



CLA (CliftonLarsonAllen LLP)  
CLAconnect.com

MGMA-ACMPE  
104 Inverness Terrace East  
Englewood, CO 80112-5313  
Attention: Akash Madiah

Dear Akash:

Enclosed are the organization's 2019 Exempt Organization returns. The paper filed return(s) should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

**FORM 990 RETURN:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-EO to us as soon as possible, but no later than by May 17, 2021 the filing deadline.

**FORM 990-T RETURN:**

No amount is due on Form 990-T.

Please sign and mail on or before May 17, 2021.

Mail to:  
Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

**FORM 4720 RETURN:**

Form 4720, Return of Certain Excise Taxes on Charities and Other Persons, has a balance due of \$22,126.

Payments should be made using the Electronic Federal Tax Payment System (EFTPS). Taxpayers can make deposits online at [www.eftps.gov](http://www.eftps.gov) or by calling EFTPS Customer Service at 1-800-555-4477. For deposits made by EFTPS to be on time, the organization must initiate the transaction during business hours at least 1 business day before the date the deposit is due. If you are using ACH Credit or Same-Day Fedwire methods, please check with the appropriate financial institution for the deadline to ensure timely transmission of funds.

Form 4720 should be signed, dated and mailed on or before May 17, 2021.

Mail to:  
Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

CO 112

The Colorado Form 112 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return DR 8453-C to our office. We will then transmit your return electronically to the CDOR. Do not mail the paper copy of the return to the CDOR. Please return DR 8453-C to us as soon as possible, but no later than by April 15, 2021 the filing deadline.

No payment is required with this return when filed.

When mailing is necessary, we recommend that you use certified mail with postmarked receipts for proof of timely filing.

Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. If there is anything on the return you do not understand, we would be glad to answer your questions.

Copies of each return are provided for your permanent records. Based on IRS guidance, we generally recommend that you keep supporting documentation for a minimum of seven years; and that you keep copies of the tax returns, and records that support basis for items in the tax return, indefinitely.

We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If you have any questions regarding the returns or other services that we can assist you with, please do not hesitate to contact us. Some of our best clients come through referrals from existing clients. If you know of anyone who could benefit from our assistance, we would be pleased to speak to him or her.

REGARDS,

CliftonLarsonAllen LLP



CLA (CliftonLarsonAllen LLP)  
CLAconnect.com

**MGMA-ACMPE**  
**FORM 990 INCOME TAX RETURN**  
**FOR YEAR ENDED JUNE 30, 2020**

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning JUL 1, 2019, and ending JUN 30, 2020

# 2019

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**MGMA-ACMPE**

45-2766110

Name and title of officer

**AKASH MADIAH**

CFO

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>31,070,757.</u>
<b>2a</b> Form 990-EZ check here	▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here	▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

### Officer's PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN 57102  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\* Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

84780355902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ SARAH HINTZ Date ▶ 05/03/21

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**



**CARRYOVER DATA TO 2020**

Name MGMA-ACMPE		Employer Identification Number 45-2766110
Schedule M Entity No.	Description of Trade or Business	Net Operating Loss Carryover
1	PROFESSIONAL EDUCATION AND CONFERENCES	313,829.

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2019**  
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MGMA - ACMPE</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>104 INVERNESS TERRACE EAST</b> City or town, state or province, country, and ZIP or foreign postal code <b>ENGLEWOOD, CO 80112-5313</b> <b>F</b> Name and address of principal officer: <b>HALEE FISCHER-WRIGHT</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>45-2766110</b> <b>E</b> Telephone number <b>(303) 799-1111</b> <b>G</b> Gross receipts \$ <b>47,710,233.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.MGMA.COM</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2011</b>
<b>M</b> State of legal domicile: <b>CO</b>		

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ELEVATE THE PERFORMANCE OF MEDICAL PRACTICE LEADERS AND THEIR ORGANIZATIONS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	14
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	14
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) .....	<b>5</b>	158
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	373
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	1,327,323.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 39 .....	<b>7b</b>	0.
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	Prior Year
<b>9</b> Program service revenue (Part VIII, line 2g) .....		0.	0.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		30,036,527.	29,223,244.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		1,730,774.	2,035,349.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		316,971.	-187,836.
		32,084,272.	31,070,757.
<b>Expenses</b>		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	16,709,520.	15,812,904.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ .....	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	15,159,586.	13,103,903.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	31,869,106.	28,916,807.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	215,166.	2,153,950.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26) .....	46,358,685.	43,282,177.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	12,161,425.	10,994,458.
		34,197,260.	32,287,719.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>AKASH MADIHA, CFO</b> Type or print name and title	Date  
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SARAH HINTZ</b>	Preparer's signature <b>SARAH HINTZ</b>
	Date <b>05/03/21</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00492291</b>
	Firm's name ▶ <b>CLIFTONLARSONALLEN LLP</b>	Firm's EIN ▶ <b>41-0746749</b>
	Firm's address ▶ <b>8390 EAST CRESCENT PARKWAY, SUITE 300 GREENWOOD VILLAGE, CO 80111</b>	Phone no. (303) 779-5710

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO ELEVATE THE PERFORMANCE OF MEDICAL PRACTICE LEADERS AND THEIR ORGANIZATIONS BY CONNECTING MEMBERS, BUILDING PARTNERSHIPS, SETTING THE STANDARDS FOR CERTIFICATION, ADVOCATING FOR PHYSICIAN PRACTICE, AND PROVIDING INNOVATIVE SOLUTIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) MEMBERSHIP SERVICES - AS THE ASSOCIATION FOR PROFESSIONALS IN THE FIELD OF MEDICAL GROUP PRACTICE ADMINISTRATION, THE ASSOCIATION PROVIDED SERVICES TO ITS MEMBERS INCLUDING COMMUNICATIONS ON PERTINENT ISSUES OF THE PROFESSION, INFORMATION ON PRODUCTS AND SERVICES AND OTHER ACTIVITIES TO PROMOTE THE MEDICAL GROUP PRACTICE ADMINISTRATION INDUSTRY AND ITS MEMBERS. THE ASSOCIATION SERVES MORE THAN 55,000 MEMBERS. IN ADDITION, THE ASSOCIATION'S GOVERNMENT AFFAIRS STAFF MONITORED AND ENGAGED IN ADVOCACY EFFORTS RELATED TO FEDERAL LEGISLATION AND REGULATIONS THAT AFFECT MEDICAL GROUP PRACTICES. THE GOVERNMENT AFFAIRS STAFF ALSO EDUCATED THE MEMBERSHIP ON HEALTH CARE NEWS, EVENTS AND CHANGING FEDERAL REQUIREMENTS. THEY PUBLISHED APPROXIMATELY 65 EDUCATIONAL ELECTRONIC NEWSLETTERS WITH AN AVERAGE

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) EDUCATION AND CERTIFICATION - THE ASSOCIATION PROVIDED MEDICAL PRACTICE MANAGEMENT ADMINISTRATION EDUCATION TO APPROXIMATELY 14,100 ATTENDEES, PRESENTING EDUCATION VIA FORMAL CLASSROOM PROGRAMMING ON A NATIONAL, REGIONAL AND STATE BASIS. THE ASSOCIATION PROVIDED FACE-TO-FACE EDUCATION AT CONFERENCES TO 4,100 ATTENDEES. COMPUTER-BASED AND AUDIO-CONFERENCE TRAINING WAS PRESENTED TO APPROXIMATELY 10,000 ATTENDEES. IN ADDITION, A CERTIFICATION PROGRAM IS OFFERED TO MEMBERS CONSISTING OF AN OBJECTIVE EXAM AND ESSAY EXAM. A TOTAL OF 305 EXAM COMPONENTS WERE GIVEN TO EXAMINEES DURING THE PERIOD. 120 MEMBERS RECEIVED CERTIFICATION CREDENTIALS DURING FY20 AND 39 INDIVIDUALS WERE ADVANCED TO FELLOW STATUS.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) SURVEYS AND PUBLICATIONS - THE ASSOCIATION CONDUCTED ANNUAL SURVEYS DESIGNED TO PROVIDE CRITICAL INFORMATION FOR BUSINESS PLANNING, MANAGEMENT, STAFFING AND COMPENSATION PURPOSES. THE ASSOCIATION PUBLISHED 5 ELECTRONIC AND 3 PRINTED SURVEY REPORTS PRESENTING BENCHMARKING DATA AND SOLD APPROXIMATELY 5,000 SURVEYS. IN ADDITION THE ASSOCIATION PUBLISHED BOOKS AND SOLD APPROXIMATELY 5,800 MANUALS AND TEXTBOOKS ON MEDICAL PRACTICE MANAGEMENT TOPICS, INCLUDING RESOURCES FROM OTHER PUBLISHERS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses



Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HALEE FISCHER-WRIGHT PRESIDENT/CEO	44.00 6.00			X			1,115,904.	0.	83,824.	
(2) TODD EVENSON FORMER COO THRU 6/19	44.00 6.00					X	498,444.	0.	27,819.	
(3) AKASH MADIAH CFO	44.00 6.00			X			379,361.	0.	26,621.	
(4) ANDERS GILBERG SR VP GOVERNMENT RELATIONS	40.00 0.00				X		323,812.	0.	54,088.	
(5) ANDREW SWANSON VP INDUSTRY INSIGHTS	40.00 0.00				X		289,814.	0.	57,771.	
(6) TRACY WATROUS VP CONTENT/MEMBERSHIP	40.00 0.00				X		257,188.	0.	43,369.	
(7) BRENDAN KOLBER DIRECTOR NATIONAL SALES THRU 12/19	40.00 0.00				X		204,864.	0.	36,381.	
(8) DAVID LITZAU IT DIRECTOR THRU 3/20	40.00 0.00				X		177,986.	0.	46,017.	
(9) ROBERT TENNANT DIRECTOR HEALTH INFORMATION TECH.	40.00 0.00				X		177,687.	0.	17,398.	
(10) OWEN KEMP SALES SENIOR MANAGER	40.00 0.00				X		172,118.	0.	34,018.	
(11) SHELLY WAGGONER VP HUMAN RESOURCES THRU 6/19	40.00 0.00					X	171,593.	0.	23,031.	
(12) RONALD HOLDER COO	44.00 6.00			X			132,997.	0.	7,212.	
(13) ALBERT HWANG CHIEF MARKETING OFFICER THRU 1/20	44.00 6.00			X			115,225.	0.	4,722.	
(14) WILLIAM R. HAMBSH BOARD CHAIR	1.00 3.00	X		X			0.	0.	0.	
(15) KAREN MARCELO VICE CHAIR	1.00 3.00	X		X			0.	0.	0.	
(16) TODD D. GRAGES PAST BOARD CHAIR	1.00 3.00	X		X			0.	0.	0.	
(17) JEFFREY WILLIAM SMITH FINANCE/AUDIT CHAIR	1.00 3.00	X		X			0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ERIC D. CROCKETT FINANCE/AUDIT VICE CHAIR	1.00 3.00	X		X				0.	0.	0.
(19) MIKE BISELLI MEMBER AT LARGE THRU 10/19	1.00 3.00	X						0.	0.	0.
(20) RYAN CAMPBELL MEMBER AT LARGE	1.00 3.00	X						0.	0.	0.
(21) DANIEL CASSAVAR MEMBER AT LARGE THRU 10/19	1.00 3.00	X						0.	0.	0.
(22) PAUL DEMURO MEMBER AT LARGE	1.00 3.00	X						0.	0.	0.
(23) YVETTE T. DORAN MEMBER AT LARGE THRU 10/19	1.00 3.00	X						0.	0.	0.
(24) GREGORY S. FELTENBERGER MEMBER AT LARGE	1.00 3.00	X						0.	0.	0.
(25) MICHAEL T. FUNK MEMBER AT LARGE	1.00 3.00	X						0.	0.	0.
(26) JENNIFER GOSNEY MEMBER AT LARGE	1.00 3.00	X						0.	0.	0.
<b>1b Subtotal</b>								4,016,993.	0.	462,271.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								4,016,993.	0.	462,271.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **39**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NEW ORLEANS ERNEST N MORIAL CON. CTR, 900 CONVENTION CTR BLVD, NEW ORLEANS, LA 70130	CONFERENCE FOOD & EXHIBIT	734,209.
PSAV, 6050 S. VALLEY VIEW BLVD, LAS VEGAS, NV 89118	AUDIO/VISUAL	643,654.
SPIRE DIGITAL 940 LINCOLN STREET, DENVER, CO 80203	WEBSITE DEVELOPMENT AND SUPPORT	545,403.
GROUND FLOOR MEDIA INC. 1923 MARKET STREET, DENVER, CO 80202	PUBLIC RELATION SUPPORT	340,138.
EXPERIMENT INC. PO BOX 74008578, CHICAGO, IL 60674	CONFERENCE REGISTRATION SUPPORT	339,658.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **30**

SEE PART VII, SECTION A CONTINUATION SHEETS

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ANNE C. HILL MEMBER AT LARGE THRU 10/19	1.00 3.00	X						0.	0.	0.
(28) CARRIE KOZLOWSKI MEMBER AT LARGE	1.00 3.00	X						0.	0.	0.
(29) MICHAEL O'CONNELL MEMBER AT LARGE	1.00 3.00	X						0.	0.	0.
(30) LOLA OSAWE MEMBER AT LARGE	1.00 3.00	X						0.	0.	0.
(31) ROSS RONAN MEMBER AT LARGE THRU 10/19	1.00 3.00	X						0.	0.	0.
(32) RICHARD T. SCHLOSBERG MEMBER AT LARGE	1.00 3.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b> \$					
	<b>h Total.</b> Add lines 1a-1f .....						
Program Service Revenue			<b>Business Code</b>				
	<b>2 a</b> INFORMATION AND PUBLIC .....	511120	13,510,265.	13,401,019.	109,246.		
	<b>b</b> MEMBERSHIP DUES .....	900099	8,467,785.	8,467,785.			
	<b>c</b> CONFERENCE & EDUCATION .....	611710	6,038,903.	5,839,623.	199,280.		
	<b>d</b> CONSULTING SERVICES .....	541900	640,405.		640,405.		
	<b>e</b> CERTIFICATION SERVICES .....	900099	169,949.	169,949.			
	<b>f</b> All other program service revenue .....	900099	395,937.	17,545.	378,392.		
	<b>g Total.</b> Add lines 2a-2f .....			29,223,244.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			606,355.		606,355.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
				17,713,022.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	16,284,028.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	1,428,994.				
	<b>d</b> Net gain or (loss) .....			1,428,994.		1,428,994.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>	147,335.					
<b>b</b> Less: cost of goods sold .....	<b>10b</b>	355,448.					
<b>c</b> Net income or (loss) from sales of inventory .....			-208,113.	-208,113.			
Miscellaneous Revenue			<b>Business Code</b>				
	<b>11 a</b> MANAGEMENT FEE .....	900099	15,348.	15,348.			
	<b>b</b> OTHER REVENUE .....	900099	4,929.	4,929.			
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			20,277.				
<b>12 Total revenue.</b> See instructions .....			31,070,757.	27,708,085.	1,327,323.	2,035,349.	



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,902,526.			
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	10,280,843.			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	446,072.			
<b>9</b> Other employee benefits .....	1,638,891.			
<b>10</b> Payroll taxes .....	544,572.			
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	161,323.			
<b>c</b> Accounting .....	140,045.			
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	107,862.			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,031,379.			
<b>12</b> Advertising and promotion .....	1,204,471.			
<b>13</b> Office expenses .....	501,620.			
<b>14</b> Information technology .....	1,549,183.			
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,529,842.			
<b>17</b> Travel .....	446,968.			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	2,598,136.			
<b>20</b> Interest .....	221.			
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	582,471.			
<b>23</b> Insurance .....	199,283.			
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> BANK CHARGES	376,984.			
<b>b</b> MAINTENANCE & REPAIRS	253,864.			
<b>c</b> TAXES & LICENSES	165,665.			
<b>d</b> MEMBERSHIP DUES & FEES	150,640.			
<b>e</b> All other expenses	103,946.			
<b>25</b> Total functional expenses. Add lines 1 through 24e	28,916,807.			
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,674,979.	<b>1</b>	1,588,252.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	2,980,950.	<b>4</b>	1,265,260.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	992,294.	<b>9</b>	701,922.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,711,552.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,023,151.		
	<b>11</b> Investments - publicly traded securities .....	2,004,155.	<b>10c</b>	1,688,401.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	26,195,727.	<b>11</b>	25,754,385.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	9,634,279.	<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	9,634,279.
	<b>15</b> Other assets. See Part IV, line 11 .....	2,876,301.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	46,358,685.	<b>15</b>	2,649,678.	
		<b>16</b>	43,282,177.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,177,962.	<b>17</b>	2,412,584.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	8,968,699.	<b>19</b>	8,578,877.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	14,764.	<b>25</b>	2,997.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	12,161,425.	<b>26</b>	10,994,458.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	34,197,260.	<b>27</b>	32,287,719.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	34,197,260.	<b>32</b>	32,287,719.
<b>33</b> Total liabilities and net assets/fund balances .....	46,358,685.	<b>33</b>	43,282,177.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	31,070,757.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	28,916,807.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,153,950.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	34,197,260.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-2,312,360.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-1,751,131.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	32,287,719.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form 990 (2019)

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

**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](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 <p style="text-align: center;">MGMA - ACMPE</p>	Employer identification number <p style="text-align: center;">45-2766110</p>
---	---

**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? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_ 0.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_ 0.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 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) 2019**

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<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? .....														

Yes  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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....		X
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....		X
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....		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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	8,467,785.
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	827,143.
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	827,143.
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	846,779.
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	-19,636.

**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.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

**Name of the organization** MGMA-ACMPE **Employer identification number** 45-2766110

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,165,754.	1,145,762.	1,091,591.	1,061,665.	980,336.
b Contributions	1,165.	1,130.	847.	70.	127,988.
c Net investment earnings, gains, and losses	5,932.	56,773.	93,174.	122,128.	3,937.
d Grants or scholarships	28,000.	31,000.	31,060.	33,000.	36,000.
e Other expenditures for facilities and programs				52,775.	14,596.
f Administrative expenses	7,220.	6,911.	8,791.	6,497.	
g End of year balance	1,137,631.	1,165,754.	1,145,762.	1,091,591.	1,061,665.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  13.82 %
  - b Permanent endowment  19.57 %
  - c Term endowment  66.61 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  |     | X  |
| (ii) Related organizations   | X   |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input checked="" type="checkbox"/> | X   |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		887,241.	166,793.	720,448.
d Equipment		1,029,126.	703,087.	326,039.
e Other		3,795,185.	3,153,271.	641,914.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,688,401.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) MGMA REALTY, CORP.	9,384,279.	COST
(2) MGMA SERVICES, INC.	250,000.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	9,634,279.	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	1,618,228.
(2) OTHER ASSETS	278,074.
(3) DEFERRED TAX ASSET	753,376.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,649,678.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	2,997.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,997.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	28,633,194.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-2,312,360.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-125,203.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-2,437,563.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	31,070,757.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	31,070,757.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	28,848,805.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-68,002.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-68,002.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	28,916,807.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	28,916,807.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

MGMA - SFI (SCHOLARSHIP FUND INC) IS A CONTROLLED ORGANIZATION OF MGMA

-ACMPE. THE ENDOWMENT IS HELD BY MGMA - SFI AND USED TO PROVIDE

SCHOLARSHIPS TO INDIVIDUALS SEEKING EDUCATION IN THE MEDICAL PRACTICE

ADMINISTRATION FIELD.

PART X, LINE 2:

THE ASSOCIATION APPLIES A MORE-LIKELY-THAN-NOT MEASUREMENT METHODOLOGY TO

REFLECT THE CONSOLIDATED FINANCIAL STATEMENT IMPACT OF UNCERTAIN TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A RETURN. AFTER EVALUATING THE

POSITIONS TAKEN, NONE ARE CONSIDERED TO BE UNCERTAIN; THEREFORE, NO

AMOUNTS HAVE BEEN RECOGNIZED FOR THE YEARS ENDED JUNE 30, 2020 AND 2019.

**Part XIII** Supplemental Information (continued)

IF INCURRED, INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIONS ARE

RECORDED IN THE PERIOD ASSESSED AS MANAGEMENT AND GENERAL EXPENSE. NO

INTEREST OR PENALTIES HAVE BEEN ASSESSED AS OF JUNE 30, 2020 AND 2019.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

ACMPE SCHOLARSHIP FUND INC. REVENUE	40,515.
INTERCOMPANY ELIMINATIONS	-655,026.
INVESTMENT EXPENSES NET WITH REVENUE ON FINANCIAL STATEMENTS	-107,865.
MGMA REALTY CORP. REVENUE	639,679.
MGMA CENTER FOR RESEARCH, INC. REVENUE	28,758.
GAIN ON DEFERRED TAX ASSEST (NET OF CURRENT TAX EXPENSE)	2,362.
MGMA CENTER FOR RESEARCH, INC. UNREALIZED LOSS	-34,935.
ACMPE SCHOLARSHIP FUND INC. UNREALIZED LOSS	-38,691.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-125,203.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

MGMA CENTER FOR RESEARCH, INC. EXPENSES	5,614.
ACMPE SCHOLARSHIP FUND INC. EXPENSES	47,801.
MGMA REALTY CORP. EXPENSES	639,679.
MGMA SERVICES, INC. EXPENSES	1,795.
INTERCOMPANY ELIMINATIONS	-655,026.
INVESTMENT EXPENSES NET WITH REVENUE ON FINANCIAL STATEMENTS	-107,865.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-68,002.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

MGMA - ACMPE

Employer identification number

45-2766110

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HALEE FISCHER-WRIGHT PRESIDENT/CEO	(i)	794,192.	258,300.	63,412.	42,057.	41,767.	1,199,728.	27,547.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TODD EVENSON FORMER COO THRU 6/19	(i)	164,783.	113,750.	219,911.	11,200.	16,619.	526,263.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AKASH MADIAH CFO	(i)	289,288.	88,000.	2,073.	13,200.	13,421.	405,982.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANDERS GILBERG SR VP GOVERNMENT RELATIONS	(i)	278,332.	42,086.	3,394.	28,284.	25,804.	377,900.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANDREW SWANSON VP INDUSTRY INSIGHTS	(i)	197,835.	90,529.	1,450.	28,284.	29,487.	347,585.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TRACY WATROUS VP CONTENT/MEMBERSHIP	(i)	202,185.	50,529.	4,474.	25,285.	18,084.	300,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BRENDAN KOLBER DIRECTOR NATIONAL SALES THRU 12/19	(i)	126,935.	71,494.	6,435.	8,491.	27,890.	241,245.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DAVID LITZAU IT DIRECTOR THRU 3/20	(i)	147,999.	25,000.	4,987.	17,045.	28,972.	224,003.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ROBERT TENNANT DIRECTOR HEALTH INFORMATION TECH.	(i)	175,223.	0.	2,464.	15,748.	1,650.	195,085.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) OWEN KEMP SALES SENIOR MANAGER	(i)	74,702.	97,298.	118.	15,909.	18,109.	206,136.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SHELLY WAGGONER VP HUMAN RESOURCES THRU 6/19	(i)	94,507.	38,453.	38,633.	7,045.	15,986.	194,624.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINES 4A-B:

DURING THE FISCAL YEAR ENDING JUNE 30, 2020, HALEE FISCHER-WRIGHT PARTICIPATED IN THE ORGANIZATION'S 457(F) PLAN AND RECEIVED A DISTRIBUTION OF \$27,547. AN ADDITIONAL \$10,690 VESTED IN THE FISCAL YEAR ENDING JUNE 30, 2020 AND WAS NOT DISTRIBUTED.

PART I, LINE 4A

TODD EVENSON RECEIVED A SEVERANCE PAYMENT OF \$162,500 DURING THE FISCAL YEAR.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 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.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

MGMA-ACMPE

Employer identification number

45-2766110

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CIRCULATION OF APPROXIMATELY 30,000.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF THE FOLLOWING: CHAIR OF THE

BOARD, VICE CHAIR OF THE BOARD, IMMEDIATE PAST CHAIR OF THE BOARD, THE

FINANCE AND AUDIT CHAIR AND THE FINANCE AND AUDIT VICE CHAIR. THE EXECUTIVE

COMMITTEE SHALL REVIEW AND TAKE ACTION ON ITEMS THAT, IN THE DISCRETION OF

THE CHAIR OF THE BOARD, MUST BE ACTED UPON PRIOR TO A FULL MEETING OF THE

BOARD, IN SITUATIONS WHERE A MEETING WITH THE FULL BOARD IS NOT

PRACTICABLE. ACTIONS OF THE EXECUTIVE COMMITTEE, OTHER THAN THOSE RELATING

TO THE SALARY AND PERFORMANCE EVALUATION OF THE PRESIDENT/CHIEF EXECUTIVE

OFFICER, SHALL BE POSTED ELECTRONICALLY AS SOON AS PRACTICABLE FOR REVIEW

BY THE BOARD.

FORM 990, PART VI, SECTION A, LINE 6:

THE CATEGORIES OF MEMBERS ARE: INDIVIDUAL, STUDENT, FACULTY, HONORARY,

DISTINGUISHED, AND LIFE.

FORM 990, PART VI, SECTION A, LINE 7A:

ALL DUES-PAYING AND DISTINGUISHED MEMBERS HAVE THE PRIVILEGE OF VOTING ON

SPECIFIED ASSOCIATION MATTERS, NAMELY THE ELECTION OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

ALL DUES-PAYING AND DISTINGUISHED MEMBERS HAVE THE PRIVILEGE OF VOTING ON

SPECIFIED ASSOCIATION MATTERS, NAMELY THE ELECTION OF DIRECTORS. THEY ALSO

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization MGMA-ACMPE	Employer identification number 45-2766110
--	--

HAVE THE PRIVILEGE OF VOTING ON ALL ASSOCIATION MATTERS REQUIRING MEMBERSHIP APPROVAL UNDER THE COLORADO REVISED NONPROFIT CORPORATION ACT, THE ARTICLES OF INCORPORATION, OR THE BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE MANAGEMENT. ONCE A DRAFT OF THE FILING IS AVAILABLE, THE DIRECTOR OF ACCOUNTING AND THE CFO WILL BE THE FIRST TO REVIEW THE FORM 990 UPON COMPLETION. THE CFO WILL THEN PRESENT THE FORM 990 TO THE FINANCE/AUDIT COMMITTEE FOR A COMPLETE DETAIL REVIEW AND THEIR APPROVAL. ONCE THE FINANCE/AUDIT COMMITTEE HAS APPROVED, THE BOARD MEMBERS WILL RECEIVE A COPY OF THE FORM 990 AND THE CHAIR WILL PRESENT THE FORM 990 FOR APPROVAL BY THE FULL BOARD PRIOR TO THE FORM 990 BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

MGMA-ACMPE'S OFFICERS, BOARD OF DIRECTORS, AND COMMITTEE MEMBERS ARE REQUIRED TO DISCLOSE IN WRITING ON AN ANNUAL BASIS ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST. IF ANY CONFLICTS EXIST, THE BOARD MEMBERS RECUSE THEMSELVES FROM VOTING ON ANY MATTERS PERTAINING TO THE CONFLICT. THE ORGANIZATION MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY INQUIRING AT EACH BOARD MEETING WHETHER THERE HAVE BEEN ANY CHANGES THAT COULD GIVE RISE TO A CONFLICT OF INTEREST SINCE THE BOARD MEMBERS SIGNED THE ANNUAL AFFIRMATION. ALL PROCEDURES RELATED TO CONFLICTS OF INTEREST ARE DOCUMENTED IN THE MEETING MINUTES. MGMA-ACMPE'S FISCAL POLICY, SECTION 2.01(A) OUTLINES THE CONFLICT OF INTEREST POLICY AND PROCEDURE.

FORM 990, PART VI, SECTION B, LINE 15:



Name of the organization MGMA-ACMPE	Employer identification number 45-2766110
--	--

MGMA USES A COMPENSATION CONSULTANT, INTEGRATED HEALTHCARE STRATEGIES, A DIVISION OF GALLAGHER BENEFIT SERVICES, INC (GALLAGHER INTEGRATED), TO PROVIDE AN ANALYSIS OF TOTAL COMPENSATION FOR ITS CEO. MGMA HAS A FORMAL STATEMENT OF EXECUTIVE COMPENSATION PHILOSOPHY THAT WAS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD ON JUNE 23, 2016. THE ANALYSIS INCORPORATED ALL ASPECTS OF COMPENSATION, INCLUDING SALARY, INCENTIVES, BENEFITS, SEVERANCE, AND PERQUISITES. THIS REPORT WAS ISSUED IN JUNE, 2019. IT WAS DETERMINED THAT SHE WOULD BE AWARDED A 2.5 INCREASE. THE ANALYSIS WAS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

FOR THE REMAINING OFFICERS OF THE ASSOCIATION, COMPENSATION IS REVIEWED ON AN ANNUAL BASIS. THE LAST STUDY WAS COMPLETED IN WINTER 2019. THE STUDY IS COMPLETED BY A COMPENSATION CONSULTANT, INTEGRATED HEALTHCARE STRATEGIES, A DIVISION OF GALLAGHER BENEFIT SERVICES, INC (GALLAGHER INTEGRATED), TO PROVIDE AN ANALYSIS OF TOTAL COMPENSATION FOR THE OTHER OFFICERS AND KEY EMPLOYEES. THIS INFORMATION IS REVIEWED WITH THE CEO. THE INFORMATION IS VALIDATED CURRENT MARKET COMPETITIVENESS AGAINST THE CURRENT COMPENSATION FOR EACH EXECUTIVE, ALL OF WHICH DEMONSTRATED ALIGNMENT.

FORM 990, PART VI, SECTION C, LINE 19:  
MGMA-ACMPE POSTS ITS AUDITED CONSOLIDATED FINANCIAL STATEMENTS, IRS FORM 990, AND GOVERNING DOCUMENTS ON ITS WEBSITE. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE ALSO AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER CONSULTING SERVICES	2,767,378.
HONORARIUMS	264,001.

Name of the organization MGMA-ACMPE	Employer identification number 45-2766110
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 3,031,379.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GAIN ON DEFERRED TAX ASSET 2,362.

APPLICATION OF FASB NO 2014-09 -1,753,491.

ROUNDING -2.

TOTAL TO FORM 990, PART XI, LINE 9 -1,751,131.

FORM 990, PART XII LINE 2C

THE PROCESS FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF AN  
ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **MGMA-ACMPE** Employer identification number **45-2766110**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MGMA CENTER FOR RESEARCH, INC. - 84-0647139 104 INVERNESS TERRACE EAST ENGLEWOOD, CO 80112	RESEARCH	COLORADO	501(C)(3)	LINE 12A, I	MGMA-ACMPE	X	
MGMA REALTY CORP - 84-1119908 104 INVERNESS TERRACE EAST ENGLEWOOD, CO 80112	REAL ESTATE	COLORADO	501(C)(2)	N/A	MGMA-ACMPE	X	
ACMPE SCHOLARSHIP FUND INC - 20-1366779 104 INVERNESS TERRACE EAST ENGLEWOOD, CO 80112	SCHOLARSHIP PROGRAM	COLORADO	501(C)(3)	LINE 12A, I	MGMA-ACMPE	X	

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

Schedule R (Form 990) 2019

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MGMA SERVICES INC. - 84-1546758 104 INVERNESS TERRACE EAST ENGLEWOOD, CO 80112	BUSINESS VENTURES	CO	MGMA-ACMPE	C CORP	0.	25,119.	100%	X	

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MGMA REALTY CORP	K	639,679.	ACTUAL EXPENSE
(2) MGMA REALTY CORP	O	208,723.	ACTUAL EXPENSE
(3) MGMA REALTY CORP	D	1,503,804.	INTERCOMPANY RECEIVABLES
(4) MGMA CENTER FOR RESEARCH, INC.	D	1,188,804.	INTERCOMPANY RECEIVABLES
(5) ACMPE SCHOLARSHIP FUND, INC.	D	90,783.	INTERCOMPANY RECEIVABLES
(6) MGMA SERVICES	D	9,520.	INTERCOMPANY RECEIVABLES

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) MGMA CENTER FOR RESEARCH, INC.	E	1,174,682.	INTERCOMPANY PAYABLE
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	





# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

## 2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(6)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<p><b>Print or Type</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>MGMA-ACMPE</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>104 INVERNESS TERRACE EAST</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>ENGLEWOOD, CO 80112-5313</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>45-2766110</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)  <b>541900</b></p>
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**C** Book value of all assets at end of year 43,282,177.

**F** Group exemption number (See instructions.) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 4 Describe the only (or first) unrelated trade or business here ▶ CONSULTING SERVICES. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ AKASH MADIAH Telephone number ▶ 303-799-1111

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales <u>640,405.</u>			
<b>b</b> Less returns and allowances			
<b>c</b> Balance ▶	<b>1c</b> 640,405.		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b> 640,405.		640,405.
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 640,405.		640,405.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	238,830.
<b>16</b> Repairs and maintenance	<b>16</b>	12,882.
<b>17</b> Bad debts	<b>17</b>	2,051.
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>	8.
<b>19</b> Taxes and licenses	<b>19</b>	26,873.
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>	20,141.
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>	
<b>22</b> Depletion	<b>22</b>	
<b>23</b> Contributions to deferred compensation plans	<b>23</b>	11,909.
<b>24</b> Employee benefit programs	<b>24</b>	25,605.
<b>25</b> Excess exempt expenses (Schedule I)	<b>25</b>	
<b>26</b> Excess readership costs (Schedule J)	<b>26</b>	
<b>27</b> Other deductions (attach schedule)	<b>27</b>	748,330.
<b>28 Total deductions.</b> Add lines 14 through 27	<b>28</b>	1,086,629.
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	<b>29</b>	-446,224.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>	0.
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29	<b>31</b>	-446,224.

**Part III Total Unrelated Business Taxable Income**

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	268,689.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	268,689.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 4</b>	36	268,689.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

**Part IV Tax Computation**

40	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	40	0.
41	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	<b>Proxy tax.</b> See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	<b>Tax on Noncompliant Facility Income.</b> See instructions	44	
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

**Part V Tax and Payments**

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	<b>Total credits.</b> Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	<b>Total tax.</b> Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	<b>Total payments.</b> Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	56	

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ CFO Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: SARAH HINTZ  
 Preparer's signature: SARAH HINTZ  
 Date: 05/03/21  
 Check  if self-employed  
 PTIN: P00492291  
 Firm's name: CLIFTONLARSONALLEN LLP  
 Firm's address: 8390 EAST CRESCENT PARKWAY, SUITE 300 GREENWOOD VILLAGE, CO 80111  
 Firm's EIN: 41-0746749  
 Phone no.: (303) 779-5710

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶ N/A

1 Inventory at beginning of year .....	1		6 Inventory at end of year .....	6	
2 Purchases .....	2		7 <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	7	
3 Cost of labor .....	3				
4a Additional section 263A costs (attach schedule) .....	4a				
b Other costs (attach schedule) .....	4b				
5 <b>Total.</b> Add lines 1 through 4b .....	5		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes No

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....		Enter here and on page 1, Part I, line 7, column (A). 0.		Enter here and on page 1, Part I, line 7, column (B). 0.
<b>Total dividends-received deductions</b> included in column 8 .....				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b> .....			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b> .....		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
<b>Totals</b> .....		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....		0.	0.			0.

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b> .....	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			0.

Form 990-T (2019)

FORM 990-T		INTEREST PAID	STATEMENT 1
DESCRIPTION			AMOUNT
INTEREST			8.
TOTAL TO FORM 990-T, PAGE 1, LINE 18			8.

FORM 990-T		OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION			AMOUNT
ADVERTISING AND MARKETING			36,596.
CONSULTING			514,554.
OFFICE EXPENSE			86,931.
TRAVEL			67,141.
OCCUPANCY			43,108.
TOTAL TO FORM 990-T, PAGE 1, LINE 27			748,330.

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	1,139,987.	0.	1,139,987.	1,139,987.
NOL CARRYOVER AVAILABLE THIS YEAR			1,139,987.	1,139,987.

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12	395,780.	335,846.	59,934.	59,934.
06/30/13	550,943.	0.	550,943.	550,943.
06/30/14	506,952.	0.	506,952.	506,952.
06/30/15	107,959.	0.	107,959.	107,959.
06/30/16	485,424.	0.	485,424.	485,424.
06/30/17	649,747.	0.	649,747.	649,747.
06/30/18	901,319.	0.	901,319.	901,319.
NOL CARRYOVER AVAILABLE THIS YEAR			3,262,278.	3,262,278.

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

ENTITY

1

OMB No. 1545-0047

**2019**

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**

▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Name of the organization MGMA-ACMPE Employer identification number 45-2766110

Unrelated Business Activity Code (see instructions) ▶ 611430

Describe the unrelated trade or business ▶ PROFESSIONAL EDUCATION AND CONFERENCES

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b> 199,280.	513,109.	-313,829.
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 199,280.	513,109.	-313,829.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>		
<b>15</b> Salaries and wages		<b>15</b>		
<b>16</b> Repairs and maintenance		<b>16</b>		
<b>17</b> Bad debts		<b>17</b>		
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>		
<b>19</b> Taxes and licenses		<b>19</b>		
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>			
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>			<b>21b</b>
<b>22</b> Depletion		<b>22</b>		
<b>23</b> Contributions to deferred compensation plans		<b>23</b>		
<b>24</b> Employee benefit programs		<b>24</b>		
<b>25</b> Excess exempt expenses (Schedule I)		<b>25</b>		
<b>26</b> Excess readership costs (Schedule J)		<b>26</b>		
<b>27</b> Other deductions (attach schedule)		<b>27</b>		
<b>28 Total deductions.</b> Add lines 14 through 27		<b>28</b>		0.
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		<b>29</b>		-313,829.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) <span style="float: right;">STMT 5</span>		<b>30</b>		0.
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29		<b>31</b>		-313,829.

LHA **For Paperwork Reduction Act Notice, see instructions.**

**Schedule M (Form 990-T) 2019**



SCHEDULE M		NET OPERATING LOSS DEDUCTION		STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	65,708.		65,708.	65,708.
NOL CARRYOVER AVAILABLE THIS YEAR			65,708.	65,708.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Totals

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) EVENT ADVERTISING	8,600.	171,819.	-163,219.	0.	0.	0.
(2) ELECTRONIC						
(3) ADVERTISING	190,680.	341,290.	-150,610.	0.	0.	0.
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
Totals		199,280.	513,109.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

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FORM 990-T (M) SCHEDULE I - EXPENSES DIRECTLY CONNECTED WITH STATEMENT 8  
 PRODUCTION OF UNRELATED BUSINESS INCOME

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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
COST OF LABOR		171,819.	
- SUBTOTAL -	1		171,819.
COST OF LABOR		341,290.	
- SUBTOTAL -	2		341,290.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 3			513,109.

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

ENTITY

2

OMB No. 1545-0047

**2019**

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**

▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Name of the organization MGMA-ACMPE Employer identification number 45-2766110

Unrelated Business Activity Code (see instructions) ▶ 511120

Describe the unrelated trade or business ▶ PUBLICATIONS

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c Balance ▶</b>	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b> 109,246.	<b>60,812.</b>	<b>48,434.</b>
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 109,246.	<b>60,812.</b>	<b>48,434.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>		
<b>15</b> Salaries and wages		<b>15</b>		
<b>16</b> Repairs and maintenance		<b>16</b>		
<b>17</b> Bad debts		<b>17</b>		
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>		
<b>19</b> Taxes and licenses		<b>19</b>		
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>			
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>			<b>21b</b>
<b>22</b> Depletion		<b>22</b>		
<b>23</b> Contributions to deferred compensation plans		<b>23</b>		
<b>24</b> Employee benefit programs		<b>24</b>		
<b>25</b> Excess exempt expenses (Schedule I)		<b>25</b>		
<b>26</b> Excess readership costs (Schedule J)		<b>26</b>		<b>48,434.</b>
<b>27</b> Other deductions (attach schedule)		<b>27</b>		
<b>28 Total deductions.</b> Add lines 14 through 27		<b>28</b>		<b>48,434.</b>
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		<b>29</b>		<b>0.</b>
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) <span style="float: right;">STMT 6</span>		<b>30</b>		<b>0.</b>
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29		<b>31</b>		

LHA **For Paperwork Reduction Act Notice, see instructions.**

**Schedule M (Form 990-T) 2019**

SCHEDULE M

NET OPERATING LOSS DEDUCTION

STATEMENT 6

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	9,261.		9,261.	9,261.
NOL CARRYOVER AVAILABLE THIS YEAR			9,261.	9,261.

MGMA-ACMPE

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) MGMA CONNECTION	109,246.	60,812.		125,900.	174,334.	
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))	109,246.	60,812.	48,434.	125,900.	174,334.	48,434.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	109,246.	60,812.				48,434.
<b>Totals, Part II</b> (lines 1-5)	109,246.	60,812.				48,434.

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

ENTITY

3

OMB No. 1545-0047

**2019**

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**

▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Name of the organization MGMA-ACMPE Employer identification number 45-2766110

Unrelated Business Activity Code (see instructions) ▶ 561300

Describe the unrelated trade or business ▶ CAREER CENTER JOB POSTING ROYALTIES

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales	<u>378,392.</u>			
<b>b</b> Less returns and allowances				
<b>c Balance</b> ▶		<b>1c</b> <u>378,392.</u>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b> <u>378,392.</u>		<b>3</b> <u>378,392.</u>
<b>4 a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> <u>378,392.</u>		<b>13</b> <u>378,392.</u>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>		
<b>15</b> Salaries and wages		<b>15</b>		<u>44,442.</u>
<b>16</b> Repairs and maintenance		<b>16</b>		
<b>17</b> Bad debts		<b>17</b>		
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>		
<b>19</b> Taxes and licenses		<b>19</b>		
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>			
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>			
<b>22</b> Depletion		<b>22</b>		
<b>23</b> Contributions to deferred compensation plans		<b>23</b>		
<b>24</b> Employee benefit programs		<b>24</b>		
<b>25</b> Excess exempt expenses (Schedule I)		<b>25</b>		
<b>26</b> Excess readership costs (Schedule J)		<b>26</b>		
<b>27</b> Other deductions (attach schedule)	<u>SEE STATEMENT 7</u>	<b>27</b>		<u>65,261.</u>
<b>28 Total deductions.</b> Add lines 14 through 27		<b>28</b>		<u>109,703.</u>
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		<b>29</b>		<u>268,689.</u>
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>30</b>		<u>0.</u>
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29		<b>31</b>		<u>268,689.</u>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 7

DESCRIPTION

AMOUNT

OFFICE EXPENSE  
ALLOCATED OVERHEAD

38,650.  
26,611.

TOTAL TO SCHEDULE M, PART II, LINE 27

65,261.



MGMA-ACMPE

45-2766110

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 5 main rows and 4 sub-columns. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional section 263A costs, 4b Other costs, 5 Total. Add lines 1 through 4b, 6 Inventory at end of year, 7 Cost of goods sold, 8 Do the rules of section 263A apply to the organization?

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, 3(a) Deductions directly connected with the income. Rows (1) through (4) and Total.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 main columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Rows (1) through (4) and Totals.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  MGMA - ACMPE	Taxpayer identification number (TIN)  45-2766110
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 104 INVERNESS TERRACE EAST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ENGLEWOOD, CO 80112-5313	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

AKASH MADIAH

- The books are in the care of ▶ 104 INVERNESS TERRACE EAST - ENGLEWOOD, CO 80112  
Telephone No. ▶ 303-799-1111 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until MAY 17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

# Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

Department of the Treasury  
Internal Revenue Service

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

# 2019

▶ Go to [www.irs.gov/Form4720](http://www.irs.gov/Form4720) for instructions and the latest information.

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

Name of organization or entity <b>MGMA-ACMPE</b>	Employer identification number <b>45-2766110</b>
Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address) <b>104 INVERNESS TERRACE EAST</b>	Check box for type of annual return: <input checked="" type="checkbox"/> Form 990 <input type="checkbox"/> Form 990-EZ <input type="checkbox"/> Form 990-PF <input type="checkbox"/> Other <input type="checkbox"/> Form 5227
City or town, state or province, country, and ZIP or foreign postal code <b>ENGLEWOOD, CO 80112-5313</b>	

	Yes	No
<b>A</b> Is the organization a foreign private foundation within the meaning of section 4948(b)?		<b>X</b>
<b>B</b> Has corrective action been taken on any taxable event that resulted in Ch. 42 taxes being reported on this form? (Enter "N/A" if not applicable)	<b>N</b>	<b>A</b>

If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction ▶ \$ . If "No," (that is, any uncorrected acts or transactions), attach an explanation (see instructions).

**Part I Taxes on Organization** (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a))

<b>1</b> Tax on undistributed income - Schedule B, line 4	<b>1</b>		
<b>2</b> Tax on excess business holdings - Schedule C, line 7	<b>2</b>		
<b>3</b> Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e)	<b>3</b>		
<b>4</b> Tax on taxable expenditures - Schedule E, Part I, column (g)	<b>4</b>		
<b>5</b> Tax on political expenditures - Schedule F, Part I, column (e)	<b>5</b>		
<b>6</b> Tax on excess lobbying expenditures - Schedule G, line 4	<b>6</b>		
<b>7</b> Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e)	<b>7</b>		
<b>8</b> Tax on premiums paid on personal benefit contracts	<b>8</b>		
<b>9</b> Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h)	<b>9</b>		
<b>10</b> Tax on taxable distributions - Schedule K, Part I, column (f)	<b>10</b>		
<b>11</b> Tax on a charitable remainder trust's unrelated business taxable income. Attach statement	<b>11</b>		
<b>12</b> Tax on failure to meet the requirements of section 501(r)(3) - Schedule M, Part II, line 2	<b>12</b>		
<b>13</b> Tax on excess executive compensation - Schedule N	<b>13</b>		22,126.
<b>14</b> Tax on net investment income of private colleges and universities - Schedule O	<b>14</b>		
<b>15 Total</b> (add lines 1 - 14)	<b>15</b>		22,126.

**Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons**  
(Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

(a) Name and address of person subject to tax. City or town, state or province, country, ZIP or foreign postal code	(b) Taxpayer identification number			
<b>a</b>				
<b>b</b>				
<b>c</b>				
	(c) Tax on self-dealing - Schedule A, Part II, col. (d), and Part III, col. (d)	(d) Tax on investments that jeopardize charitable purpose - Schedule D, Part II, col. (d)	(e) Tax on taxable expenditures - Schedule E, Part II, col. (d)	(f) Tax on political expenditures - Schedule F, Part II, col. (d)
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>Total</b>				
	(g) Tax on disqualifying lobbying expenditures - Sch H, Part II, col. (d)	(h) Tax on excess benefit transactions - Schedule I, Part II, col. (d), and Part III, col. (d)	(i) Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, col. (d)	(j) Tax on taxable distributions - Schedule K, Part II, col. (d)
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>Total</b>				
	(k) Tax on prohibited benefits - Sch L, Part II, col. (d), and Part III, col. (d)			
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>Total</b>				

<b>Part II-B Summary of Taxes</b> (See <b>Tax Payments</b> in the instructions.)	
1 Enter the taxes listed in Part II-A, column (I), that apply to managers, self-dealers, disqualified persons, donors, donor advisors, and related persons who sign this form. If all sign, enter the total amount from Part II-A, column (I) .....	1
2 <b>Total tax.</b> Add Part I, line 15, and Part II-B, line 1 .....	2 22,126.
3 Total payments including amount paid with Form 8868 (see instructions) .....	3
4 <b>Tax due.</b> If line 2 is larger than line 3, enter amount owed (see instructions) .....	4 22,126.
5 <b>Overpayment.</b> If line 2 is smaller than line 3, enter the difference. This is your refund .....	5

**SCHEDULE A - Initial Taxes on Self-Dealing** (Section 4941)

<b>Part I Acts of Self-Dealing and Tax Computation</b>			
(a) Act number	(b) Date of act	(c) Description of act	
1			
2			
3			
4			
5			
(d) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the act	(e) Amount involved in act	(f) Initial tax on self-dealer (10% of col. (e))	(g) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col. (e))

<b>Part II Summary of Tax Liability of Self-Dealers and Proration of Payments</b>			
(a) Names of self-dealers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)

<b>Part III Summary of Tax Liability of Foundation Managers and Proration of Payments</b>			
(a) Names of foundation managers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE B - Initial Tax on Undistributed Income** (Section 4942)

1 Undistributed income for years before 2018 (from Form 990-PF for 2019, Part XIII, line 6d) .....	1
2 Undistributed income for 2018 (from Form 990-PF for 2019, Part XIII, line 6e) .....	2
3 Total undistributed income at end of current tax year beginning in 2019 and subject to tax under section 4942 (add lines 1 and 2) .....	3
4 <b>Tax</b> - Enter 30% of line 3 here and on Part I, line 1 .....	4

**SCHEDULE C - Initial Tax on Excess Business Holdings** (Section 4943)

**Business Holdings and Computation of Tax**

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number ▶

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.) ▶

		(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
<b>1</b> Foundation holdings in business enterprise .....	<b>1</b>			
<b>2</b> Permitted holdings in business enterprise .....	<b>2</b>			
<b>3</b> Value of excess holdings in business enterprise .....	<b>3</b>			
<b>4</b> Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement) .....	<b>4</b>			
<b>5</b> Taxable excess holdings in business enterprise - line 3 minus line 4 .....	<b>5</b>			
<b>6</b> Tax - Enter 10% of line 5 .....	<b>6</b>			
<b>7</b> Total tax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2 .....	<b>7</b>			

**SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose** (Section 4944)

**Part I** Investments and Tax Computation

(a) Investment number	(b) Date of investment	(c) Description of investment	(d) Amount of investment	(e) Initial tax on foundation (10% of col. (d))	(f) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (d))
1					
2					
3					
4					
5					
<b>Total</b> - Column (e). Enter here and on Part I, line 3 .....					
<b>Total</b> - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below .....					

**Part II** Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

Table with 5 columns: (a) Item number, (b) Amount, (c) Date paid or incurred, (d) Name and address of recipient, (e) Description of expenditure and purposes for which made. Includes Total lines for columns (g) and (h).

Table with 4 columns: (a) Names of foundation managers liable for tax, (b) Item no. from Part I, col. (a), (c) Tax from Part I, col. (h), or prorated amount, (d) Manager's total tax liability (add amounts in col. (c) (see instructions)).

SCHEDULE F - Initial Taxes on Political Expenditures (Section 4955)

Table with 6 columns: (a) Item number, (b) Amount, (c) Date paid or incurred, (d) Description of political expenditure, (e) Initial tax imposed on organization or foundation (10% of col. (b)), (f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2 1/2% of col. (b)). Includes Total lines for columns (e) and (f).

Table with 4 columns: (a) Names of organization managers or foundation managers liable for tax, (b) Item no. from Part I, col. (a), (c) Tax from Part I, col. (f), or prorated amount, (d) Manager's total tax liability (add amounts in col. (c) (see instructions)).

**SCHEDULE G - Tax on Excess Lobbying Expenditures** (Section 4911)

1	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h). (See the instructions before making an entry.)	1
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i). (See the instructions before making an entry.)	2
3	Excess lobbying expenditures - enter the larger of line 1 or line 2	3
4	Tax - Enter 25% of line 3 here and on Part I, line 6	4

**SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures** (Section 4912)

<b>Part I Expenditures and Computation of Tax</b>					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable)- (5% of col. (b))
1					
2					
3					
4					
5					
<b>Total</b> - Column (e). Enter here and on Part I, line 7					
<b>Total</b> - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

<b>Part II Summary of Tax Liability of Organization Managers and Proration of Payments</b>			
(a) Names of organization managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE I - Initial Taxes on Excess Benefit Transactions** (Section 4958)

<b>Part I Excess Benefit Transactions and Tax Computation</b>		
(a) Transaction number	(b) Date of transaction	(c) Description of transaction
1		
2		
3		
4		
5		
(d) Amount of excess benefit	(e) Initial tax on disqualified persons (25% of col. (d))	(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (d))

**SCHEDULE I - Initial Taxes on Excess Benefit Transactions** (Section 4958) *Continued*

<b>Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments</b>			
(a) Names of disqualified persons liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (e), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)

<b>Part III Summary of Tax Liability of 501(c)(3), (c)(4) &amp; (c)(29) Organization Managers and Proration of Payments</b>			
(a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions** (Section 4965)

<b>Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity</b> (see instructions)				
(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 - Listed 2 - Subsequently listed 3 - Confidential 4 - Contractual protection	(d) Description of transaction	
1				
2				
3				
4				
5				
(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer <b>Yes</b> or <b>No</b>		(f) Net income attributable to the PTST	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)
<b>Total</b> - Column (h). Enter here and on Part I, line 9 .....				



Part II Tax Imposed on Entity Managers (Section 4965) Continued

Table with 4 columns: (a) Name of entity manager, (b) Transaction number from Part I, col. (a), (c) Tax - enter \$20,000 for each transaction listed in col. (b) for each manager in col. (a), (d) Manager's total tax liability (add amounts in col. (c)).

SCHEDULE K - Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds (Section 4966). See the instructions.

Part I Taxable Distributions and Tax Computation

Table with 4 columns: (a) Item number, (b) Name of sponsoring organization and donor advised fund, (c) Description of distribution, (d) Date of distribution, (e) Amount of distribution, (f) Tax imposed on organization (20% of col. (e)), (g) Tax on fund managers (lesser of 5% of col. (e) or \$10,000).

Total - Column (f). Enter here and on Part I, line 10

Total - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below

Part II Summary of Tax Liability of Fund Managers and Proration of Payments

Table with 4 columns: (a) Name of fund managers liable for tax, (b) Item no. from Part I, col. (a), (c) Tax from Part I, col. (g) or prorated amount, (d) Manager's total tax liability (add amounts in col. (c) (see instructions)).

**SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds** (Section 4967).

See the instructions.

<b>Part I Prohibited Benefits and Tax Computation</b>		
(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit
1		
2		
3		
4		
5		
(d) Amount of prohibited benefit	(e) Tax on donors, donor advisors, or related persons (125% of col. (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)

<b>Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments</b>			
(a) Names of donors, donor advisors, or related persons liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)

<b>Part III Summary of Tax Liability of Fund Managers and Proration of Payments</b>			
(a) Names of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)

**Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements** (Sections 4959 and 501(r)(3)). (See instructions.)

**Part I Failures to Meet Section 501(r)(3)**

(a) Item number	(b) Name of hospital facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1				
2				
3				
4				
5				

**Part II Computation of Tax**

1	Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3) .....	<b>1</b>
2	Tax - Enter \$50,000 multiplied by line 1 here and on Part I, line 12 .....	<b>2</b>

**SCHEDULE N - Tax on Excess Executive Compensation** (Section 4960). (See instructions.)

(a) Item number	(b) Name of covered employee	(c) Excess remuneration	(d) Excess parachute payment	(e) Total. Add column (c) and (d)
1	SEE STATEMENT 1			
2				
3				
4				
5				
6	Attachment, if necessary. See instructions .....			
<b>Total</b> (add column (e) items 1 - 6) .....				105,364.
<b>Tax.</b> Enter 21% of the amount above here and on Part I, line 13 .....				22,126.

**SCHEDULE O - Excise Tax on Net Investment Income of Private Colleges and Universities**  
(Section 4968)

	(a) Name	(b) EIN	(c) Gross investment income (See instructions.)	(d) Capital gain net income	(e) Administrative expenses allocable to income included in cols. (c) and (d)	(f) Net investment income (See instructions.)
1	Filing Organization					
2	Related Organization					
3	Related Organization					
4	Related Organization					
5	Total from attachment, if necessary .....					
6	<b>Total</b> .....					
7	Excise Tax on Net Investment Income. Enter 1.4% of the amount in 6(f) here and on Part I, line 14 .....					

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

**Sign Here**

	CFO		
Signature of officer or trustee	Title		Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person			Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person			Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person			Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person			Date

May the IRS discuss this return with the preparer shown below? (see instructions)  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name SARAH HINTZ	Preparer's signature SARAH HINTZ	Date 05/03/21	Check <input type="checkbox"/> if self-employed	PTIN P00492291
Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749	
Firm's address ▶ 8390 EAST CRESCENT PARKWAY, SUITE 300 GREENWOOD VILLAGE, CO 80111			Phone no. (303) 779-5710	

(A) ITEM NO	(B) NAME OF COVERED EMPLOYEE	(C) EXCESS RENUMERATION	(D) EXCESS PARACHUTE PAYMENT	(E) TOTAL
0.	HALEE FISCHER-WRIGHT	105,364.		105,364.
TOTAL EXCESS EXECUTIVE COMPENSATION				105,364.



## State of Colorado Corporate Income Tax Declaration for Electronic Filing

**Do not mail** this form to the IRS or the Colorado Department of Revenue. **Retain with your records.**

Colorado Account Number		FEIN	Tax Year Beginning (MM/DD/YY)		Tax Year End (MM/DD/YY)	
45-27661		45-2766110	07/01/19		06/30/20	
Business Name					Phone Number	
MGMA-ACMPE					(303)799-1111	
Address						
104 INVERNESS TERRACE EAST						
City					State	ZIP
ENGLEWOOD					CO	80112-5313
<b>Part I - Tax Return Information</b>						
1. Total Income, from federal Form 1120			1	\$	268,689	
2. Federal Taxable Income from federal Form 1120			2	\$		
3. Colorado Tax, line 19 on Colorado Form 112			3	\$		
4. Colorado Payments, line 26 on Colorado Form 112			4	\$		
5. Amount You Owe, line 37 on Colorado Form 112			5	\$		
6. Refund, line 40 Colorado Form 112			6	\$		
<b>Part II - Declaration of Tax Payer</b>						
Under penalties of perjury, I declare that I am an officer of the company listed above and the information provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on the company's 2019 Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.						
Signature		Title			Date	
		CFO				
<b>Part III - Declaration of ERO/Preparer/Transmitter</b>						
If the transmitter did not prepare the tax return, check here				<input checked="" type="checkbox"/>		
If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 2019 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2019 Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8453C) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during this period.						
ERO's Signature					Identification Number, Your SSN or ITIN	
SARAH HINTZ					P00492291	
Check if also Preparer <input type="checkbox"/>					Date (MM/DD/YY)	
					05/03/21	



**2019 Colorado C Corporation Income Tax Return**  
**Do not submit federal return, forms or schedules when filing this return.**

Fiscal Year Beginning (MM/DD/19)		Year Ending (MM/DD/YY)	
07/01/19		06/30/20	
Name of Corporation		• Colorado Account Number	
MGMA-ACMPE		45-27661	
Address		• FEIN	
104 INVERNESS TERRACE EAST		45-2766110	
City		State	ZIP
ENGLEWOOD		CO	80112-5313
• <input type="checkbox"/> Final Return		• <input type="checkbox"/> If you are submitting a statement disclosing a listed or reported transaction, mark this box	

• **A. Apportionment of Income.** This return is being filed for:

<input checked="" type="checkbox"/> (42) A corporation not apportioning income;	<input type="checkbox"/> (45) A corporation electing to pay a tax on its gross Colorado sales;
<input type="checkbox"/> (43) A corporation engaged in interstate business apportioning income using receipts-factor apportionment (DR 0112RF required);	<input type="checkbox"/> (46) A corporation claiming an exemption under P.L. 86-272;
<input type="checkbox"/> (44) A corporation engaged in interstate business apportioning income using special regulation; (DR 0112RF required)	<input type="checkbox"/> (47) Other apportionment method, see instructions concerning the requirement for approval by the Department (fill in below)

• **B. Separate/Consolidated/Combined Filing.** This return is being filed for:

<input checked="" type="checkbox"/> A single corporation filing a separate return;	<input type="checkbox"/> An affiliated group of corporations required to file a combined return (Schedule C required);
<input type="checkbox"/> An affiliated group of corporations electing to file a consolidated report. <b>Warning:</b> such election is binding for four years. If your election was made in a prior year, enter the year of election in line below. (Schedule C required);	<input type="checkbox"/> An affiliated group of corporations required to file a combined return that includes another affiliated, consolidated group (Schedule C required)

• Enter the year of election (YYYY)

Federal Taxable Income		Round to nearest dollar	
1. Federal taxable income from Federal form 1120 or 990-T	• 1	0	00
2. Federal taxable income of companies not included in this return	• 2	0	00
3. Net federal taxable income, subtract line 2 from line 1	3	0	00
<b>Additions</b>			
4. Federal net operating loss deduction	• 4	268,689	00
5. Colorado income tax deduction	• 5		00
6. Other additions, submit explanation	• 6		00
7. Sum of lines 3 through 6	7	268,689	00



190112 21019

Name		Account Number	
MGMA-ACMPE		45-276611	
<b>Subtractions</b>			
8. Exempt federal interest	• 8		00
9. Excludable foreign source income	• 9		00
10. Colorado capital gain subtraction	• 10		00
11. Colorado Marijuana Business Deduction	• 11		00
12. Agricultural asset lease deduction. Enter CADA certificate number and submit a copy of your certificate with your return	• 12	• CADA Certificate Number	00
13. Other subtractions, explain below	• 13		00
Explain:			
14. Sum of lines 8 through 13	14		00
<b>Taxable Income</b>			
15. Modified federal taxable income, subtract line 14 from line 7	15	268,689	00
16. Colorado taxable income before net operating loss deduction	• 16	268,689	00
17. Colorado net operating loss deduction: (see instructions)			
(a) Colorado net operating losses carried forward from tax years beginning before January 1, 2018	• 17(a)	268,689	00
(b) Subtract line 17(a) from line 16, if zero skip to 17(d)	17(b)		00
(c) Colorado net operating losses carried forward from tax years beginning on or after January 1, 2018	• 17(c)		00
(d) Colorado net operating loss deduction, sum of (a) and (c)	STATEMENT 1 17(d)	268,689	00
18. Colorado taxable income, subtract line 17(d) from line 16	18	0	00
19. Tax, 4.5% of the amount on line 18	• 19	0	00
<b>Credits</b>			
20. Sum of nonrefundable credits from line 27, form DR 0112CR (the sum of lines 20, 21, and 22 cannot exceed tax on line 19). You must submit the DR 0112CR with your return.	• 20		00
21. Non-refundable Enterprise Zone credits used - as calculated, or from the DR 1366 line 87 (the sum of lines 20, 21, and 22 cannot exceed tax on line 19). You must submit the DR 1366 with your return.	• 21		00
22. Strategic capital tax credit from DR 1330 line 5b, the sum of lines 20, 21, and 22 cannot exceed line 19, you must submit the DR 1330 with your return.	• 22		00
23. Net tax, sum of lines 20, 21, and 22. Subtract that sum from line 19.	23	0	00
24. Recapture of prior year credits	• 24		00
25. Sum of lines 23 and 24	25	0	00





190112 31019

Name	Account Number
<b>MGMA-ACMPE</b>	<b>45-276611</b>
26. Estimated tax and extension payments and credits • 26	00
27. W-2G Withholding from lottery winnings, you must submit the W-2G(s) with your return. • 27	00
28. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. • 28	00
29. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must submit the DR 0617(s) with your return. • 29	00
30. Business Personal Property Credit: Use the worksheet in the 112 book instructions to calculate, you must submit copy of assessor's statement with your return. • 30	00
31. Renewable Energy Tax Credit from form DR 1366 line 88, you must submit the DR 1366 with your return. • 31	00
32. Sum of lines 26 through 31 • 32	00
33. Net tax due. Subtract line 32 from line 25 • 33	00
34. Penalty • 34	00
35. Interest • 35	00
36. Estimated tax penalty due • 36	00
37. Total due. Enter the sum of lines 33 through 36 • 37	0.00
38. Overpayment, subtract line 25 from line 32 • 38	00
39. Amount from line 38 to carry forward to the next year's estimated tax • 39	00
40. Amount from line 38 to be refunded • 40	00

**Direct  
Deposit**
 Routing Number 
 Type:  Checking  Savings  
 Account Number 

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment directly from your bank account electronically.

File and pay at: [Colorado.gov/RevenueOnline](http://Colorado.gov/RevenueOnline) or**Mail and Make Checks Payable to:**Colorado Department of Revenue  
Denver, CO 80261-0006



190112 41019

Name		Account Number	
MGMA-ACMPE		45-276611	
C. The corporation's books are in care of:			
Last Name	First Name	Middle Initial	Phone Number
MADIAH	AKASH		303-799-1111
Address		City	State ZIP
104 INVERNESS TERRACE EAST		ENGLEWOOD	CO 80112
D. Business code number per federal return (NAICS)		E. Year corporation began doing business in Colorado	
• 511120		• 2011	
F. May the Colorado Department of Revenue discuss this return with the paid preparer shown below (see instructions)			• <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
G. Kind of business in detail 501(C)(6) EXEMPT ORG			
H. Has the Internal Revenue Service made any adjustments in the corporation's income or tax or have you filed amended federal income tax returns at any time during the last four years?			• <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, for which year(s)? (YYYY)			
Did you file amended Colorado returns to reflect such changes or submit copies of the Federal Agent's reports?			• <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name of person or firm preparing return		First Name	Middle Initial
HINTZ		SARAH	
Address of person or firm preparing return		Phone Number	
8390 EAST CRESCENT PARKWAY, SUITE		(303) 779-5710	
City	State	ZIP	
GREENWOOD VILLAGE	CO	80111	
Under penalties of perjury in the second degree, I declare that I have examined this return and to the best of my knowledge is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Signature or Title of Officer		Date (MM/DD/YY)	
CFO			
<b>Do Not Submit Federal Return, Forms or Schedules when Filing this Return</b>			

<p>If you are filing this return <b>with</b> a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0006</p>	<p>If you are filing this return <b>without</b> a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0005</p>
<p>These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.</p>	

CO 112

COLORADO NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
06/30/08	24,906.	24,906.	0.
06/30/10	37,593.	37,593.	0.
06/30/11	50,041.	50,041.	0.
06/30/12	4,804.	4,804.	0.
06/30/13	395,780.	218,502.	177,278.
06/30/14	550,943.	0.	550,943.
06/30/15	506,952.	0.	506,952.
06/30/16	107,959.	0.	107,959.
06/30/17	485,424.	0.	485,424.
06/30/18	649,747.	0.	649,747.
06/30/19	901,319.	0.	901,319.
TOTAL NOL CARRYOVER AVAILABLE THIS YEAR			3,379,622.