

Form 990-EZ

Short Form  
Return of Organization Exempt From Income Tax

2018

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

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

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.Department of the Treasury  
Internal Revenue ServiceOpen to Public  
Inspection

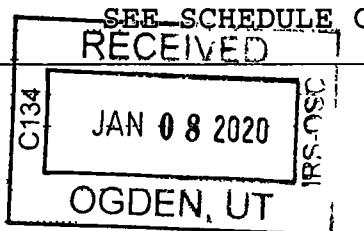
A For the 2018 calendar year, or tax year beginning AUG 1, 2018 and ending JUL 31, 2019

|   |  |  |   |
|---|--|--|---|
| B Check if applicable   | C Name of organization<br><b>NEW MEXICO ACADEMY OF OPHTHALMOLOGY<br/>(FORMERLY N.M. OPHTHALMOLICAL SOCIETY)</b>  |  | D Employer identification number<br><b>85-0302000</b> |
| <input type="checkbox"/> Address change   | Number and street (or P.O. box, if mail is not delivered to street address)<br><b>P.O. BOX 4175</b>              |  | E Room/suite<br><b>06</b>                             |
| <input type="checkbox"/> Name change  | City or town, state or province, country, and ZIP or foreign postal code<br><b>ALBUQUERQUE, NM 87196-4175</b>    |  | F Telephone number<br><b>5053663273</b>               |
| <input type="checkbox"/> Initial return   | G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► |  |   |
| <input type="checkbox"/> Final return/terminated  |  |  |   |
| <input type="checkbox"/> Amended return   |  |  |   |
| <input type="checkbox"/> Application pending  |  |  |   |
| I Website: ► <a href="http://WWW.NMAO.ORG">WWW.NMAO.ORG</a>   |  |  |   |
| J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 6 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                         |  |  |   |
| K Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |  |  |   |
| L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ <b>50828.</b> |  |  |   |

## 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             |
|   | 2 Program service revenue including government fees and contracts   | 2             |
|   | 3 Membership dues and assessments   | 3             |
|   | 4 Investment income   | 4             |
|   | 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)   |               |
|   | 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 \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | of contributions  |               |
| c Less: direct expenses from gaming and fundraising events  | 6b  |               |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  | 6c  |               |
| 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)  |   |               |
| 8 Other revenue (describe in Schedule O)  |   |               |
| 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | <b>50828.</b>   |               |
| 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            |
|   | 14 Occupancy, rent, utilities, and maintenance  | 14            |
|   | 15 Printing, publications, postage, and shipping  | 15            |
|   | 16 Other expenses (describe in Schedule O)  | 16            |
|   | 17 Total expenses. Add lines 10 through 16  | <b>43647.</b> |
| Net Assets  | 18 Excess or (deficit) for the year (Subtract line 17 from line 9)  | 18            |
|   | 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            |
|   | 20 Other changes 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  | <b>74740.</b> |



SEE SCHEDULE O ►

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2018)

SCANNED JUN 10 2020



NEW MEXICO ACADEMY OF OPHTHALMOLOGY  
(FORMERLY N.M. OPHTHALMOLICAL SOCIETY)

Form 990-EZ (2018)

85-0302000

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**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

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

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

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

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  0.

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

39 Section 501(c)(7) organizations. Enter:  39a

a Initiation fees and capital contributions included on line 9  39b

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 ►  N/A ; section 4912 ►  N/A ; section 4955 ►  N/A  40b

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

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  40c

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  40d

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

41 List the states with which a copy of this return is filed ► NM

42a The organization's books are in care of ► MELISSA LOBATO Telephone no. ► 5053663273

Located at ► P.O. BOX 4175, ALBUQUERQUE, NM ZIP + 4 ► 87196

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)?  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).

c At any time during the calendar year, did the organization maintain an office outside the United States?  42c

If "Yes," enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ►  43  N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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 explanation in Schedule O  44d

45a 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

| Yes | No                                  |
|-----|-------------------------------------|
| 33  | <input checked="" type="checkbox"/> |
| 34  | <input checked="" type="checkbox"/> |
| 35a | <input checked="" type="checkbox"/> |
| 35b | <input checked="" type="checkbox"/> |
| 35c | <input checked="" type="checkbox"/> |
| 36  | <input checked="" type="checkbox"/> |
| 37b | <input checked="" type="checkbox"/> |
| 38a | <input checked="" type="checkbox"/> |
| 38b | <input checked="" type="checkbox"/> |
| 39a | <input checked="" type="checkbox"/> |
| 39b | <input checked="" type="checkbox"/> |
| 40b | <input checked="" type="checkbox"/> |
| 40c | <input checked="" type="checkbox"/> |
| 40d | <input checked="" type="checkbox"/> |
| 40e | <input checked="" type="checkbox"/> |
| 42b | <input checked="" type="checkbox"/> |
| 42c | <input checked="" type="checkbox"/> |
| 43  | <input type="checkbox"/>            |
| 44a | <input checked="" type="checkbox"/> |
| 44b | <input checked="" type="checkbox"/> |
| 44c | <input checked="" type="checkbox"/> |
| 44d | <input type="checkbox"/>            |
| 45a | <input checked="" type="checkbox"/> |
| 45b | <input checked="" type="checkbox"/> |

Form 990-EZ (2018)



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](http://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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III

Name of organization **NEW MEXICO ACADEMY OF OPHTHALMOLOGY  
(FORMERLY N.M. OPHTHALMOLICAL SOCIETY)**

**Employer identification number**

**Part I-A** Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2** Political campaign activity expenditures
- 3** Volunteer hours for political campaign activities

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- 4a Was a correction made?

Yes  No  
 Yes  No

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Part I C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_
- Did the filing organization file Form 1120-POL for this year?  Yes  No
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

| (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- |
|----------|-------------|---------|--|--|
|          |             |         |  |  |
|          |             |         |  |  |
|          |             |         |  |  |
|          |             |         |  |  |
|          |             |         |  |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

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**NEW MEXICO ACADEMY OF OPHTHALMOLOGY**

Schedule C (Form 990 or 990-EZ) 2018 (FORMERLY N.M. OPHTHALMOLICAL SOCIETY) 85-0302000 Page 2

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

**A** Check ►  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ►  if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)  |   | (a) Filing organization's totals                | (b) Affiliated group totals        |                    |                              |   |   |   |   |  |  |                   |             |  |  |
|---|---|---|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| <p><b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)</p> <p><b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)</p> <p><b>c</b> Total lobbying expenditures (add lines 1a and 1b)</p> <p><b>d</b> Other exempt purpose expenditures</p> <p><b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)</p> <p><b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table> |   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 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 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:                |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Not over \$500,000  | 20% of the amount on line 1e                      |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$500,000 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 10% of the excess over \$1,000,000 |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$17,000,000   | \$1,000,000                                       |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <p><b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)</p> <p><b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-</p> <p><b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-</p> <p><b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?</p>   |   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
|   |   | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No        |                    |                              |   |   |   |   |  |  |                   |             |  |  |

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period                |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

Schedule C (Form 990 or 990-EZ) 2018

## NEW MEXICO ACADEMY OF OPHTHALMOLOGY

Schedule C (Form 990 or 990-EZ) 2018 (FORMERLY N.M. OPHTHALMOLICAL SOCIETY) 85-0302000 Page 3

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

|   | Yes | No |
|---|-----|----|
| 1 |     | X  |
| 2 |     | X  |
| 3 |     | X  |

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

|           |    |         |
|-----------|----|---------|
| cal       | 1  | 34300.  |
|           | 2a | 6780.   |
|           | 2b |         |
|           | 2c | 6780.   |
| cess      | 3  | 24010.  |
| political | 4  |         |
|           | 5  | -17230. |

**Part IV**      **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

## 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](http://www.irs.gov/Form990) for the latest information.

Name of the organization

NEW MEXICO ACADEMY OF OPHTHALMOLOGY  
(FORMERLY N.M. OPHTHALMOLICAL SOCIETY)

Employer identification number  
85-0302000

### FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

| DESCRIPTION OF OTHER REVENUE:       | AMOUNT:    |
|-------------------------------------|------------|
| INTEREST                            | 6.         |
| MISCELLANEOUS                       | 26.        |
| <b>TOTAL TO FORM 990-EZ, LINE 8</b> | <b>32.</b> |

### FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

| DESCRIPTION OF OTHER EXPENSES:       | AMOUNT:       |
|--------------------------------------|---------------|
| BANK AND CREDIT CARD FEES            | 63.           |
| OFFICE                               | 1087.         |
| TRAVEL                               | 1354.         |
| ANNUAL SCIENTIFIC MEETING            | 12582.        |
| OTHER                                | 632.          |
| <b>TOTAL TO FORM 990-EZ, LINE 16</b> | <b>15718.</b> |

### FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO BRING TOGETHER

PHYSICIANS OF MEDICINE ENGAGED IN THE PRACTICE OF OPHTHALMOLOGY IN NEW  
MEXICO TO PROMOTE AND IMPROVE THE PROFESSIONAL INTERESTS OF  
OPHTHALMOLOGY.

### FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.