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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/15/2008 **, and ending** 7/14/2009

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: DOWNEAST ASSOCIATION OF PHYSICIAN ASSISTANTS

Number and street (or P O box, if mail is not delivered to street address): C/O KELLIE MILLER P.O. BOX 190 | Room/suite:

City, town, or country: MANCHESTER | State: ME | ZIP + 4: 04351

D Employer identification number 01-0368278

E Telephone number 207-622-3374

F Group Exemption Number ▶

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method: [X] Cash [ ] Accrual Other (specify) ▶

H Check ▶ [ ] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶

J Organization type (check only one)— [X] 501(c) (6) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 57,507

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Section	Line	Description	Sub-line	Sub-amount	Line	Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received			1	0
	2	Program service revenue including government fees and contracts			2	42,261
	3	Membership dues and assessments			3	14,867
	4	Investment income			4	379
	5a	Gross amount from sale of assets other than inventory	5a	0		
	b	Less: cost or other basis and sales expenses	5b	0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)			5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ [ ]				
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a	0		
	b	Less: direct expenses other than fundraising expenses	6b	0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	0
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	0
	8	Other revenue (describe ▶)			8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶			9	57,507
Expenses	10	Grants and similar amounts paid (attach schedule)			10	1,000
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	
	13	Professional fees and other payments to independent contractors			13	965
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe ▶ See attached statement)			16	52,940
	17	**Total expenses.** Add lines 10 through 16 ▶			17	54,905
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	2,602
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	41,210
	20	Other changes in net assets or fund balances (attach explanation)			20	-5
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	43,807

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SCANNED MAR 29 2010

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

Line	(See the instructions for Part II.)	(A) Beginning of year	Line	(B) End of year
22	Cash, savings, and investments	41,210	22	43,807
23	Land and buildings		23	
24	Other assets (describe ▶)	0	24	0
25	**Total assets**	41,210	25	43,807
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	41,210	27	43,807

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

(HTA)

95
16

Part III **Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? PROVIDE EDUCATION TO MEMBERS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28	PROVIDE CONTINUING EDUCATION PROGRAMS TO MEMBERS AND EDUCATE THE PUBLIC AND OTHER HEALTH CARE PROFESSIONALS ABOUT THE IMPORTANT ROLE OF PHYSICIAN ASSISTANTS. (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a	54,905
29	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	0
30	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	0
31	Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a	0
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	54,905

Part IV **List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name SEE ATTACHED LIS Str P.O. BOX 190 City MANCHESTER ST ME ZIP 04351	Title DIRECTORS Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
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Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		X
41	List the states with which a copy of this return is filed. ▶			
42 a	The books are in care of ▶ Name HEIDI LUKAS, CPA Telephone no. ▶ 207-622-3374			
	Located at ▶ P.O. BOX 190 City MANCHESTER ST ME ZIP + 4 ▶ 04351			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Total number of other employees paid over $100,000 ▶	0	0	0	0

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over $100,000 ▶	0	0

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 officer) is based on all information of which preparer has any knowledge

William Bisbee 03-01-2010

Signature of officer — Date

WILLIAM BISBEE, PRESIDENT DEAPA

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's Identifying Number (See instructions)
Charles A Calligan	12/8/2009	▶ [X]	005-58-2290

Firm's name (or yours if self-employed), address, and ZIP +4	EIN	Phone no
CHARLES A. CALLIGAN, CPA, P.A P.O. BOX 599, MANCHESTER, ME 04351	▶ 01-0517653	▶ 622-8775

May the IRS discuss this return with the preparer shown above? See instructions ▶ [ ] Yes [ ] No

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	379
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	379

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1	SCHOLARSHIPS							
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

)WNEAST ASSOCIATION OF PHYSICIAN ASSISTANTS 01-0368278

Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
1,000				0		0		
1,000	NONE							

Part I, Line 16 (990-EZ) - Other Expenses

52,940

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc.	5	
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Unrelated business income taxes	10	0
11	TELEPHONE	11	467
12	CONVENTIONS AND MEETINGS	12	17,736
13	DONATIONS	13	
14	SPECIAL CONTRACT FOR ADMINISTRATIVE SERVICES	14	30,000
15	POSTAGE, NEWSLETTER, AND COPYING	15	513
16		16	
17	WEBSITE DESIGN AND MAINTENANCE	17	911
18	SUPPLIES	18	721
19		19	
20	MISCELLANEOUS	20	2,592
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

-5

	Description		Amount
1	MISCELLANEOUS ADJUSTMENT	1	-5
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

DEAPA Board of Directors Listing

2008-2009 # 01-0368278
FORM 990-EZ Y/E 7/4/09
Page 2 PART IV

Officers:

President
William Bisbee, PA-C
40 Spring Street
Dover-Foxcroft, Maine 04426
(w) 564-8300; (h) 564-2235 (direct) 564-4485
Email: wbisbee@mayohospital.com

Past President
Gregg Christensen, PA-C
PO Box 1439
Greenville, Maine 04441
(w) 695-5220; (h) 695-2454; (f) 695-5234
Email: gchristensen@emh.org

Vice President
Cheryl DeGrandpre, PA-C
32 Maple Avenue
Freeport, Maine 04032
(w) 828-2100; (h/cell) 415-1238
Email: csdpa@suscom-maine.net

Treasurer
Samuel Umbriaco, PA-C
350 Maine Street
Brunswick, Maine 04011
(w) 563-4250; (h) 725-0721
Email: sumbriaco@mail.une.edu

Secretary
Noel Genova, PA-C
170 Caleb Street
Portland, Maine 04102
(c) 671-9076; (h) 899-4602
Email: noelpac@aol.com

House of Delegates Representatives:

Susan Kepes, PA-C
120 Pheasant Hill Drive
Portland, Maine 04103
(w) 775-6381; (h) 773-0267
Email. grisen@aol.com

Shawn McGlew, PA-C
366 Neck Road
China, Maine 04358
(w) 873-3961; (h) 968-3347 (c) 592-4711
Email: shawnerpa@urgentcareofmaine.com

Suzanne Luebke, PA-C
132 Watermill Road
Van Buren, Maine 04785
(w) 868-2796; (h) 868-5260; (f) 868-2799
Email: sluebke@rocketmail.com

Directors-at-Large

Laura Corbett, PA-C
19 Nottingham Lane
Belgrade, Maine 04917
(h) 465-9521; (c) 441-9203
Email: lauracorbett@roadrunner.com

William Head, PA-C
PO Box 96
Lincoln, Maine 04457
(h) 794-3233; (pager) 580-5154
Email: wheadpac@hotmail.com

Kristina Kramer, PA-C
83 Bradley Street
Portland, Maine 04102
(w) 828-2100; (h) 772-2420; (f) 828-2229
Email: kkramer@orthoassociates.com

Shane Lovley, PA-C
64 Crocketts Beach Road
Owls Head, Maine 04854
(h) 596-5751
Email: slovleypa@hotmail.com

Erika Pierce, PA-C
168 Hartland Road
St. Albans, Maine 04971
(h/cell) 653-8257
Email: erikasnowman@hotmail.com

DEAPA Board of Directors Listing

2008-2009

Directors-at-Large (con't)

Jesse Roberts, PA-C
185 Whitney Avenue
Portland, Maine 04102
(w) 828-2100 (cell) 409-2249
Email: jroberts@mail.une.edu

Christopher Ross, PA-C
406 Route 41
Winthrop, Maine 04364
(w) 626-1868; (h) 377-3984; (c) 446-7158
(f) 626-1902
Email: crosspac@hotmail.com

Margaret Swan, PA-C
45 Sixth Street
Bangor, Maine 04401
(w) 947-6141; (h) 947-3563; (f) 947-5699
Email: mswan@emh.org

Student Directors Class of 2009

Gordon Murphy, PA-S
37 Summer Street
Yarmouth, Maine 04096
(h) 846-4668
Email: gmurphy1@mail.une.edu

Steve Labrecque, PA-S
340 Grove Street
Lewiston, Maine 04240
(h/cell) 240-5978
Email: slabrecque@mail.une.edu

Student Directors Class of 2010

Megan Childs – McCrossin, PA-S
89 George Street
South Portland, Maine 04106
Email: mchilds@mail.une.edu

Heather Lawler, PA-S
309 Swamp Road
Durham, ME 04222
(h) 831-4732
Email: hlawler@mail.une.edu

Form **8868**
(Rev. April 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ [ ]

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

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	DOWNEAST ASSOCIATION OF PHYSICIAN ASSISTANTS	01-0368278
	Number, street, and room or suite no. If a P.O. box, see instructions C/O KELLIE MILLER P.O. BOX 190	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions MANCHESTER ME 04351	

Check type of return to be filed (file a separate application for each return):

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ KELLIE MILLER P O. BOX 190 MANCHESTER ME 04351

Telephone No. ▶ 207-622-3374 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 EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 3/15/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning 7/15/2008, and ending 7/14/2009.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.