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)

2018

OMB No 1545-1150

Department of the Treasury

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

Open to Public Inspection

Inte	rnal Reve	nue Service	Go to www.irs.gov/Form990EZ for instructions and the latest information	n	
Ā	For the	2018 calend	ar year, or tax year beginning , 2018, and ending		, 20
В	Check if a	Check if applicable C Name of organization D Emp			fentification number
	Address	change	New Mexico Academy of Physician Assistants	g	35-0283598
		Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telep			
	Initial retu	זעט	PO Box 40331	. 01	38-862-0325
\sqcup	-	rn/terminated		Group Exe	
\vdash	Amended	-		Number 1	•
ᆜ		on pending	Albuquerque, NM 87196		
		ting Method			if the organization is not
	Website				tach Schedule B
<u>J</u>	ax-exer	npt status (che	7 1 2 3 5 1 (5/6) 2 3 5 1 (5/7 5 7 1 (5/7 5 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	orm 990, 99	0-EZ, or 990-PF)
		-	☐ Corporation ☐ Trust ☑ Association ☐ Other		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	ssets	
(Pa	ırt II, col	lumn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$.
E	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the in	structions	s for Part I)
			the organization used Schedule O to respond to any question in this Part I .		·
_	1		ons, gifts, grants, and similar amounts received		13,350
	2		ervice revenue including government fees and contracts		34,504
	3	_	ip dues and assessments	. 3	
	_		•	·	9,005
	4	Investment		. 4	14
	5a		ount from sale of assets other than inventory		
	þ		or other basis and sales expenses		
	С	-	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	0
	6	-	d fundraising events:	} }	
e	а		ome from gaming (attach Schedule G if greater than		
Revenue	b	Gross inco	me from fundraising events (not including \$ of contributions		
ď			aising events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000)		
	c	Less: direc	t expenses from gaming and fundraising events 6c		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr	I	
		line 6c)		· 6d	0
	7a		s of inventory, less returns and allowances	—	
	b		of goods sold	—— - <u>.</u>	
	C	-	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		0
	8		nue (describe in Scheaule O)		0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	56,873
	10	Grants and	I similar amounts paid (list in Schedule O)	. 10	2,694
	11	Benefits pa	aid to or for members	. 11	0
S	12	Salaries, of	ther compensation, and employee benefits	. 12	0
Expenses	13		al fees and other payments to independent contractors	. 13	8,537
De.	14		y, rent, utilities, and maintenance	. 14	2,352
Щ	15		ublications, postage, and shipping	. 15	216
	16	~	enses (describe in Schedule O)	. 16	20,748
	17			\ 	
		Evocas and	enses. Add lines 10 through 16		34,547
ţ	18		(deficit) for the year (Subtract line 17 from line 9)		22,326
šše	19		or fund balances at beginning of year (from line 27, column (A)) (must agree v	11	
Ä			r figure reported on prior year's return)	19	42,419
Net Assets	20		iges in net assets or fund balances (explain in Schedule O)	. 20	
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶ 21	64,745
For	Papen	work Reduct	ion Act Notice, see the separate instructions. Cat. No 106421-		Form 990-EZ (2018)
	`		RECE	·IVFN	
	, ,	2010	10		7.
	Ü	7 0	· \vec{\varpi}{6}		181
			MAY 0.3	7 2019	RSTOSC
			[Ψ]		(<u>0</u>)
					15.1 、1.

OGDEN, UT

Pa	t II Balance Sheets (see the instructions f	for Part II)				
	. Check if the organization used Schedule	O to respond to a	ny question in this	Part II	<u> </u>	<u></u> . 🗀
				(A) Beginning of year	Щ.	(B) End of year
22	Cash, savings, and investments			42,419		64,74
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets		⊢	42,419		64,74
26	Total liabilities (describe in Schedule O)				26	
27 Par	Net assets or fund balances (line 27 of column Statement of Program Service Accom			42,419	27	64,74
r al	Check if the organization used Schedule	•		•	1	Expenses
Wha	t is the organization's primary exempt purpose?			1 alt III		uired for section
Desc as n	ribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	shments for each o anner, describe the ach program title.	f its three largest pe services provided	d, the number of		c)(3) and 501(c)(4) inizations, optional for irs.)
28	Provided CME (continuing medical education) confer		ants September 21-2	23, 2018.		
	Participants claimed up to 18 hours of AAPA Categor	ry 1 CME credit			İ	İ
	70					
20		includes foreign gra			28a	1
29	Provide member services and support: respond to qu					
	openings, inform members of important changes and	nappenings that aff	ect the PA professio	n, and other		
	activities which strive to meet the mission. (Grants \$) If this amount	ıncludes foreign gra	nte check here		29a	
30					230	
50	Work with New Mexico lawmakers on bills affecting P	'A5		***************************************	l	
					İ	
	(Grants \$) If this amount	includes foreign gra	ants, check here .	• 🗆	30a	
31	Other program services (describe in Schedule O)					
	, -	includes foreign gra	ants, check here .	▶ 🗆	31a	
32	Total program service expenses (add lines 28a t				32	
Par					nstruc	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a			·	<u> </u>
	(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
Kath	/ Johnson				-	
Presi	dent	10			0	
Nguy	en Park]			
Presi	dent-Elect	5			0	
	na Johnson			:		
	diate Past President	2)	ū	
	y Smith	_	l .		_	_
Treas		5		<u> </u>	0	
	ael Brennand	_				,
	rding Secretary	5			0	
	Bailon	5			0	,
_	pership Secretary ew Probst			<u> </u>	ᠳ-	
	tor At Large	5			0	(
	Fitzgerald			'	" -	
	tor At Large	5)	0	o
	niel Otero		· · · · · · · · · · · · · · · · · · ·		┪-	<u>`</u>
	tor At Large	5)	0	(
	Goldenberg			 	⇈	<u></u>
	tor At Large	5)	0	C
	Galvadon				\top	
	tor At Large	5)	0	

(0)

Part				_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s 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	163	√
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
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		
С	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	✓	_
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 27a	37b		-
ь 38а	Did the organization file Form 1120-POL for this year?	3/6		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		√
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: 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 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u></u>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	100		
	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			
е	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>
41	List the states with which a copy of this return is filed ▶ none			
42a	The organization's books are in care of ► Stacey Smith Treasurer Located at ► 7500 Esmail Ct NE ZIP + 4 ►	505) 68 871)1
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	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).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		√
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	• •	. i	> □
440	Did the experience mointain any dense advised funds during the year? If "Yee" Form 900 must be		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		√
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		√
c	Did the organization receive any payments for indoor tanning services during the year?	44c		√
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
4-	explanation in Schedule O	44d		1
45a h	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		- ✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		<u></u>

46 .		, he organization engage, directly or ii				of or in opposi	tion [Yes	No
Part '	-	ndidates for public office? If "Yes," of Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51.	s Only			d complete th		<u>46 </u>	r line	_ √ es
		Check if the organization used Sc	hedule O to respond	I to any question i	n this Par	<u>t VI</u>				
				55443					Yes	No
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						47				
48		organization a school as described in		•			· —	48		
49a b		ne organization make any transfers t es," was the related organization a se		-			_	19a 19b	-	
50	Com	olete this table for the organization's opens, who each received more than	five highest compen	sated employees (other than	officers, direct	ors, tru	stees		d key
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) H contribu	lealth benefits, tions to employee llans, and deferred empensation	(e) Esti		amcu	
			-							
									···	
f 51	Com	number of other employees paid ov plete this table for the organization' ,000 of compensation from the orga	's five highest compe	ensated independe	ent contrac	 ctors who each	recei\	ved r	nore	than
	(a)	Name and business address of each independ	dent contractor	(b) Type of	service	(c)) Comper	nsation	1	
		·								
										· .
д	Total	number of other independent contra	ectors each receiving	over \$100,000						
52	Did 1	the organization complete Scheduleted Schedule A	•	•	ganization	s must attach		Yes	— П N	lo
	enalties	of perjury, I declare that I have examined this is decomplete. Declaration of preparer (other than	return, including accompan						elief, i	it is
	_ <u>`</u>	V 20		<u> </u>		5/1/19				
Sign Here		Signature of bricer Sterice Smith	M Treasu	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Date				
		Type or print name and title	v. 11 cm2 0							
Paid Prepa	are:	Print/Type preparer's name	Preparer's signature		Date	Check Self-emplo	ıf PT	IN		
Prepa Use (Firm's name ▶				Firm's EIN ▶				
Mayth	Δ ÎPS	Firm's address ► discuss this return with the preparer	r shown above? See :	netructions		Phone no.		Vac		10
iviay th	4 142	discuss this return with the preparer	SHOWIT SDOVE (See I	nstructions			ר ∐י	Yes	עַ∟	lo

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on 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," on 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.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A.

Tax) (s	ee separate instructions), t		Tax) (see separate	e instructions) or Form 990	-EZ, Part V, line 35c (Proxy
	ection 501(c)(4), (5), or (6) orga of organization	anizations Complete Part III	 	Employer ider	ntification number
Part	. O Compiete if the	e organization is exempt unde	or coation 501/e	a) ar is a section 527	pragnization
1	definition of "political car				
2	Political campaign activit	y expenditures (see instructions) .			}
3	Volunteer hours for politic	cal campaign activities (see instruc	tions)	<u>.</u>	
Part	I-B Complete if the	e organization is exempt unde	er section 501(c	c)(3).	
1		excise tax incurred by the organiza			
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$,
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes No
4a					Yes No
b	If "Yes," describe in Part	IV.			<u> </u>
Part	LC Complete if the	e organization is exempt unde	er section 501(e	c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	
_					
2	527 exempt function acti	filing organization's funds contributies		▶ \$	
3		expenditures. Add lines 1 and 2.			
4	Did the filing organization	n file Form 1120-POL for this year?	?		Yes No
5	Enter the names, address	ses and employer identification nur	nber (EIN) of all se	ection 527 political organi	zations to which the filing
·	organization made paymethe amount of political co	ents. For each organization listed, ontributions received that were proi fund or a political action committee	enter the amount mptly and directly	paid from the filing organi delivered to a separate p	ization's funds. Also entei political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

		7
'ao	ıe	~

_	ule C (Form	, Complete if the organizat	ion is exempt i	ınder section 5	01(c)(3) and file	d Form 5768 (ele	Page ection under		
	•	section 501(h)).	on is exempt t		or(o)(o) and me		outon ander		
A C	Check ► ☐ if the filing organization belongs to an affiliated group (and list in Part IV each address, EIN, expenses, and share of excess lobbying expenditures).					liated group memb	er's name,		
<u>в</u> с	heck 🕨	If the filing organization che	cked box A and '	'lımıted control" pr	rovisions apply.				
		Limits on Lo (The term "expenditures"	bbying Expendit means amounts)	(a) Filing organization's totals	(b) Affiliated group totals		
1a	Total lo	obbying expenditures to influen	ce public opinion	(grass roots lobby	ving)				
b	Total lo	obbying expenditures to influen	ce a legislative bo	dy (direct lobbying	g)				
С	Total lo	obbying expenditures (add lines	1a and 1b) .						
d	Other 6	exempt purpose expenditures .							
е	Total e	xempt purpose expenditures (a	dd lines 1c and 1	d)					
f	Lobbyi columr	ng nontaxable amount. Ente	the amount fr	om the following	g table in both				
	If the ar	nount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:		•		
	Not ove	r \$500,000	20% of the an	nount on line 1e		.			
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000				
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus	\$175,000 plus 10% of the excess over \$1,000,000					
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus	\$225,000 plus 5% of the excess over \$1,500,000					
		7,000,000	\$1,000,000.						
g		oots nontaxable amount (enter							
h		ct line 1g from line 1a. If zero or							
i		ct line 1f from line 1c. If zero or	•			<u></u>			
j 		e is an amount other than zering section 4911 tax for this yea		1h or line 1i, did	•	Г	Yes No		
	(Som	e organizations that made a s	ection 501(h) ele	Period Under Sec ection do not have ructions for lines	e to complete all	of the five column	ns below.		
		Lobbyi	ng Expenditures	During 4-Year Av	veraging Period		······································		
	Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total		
2a	Lobbyı	ng nontaxable amount							

	Lobbyn	ng Expenditures	During 4-Year Av	eraging Period		· · · · · ·
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount		-			
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	n 5768	3	
For ϵ	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
	ption of the lobbying activity.	Yes	No	_ A	moun	t
1	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:		 -			
a b	Volunteers?	<u> </u>	-			
C	Media advertisements?	 	┢	 		
ď	Mailings to members, legislators, or the public?	<u> </u>				
e	Publications, or published or broadcast statements?			 		
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				_	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
þ	If "Yes," enter the amount of any tax incurred under section 4912					_
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u>L</u>	L		
Part	II-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), d	or se	ction	_	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1_	✓	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		1
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					✓
Part	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."				line	3, is
1	Dues, assessments and similar amounts from members		1			
2	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			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
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					
_	and political expenditure next year?	•	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5	L		
	Supplemental Information the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gronstructions), and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t), Pa	rt II-A, I	ines 1	and
		••••		••••		

	m 990 or 990-EZ) 2018	Page 4
Part IV	Supplemental Information (continued)	
•		
		·
		,,,
••••		
		•
	······	
	•	
••-•		
••••		
		•
	·	
•		
••••		

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.

201

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

New Mexico Academy of Physician Assistants 85-0283598 Part 1 line 10: Travel grants for HOD officers to attend the American Academy of Physician Assistant (AAPA) House of Delegates, one student grant to travel to AAPA conference. Part 1 line 16: Expenses related to the production of a conference for the purpose of providing continuing medical education.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
•	
·····	
•	•

•	•
·····	
·····	