47-49b and	d 52, and co	mplete th	e tabl	es for	r line	s
	:	50 and 51.								
	(Check if the organization used Scl	nedule O to respond	to any question in	this Part VI					
								1	/es	No
47 1	Did th	ne organization engage in lobbying	activities or have a	section 501(h) elect	on in effect	during the	tax [
,	year?	If "Yes," complete Schedule C, Part	tll				.	47		
48 I	ls the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes." complete	Schedule E		. [48		
		ne organization make any transfers to						49a		
		s," was the related organization a se	•	•			-	49b		
		plete this table for the organization's							s and	kev
		oyees) who each received more than								,
	· · ·			Τ	(d) Health		r			
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		to employee		timated		
			devoted to position	(Forms W-2/1099-MISC		and deferred nsation	othe	er comp	ensati	on
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			4	L			L			
		number of other employees paid ov-								
		plete this table for the organization			nt contractor	s who eacl	n rece	ived n	nore	thar
	\$100,	,000 of compensation from the orga	inization. If there is no	one, enter "None."		· · · · · · · · · · · · · · · · · · ·				
	(a)	Name and business address of each independ	lent contractor	(b) Type of se	ervice	(c) Compe	ensation	,	
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				<u></u>		<u> </u>				
ď	Total	number of other independent contra	actors each receiving	over \$100,000 .	. ▶					
52	Did t	the organization complete Schedu	ile A? Note . All se	ection 501(c)(3) org	janizations r	nust attac	h a			
	comp	oleted Schedule A	<u> </u>		<u>.</u>		.▶□	Yes	<u>□</u> N	lo_
		of perjury, I declare that I have examined this					nowledg	e and b	elief, i	tıs
true, con	ect, an	d complete Declaration of preparer (other than	otticar) is based on all info	ormation of which prepare	r has any knowk	edge				
		akky	parter							
Sign		Signature of officer	_ / — -		Da	te 47	11_7	/		
Here		bathy John	son I re	asurer			ا ب	ر ب		
		Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature		Date	Check C	if P	TIN		
Prepa	rer					self-empk	- ,			
Use C		Firm's name ▶			Fin	n's ElN ▶				
	, i ii y	Firm's address ▶				one no				
May the	e IRS	discuss this return with the prepare	r shown above? See	instructions			▶ 🖺	Yes	П	lo

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

		that have NOT filed Form 5768 (elect			="
	ee separate instructions), th		, , , , , , , , , , , , , , , , , , , ,	······································	
	ection 501(c)(4), (5), or (6) orga	nızations: Complete Part III.			
	of organization			Employer idei	ntification number
	exico Academy of Physician	n Assistants	adam as attan 604	(a) an is a section 507	85-0283598
Part 1		e organization is exempt un the organization's direct and and			organization.
2				-	:
3	•				
_					
Part		e organization is exempt u			
1		excise tax incurred by the organ			
2		excise tax incurred by organizat			
3		ed a section 4955 tax, did it file	•		_ = =
4a b	If "Yes." describe in Part				YesNo
Part		e organization is exempt u	der section 501	c) except section 501	(c)(3)
1		ly expended by the filing orga			75/(5).
					_
2		filing organization's funds cont			
		vities		-	
3	•	expenditures. Add lines 1 and		•	
4	Did the filing organization	file Form 1120-POL for this ye	ar?		Yes No
5		ses and employer identification i			
	organization made payme	ents. For each organization liste	d, enter the amount	paid from the filing organ	ization's funds. Also enter
-	-	ontributions received that were p			•
	as a separate segregated	fund or a political action comm	ittee (PAC). If addition	onal space is needed, prov	ride information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds if none, enter -0-	contributions received and promptly and directly
					delivered to a separate
					political organization If none, enter -0-
/4\					
(1)					
(2)					
(3)					
			-	 	
(4)					
(5)					
		 			
(6)					

Schedule	C (Form	യവ സ	gan.	E7\ 20	114

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Daga	•

Sched	Tule C (Form 390 or 390-62) 2014					Page 2
Par	t II-A Complete if the organization section 501 (h)).	on is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	
A	Check if the filing organization be name, address, EIN, expe	elongs to an a	ffiliated group (a are of excess lob	nd list in Part IV obying expenditur	each affiliated gro res).	up member's
B (Check 🕨 🗌 if the filing organization cl	ecked box A	and "limited con	trol" provisions a	apply.	
		bying Expendi			(a) Filing	(b) Affiliated
	(The term "expenditures" n	eans amounts	s paid or incurred	.)	organization's totals	group totals
1a	Total lobbying expenditures to influence	e public opinion	(grass roots lobb	vina)		
b						
c						
o		•				
e	Total exempt purpose expenditures (ac	d lines 1c and	1d)			
f			-			,
	If the amount on line 1e, column (a) or (b) i	: The lobbying	nontaxable amour	nt is:		
	Not over \$500,000		mount on line 1e.		1	
	Over \$500,000 but not over \$1,000,000		s 15% of the excess	over \$500,000.	1	
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000	· · · · · · · · · · · · · · · · · · ·	s 5% of the excess of			
	Over \$17,000,000	\$1,000,000.	*."			
9	Grassroots nontaxable amount (enter 2	5% of line 1f)				
h	Subtract line 1g from line 1a. If zero or	ess, enter -0-				
i	Subtract line 1f from line 1c. If zero or I	ess, enter -0-				
j	If there is an amount other than zero	on either line	1h or line 1i, die	d the organization	file Form 4720	
	reporting section 4911 tax for this year	?				Yes No
	(Some organizations that made a se	ection 501(h) el	Period Under section do not have ructions for lines	e to complete all	of the five column	s below.
	Lobbyin	g Expenditure:	During 4-Year A	veraging Period	1	
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2 a	Lobbying nontaxable amount					
	Lobbying ceiling amount (150% of line 2a, column (e))				,	
c	Total lobbying expenditures					
	Grassroots nontaxable amount					
	Grassroots ceiling amount (150% of line 2d, column (e))	-				
f	Grassroots lobbying expenditures]			

	(election under section 501(h)). For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed		a)	(b)	
	scription of the lobbying activity.			Amoun	t
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?		1		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?	ļ	<u> </u>		
	Grants to other organizations for lobbying purposes?		<u> </u>		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	-	-	ļ	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<u> </u>		
	Other activities?	├─			
-	Total. Add lines 1c through 1i				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	İ	•		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	ļ			-
Part I)(5), (or se	ction	
	501(c)(6).				
				Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?			1	~
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	-
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3	
Part I	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				3, is
1	Dues, assessments and similar amounts from members	•	1		7,520
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of			
а	Current year		2a		2,675
b	Carryover from last year		2b		
	Total		2c		2,675
3	$\label{eq:continuous} \mbox{Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues \ .}$		3		5,264
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby			!	
5			<u> </u>	ļ	0
		<u></u>	5	<u> </u>	0
Part	and political expenditure next year?	·	4 5	rt II-A lines	

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
New Mexico Academy of Physician Assistants	85-0283598
PART 1, LINE 16: Expenses related to the production of a conference for the purpose	of providing continuing medical education
······································	

