SCANNED MAY 2 0 2021

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)

2019

OMB No 1545-0047

▶ Do not enter social security numbers on this form, as it may be made public. Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A	for the	2019 calend	ar year, or tax year beginning , 2019, and ending		, 20
В	Check if a	pplicable	C Name of organization	Employer ic	lentification number
	Address o	change	New Mexico Academy of Physician Assistants	8	5-0283598
	Name cha	ange		Telephone n	umber
님	Initial retu		88	38-862-0325	
\mathbb{H}		m/terminated	PO Box 40331 City or town, state or province, country, and ZIP or foreign postal code	Group Exe	
H	Amended	retum on pending	Albuquerque, NM 87196	Number I	
_				if the organization is not	
	Nebsite	ting Method			ach Schedule B
			- '	•	0-EZ, or 990-PF).
				990, 99	U-EZ, 01 99U-PF).
		-	☐ Corporation ☐ Trust ☑ Association ☐ Other ☐		
L /	daa iirie	5 50, 60, ai10	76 to line 3 to determine groce receipts. If grose receipts are \$200,000 or more, or if total as	sets	
_			5500,000 or more, file Form 990 instead of Form 990-EZ		
Ŀ	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the ins		
	,	Check If	the organization used Schedule O to respond to any question in this Part I $$.	· · · ·	<u> </u>
	1	Contribution	ons, gifts, grants, and similar amounts received	. 1	6,335
	2	Program se	ervice revenue including government fees and contracts	. 2	38,317
	3	Membersh	ip dues and assessments	. 3	8,590
	4	Investment	income	. 4	50
	5a	Gross amo	unt from sale of assets other than inventory 5a		
	. ь	Less. cost	or other basis and sales expenses		
	c		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	. 5c	O
	6		d fundraising events:		
	a		ome from gaming (attach Schedule G if greater than	-	
è] -				
Revenue	ь		me from fundraising events (not including \$ of contributions		
Š	"		alsing events reported on line 1) (attach Schedule G if the		•
~			th gross income and contributions exceeds \$15,000) 6b		
			T		
)	4		t expenses from gaming and fundraising events		
	d	line 6c)			_
	i _	•		· 6d	0
	7a		s of inventory, less returns and allowances		
	b		of goods sold		
	C	-	t or (loss) from sales of inventory (subtract line 7b from line 7a)		
	8		nue (describe in Schedule O)		0
_	9		nue. Adu lines 1, 2, 3, 4, Fc, 6d, 7c, and 8		53,291
	10		similar amounts paid (list in Schedule O)	10	6,125
	11		aid to or for members	. 11	0
es	12	Salaries, ot	her compensation, and employee benefits	. 12	0
nses	13	Professiona	al fees and other payments to independent contractors	. 13	3,203
Expe	14	Occupancy	r, rent, utilities, and maintenance	. 14	524
Ω	15	Printing, pu	iblications, postage, and shipping	. 15	289
	16		nses (describe in Schedule O)	. 16	27,309
	17		nses. Add lines 10 through 16		37,449
	18	Excess or (deficit) for the year (subtract line 17 from line 9)	. 18	15,842
ě	19		or fund balances at beginning of year (from line 27, column (A)) (must agree w		.0,512
\ss	1		r figure reported on prior year's return)	. 19	64,745
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)	. 20	04,743
ž	21		or fund balances at end of year. Combine lines 18 through 20	<u>≥0</u> ≥1	80,587
For			on Act Notice, see the separate instructions		Form 990-EZ (2019)

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·Pa	Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		_ <u> </u> _
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			64,745	22	80,58
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		<u> </u>		24	
25	Total assets			64,745	1 1	80,58
26	Total liabilities (describe in Schedule O)		-	0	_	
27	Net assets or fund balances (line 27 of column			64,745	27	80,58
Par	Statement of Program Service Accome Check if the organization used Schedule	•		•		Expenses
Mhai	is the organization's primary exempt purpose?			rantill L	(Rec	juired for section
	, , , ,					c)(3) and 501(c)(4) inizations, optional for
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe thach program title.	e services provide	d, the number of	othe	
28	Provided CME (continuing medical education) confer Participants claimed up to 18 hours of AAPA Catego					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗆	28a	
29	Provide member services and support: respond to q	uestions/concerns, o	ffered guidance on p	profession,		
	post job openings, inform members of important cha	inges and happening	s that affect the PA	profession, and		
	other activities which strive to meet the mission			***************************************	ļ	
	(Grants \$) If this amount	includes foreign gra	ants, check here .	<u> ▶ 🗅</u>	29a	
30	Work with New Mexico lawmakers on bills affecting I	PAs				
				•••••		
0.4		includes foreign gra			30a	
31	Other program services (describe in Schedule O)					
22	(Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign gra			31a 32	
Pari						tions for Port IVA
L GU	Check if the organization used Schedule			-		•
	Officer if the organization used ochedule	(b) Average	(c) Reportable	(d) Health benefits,	Ť	· · · · <u>L</u>
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		0	Estimated amount of their compensation
Jeren	ny Kersey		1		-	
Presi	dent	10)	0	
Joy S						
	dent Elect	5		9	0	
	Johnson	_				_
	diate Past President	5)	0	
	y Smith		i ,			_
Treas	urer ntha Baca	5			0	
	rding Secretary	5			0	C
	Goldenberg				╫	
	ership Secretary	5	1 0	, l	اه	o
	Lipscomb	<u> </u>	<u> </u>		 	<u>-</u>
	or At Large	5		, l	o	O
	Sexton				1	
	or At Large	5	0		0	O
	n Caplan					
	or At Large	5		<u> </u>	0	
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L GIL	• • • • • • • • • • • • • • • • • • • •			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	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		1
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		✓
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c	1	
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 ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b	L	✓
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	-9-	**************************************
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	000		
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9	-		
40a	Gross receipts, included on line 9, for public use of club facilities			
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		
С	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			
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		_
41	List the states with which a copy of this return is filed ▶ none			
42a	······································	505) 68		1
_	Located at ► 7500 Esmail Ct NE At any time during the calendar year, did the organization have an interest in or a signature or other authority over	871		N
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No 🗸
	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).	(a)	3 - 2 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	المام المام
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			- 🗆
44=	Did the surrounded and the state of the stat		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		<u> </u>
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	\Box	√
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodulo O.			لـِـــ
4E-	explanation in Schedule O	44d 45a		√
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	, 	-
5	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		ا ب

		 					Yes	No
46 D	id the organization engage, directly or ii	ndirectly, in political o	ampaign activities	on behalf o	f or in opposite	ion 🔚		1.00
to	candidates for public office? If "Yes," of	complete Schedule C	, Part I <u>.</u>	<u></u>	<u> </u>	. 46		V
Part VI	Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51.		stions 47–49b an	d 52, and	complete the	tables f	or lin	es
	Check if the organization used Sc	hedule O to respond	I to any question i	n this Part	VI			. 🗆
							Yes	No
	ld the organization engage in lobbying ear? If "Yes," complete Schedule C, Par		section 501(h) elec					
	the organization a school as described ii					. 48		
	d the organization make any transfers t					. 49a	+	
	"Yes," was the related organization a se					. 49b		<u></u>
	omplete this table for the organization's nployees) who each received more thar							
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) He contribution	alth benefits, ons to employee ins, and deferred pensation	(e) Estimate	ed amoi	unt of
			-					
								
					ľ			
		-						
		<u> </u>						
51 Co	otal number of other employees paid over complete this table for the organization' 00,000 of compensation from the orga (a) Name and business address of each independ	s five highest compe nization. If there is no	ensated independe	.		received		than
	to reality and business address or each independ		(3) 1 1 1 2 2 2 2 2		(6)			
				· · · · · · · · · · · · · · · · · · ·				
d To	tal number of other independent contra	ctors each receiving	over \$100,000	. •	_1			
52 Di	d the organization complete Schedu	•	ction 501(c)(3) org	ganizations		a ▶∐ Yes		No.
Under penal	ties of perjury, I declare that I have examined this r	eturn, including accompany	ring schedules and state	ments, and to	the best of my kno			
true, correct	, and complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepare	er has any kno	wledge			
Sian					7/1/202	<u> </u>		
Sign Here	Signature of officer			l	Date			
11016	Stacey Smith Treasurer Type or print name and title							
——— Paid	Print/Type preparer's name	Preparer's signature		Date	Check	, PTIN		
Paid Prepare					self-employe	 ed		
Use On	1 - .			F	ırm's EIN ▶			
	Firm's address ▶			F	Phone no.			
iviay the II	RS discuss this return with the preparer	Shown above? See II	nstructions			► M Vac	1 1 1	٩n

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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.

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

• S	ection 501(c)(4), (5), or (6) org:	anizations: Complete Part III			
Name	of organization			Employer ide	ntification number
New N	lexico Academy of Physicia	n Assistants			85-0283598
Part	I-A Complete if th	e organization is exempt und	er section 501(c) or is a section 527	organization.
1	Provide a description o definition of "political car	f the organization's direct and in mpaign activities")	direct political ca	impaign activities in Par	t IV. (see instructions for
2	Political campaign activit	ty expenditures (see instructions) .			<u></u>
3	Volunteer hours for politi-	cal campaign activities (see instruc	ctions)	<u> </u>	
Part	-B Complete if the	e organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	ation under section		5
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶ \$	5
3	If the organization incurre	ed a section 4955 tax, did it file Foi	rm 4720 for this ye	ear?	🗌 Yes 🔲 No
4a	Was a correction made?				🗌 Yes 🔲 No
b	If "Yes," describe in Part				·
<u>Part</u>		e organization is exempt und			I(c)(3).
1		ly expended by the filing organiz			;
2		filing organization's funds contributies			3
3		expenditures. Add lines 1 and 2.			
4		n file Form 1120-POL for this year?			
5	organization made payme the amount of political co	ses and employer identification nur ents. For each organization listed, ontributions received that were pro- fund or a political action committe	enter the amount mptly and directly	paid from the filing organ delivered to a separate p	ization's funds. Also enter 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)			"		

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Pa	t II-A Complete if the organizat section 501(h)).	ion is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ction under
Α	Check ► ☐ if the filing organization beloaddress, EIN, expenses, an				iliated group membe	er's name,
В	Check 🕨 🔲 if the filing organization che	cked box A and	"limited control" p	rovisions apply.		
	Limits on Lo	bbying Expendi	tures		(a) Filing	(b) Affiliated
	(The term "expenditures"			.)	organization's totals	group totals
1:	Total lobbying expenditures to influence	ce public opinior	(grassroots lobby	ing)		
1	Total lobbying expenditures to influence	ce a legislative b	ody (direct lobbyin	g)		
•	Total lobbying expenditures (add lines	_	• •			
•	d Other exempt purpose expenditures .					
•	Total exempt purpose expenditures (a					
1			•			
	columns.					
	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:		
	Not over \$500,000		mount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.	-0	•
	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess o		1	
	Over \$17,000,000	\$1,000,000.				
	Grassroots nontaxable amount (enter	25% of line 1f)	 .			
ı	Subtract line 1g from line 1a. If zero or	less, enter -0-			J	
i	Subtract line 1f from line 1c. If zero or	less, enter -0-				
j	If there is an amount other than zer	o on either line	1h or line 1i, did	I the organization	file Form 4720	
	reporting section 4911 tax for this yea	r?]Yes 🗌 No
	(Some organizations that made a s See th	ection 501(h) el ne separate inst	ructions for lines	e to complete all 2a through 2f.)	of the five column	s below.
	Lobbyir	ng Expenditures	During 4-Year A	veraging Period	· · ·	
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
28	Lobbying nontaxable amount					
ł	Lobbying ceiling amount (150% of line 2a, column (e))					
	Total lobbying expenditures					
C	Grassroots nontaxable amount					
€	Grassroots ceiling amount (150% of line 2d, column (e))	e , , , ,	50 C		n - (% , y w	
f	Grassroots lobbying expenditures				1	

Schedule C (Form 990 or 990-EZ) 2019

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi (election under section 501(h)).	led	Form	ı 5768		
.For	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(2	a)		(b)	
	the state of the s	Yes	No	A	mount	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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		_			
С	Media advertisements?			-		
d	Mailings to members, legislators, or the public?			_		
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?			L		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			<u> </u>		_
İ	Other activities?					
j	Total. Add lines to through him	1		 		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			·		
b	If "Yes," enter the amount of any tax incurred under section 4912					
C C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
Data	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u></u>	Y 60	ction	—	
T CITY	501(c)(6).	اری,	л э с	Stion		
					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	 	✓
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the p			3	L	✓
rait	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" OR answered "Yes."				ine 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).	į.				
а	Current year		2a			
b	Carryover from last year	٠	2b			
C	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 t excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbyi and political expenditure next year?	ng	_			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Pari		<u>. </u>				
Provid	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated grouinstructions); and Part II-B, line 1. Also, complete this part for any additional information.	p list); Par	t II-A, lı	nes 1	and
					· 	
				•		
			- -			·
	·					

Schedule C (Form 990 or 990-EZ) 2019 Page 4					
Part IV	Supplemental Information (continued)				
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

201

Employer identification number

Open to Public Inspection

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 (AAP	A) House of Delegates, two student
grants 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.
	•••••••••••••••••••••••••••••••••••••••
	••••••
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