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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

(HTA)

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

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For	Privacy	Act and	Paperwo	ork Red	luction Act	t Notice,	see the	separate	instru	ctions.								Form 9	90 (2009) •

4c	(Code:) (Expenses \$	0 including g	rants of \$0) (Revenue \$	0)
		(5 " : 0 ! !				
4d		rvices. (Describe in Schedul	•			
	(Expenses \$	0 including of	grants of \$	0)(Revenue \$	0)	
4e	Total program se	ervice expenses 🕨	102,421			
					· - -	Form 990 (2009)
						(_300)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			\vdash
-	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-	×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	"		├^
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, IX, or X as applicable	11		×
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	p. Art.		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	5	ř	
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	2		(
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			
42	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	54.K		
12	Schedule D, Parts XI, XII, and XIII.	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	de le		3.
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1.75		 ^
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

19? Note. All Form 990 filers are required to complete Schedule O. .

Par	t IV Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		İ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			ŀ
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			١
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			,
32	Part I	31		X
32	If "Yes," complete Schedule N, Part II	20		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33	 	X
5 4	III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34	 -	 ^
•	Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	133	 	├^
	organization? If "Yes," complete Schedule R, Part V, line 2	36		}
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		\vdash
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		x
35	Did the organization complete Schedule O and provide evaluations in Schedule O for Bort VI. lines 11 and	اٽ ا		 ^`

Form 9	90 (2009) Maine Nurse Practitioners Assoc C)4-33485 <u>31</u>	F	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
,			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	ļ		ļ
	gaming (gambling) winnings to prize winners?	1c	X	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		ļ	-
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b		-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
٥-	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	2-		
L		. 3a . 3b		Х
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	. 30		<u> </u>
4a	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)?	. 4a	}	X
b	If "Yes," enter the name of the foreign country:	· +a	 	 ^-
b	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	· - -		
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	. 52		1
•	Prohibited Tax Shelter Transaction?	. 5c		ľ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<u> </u>
	organization solicit any contributions that were not tax deductible?	. 6a	Ιx	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	. 6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	. <u>7a</u>		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		ļ	
_	benefit contract?	· 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		_	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	. <u>7g</u>		-
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	l		
	required?	7h	-	-
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		İ	
	organizations, bid the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		ł	┪──
9	Sponsoring organizations maintaining donor advised funds.	. 8	 	+
a	Did the organization make any taxable distributions under section 4966?	. 9a		-
b	Did the organization make a distribution to a donor, donor advisor, or related person?	. 9b	 	┼
10	Section 501(c)(7) organizations. Enter:	90	\vdash	1
а	Initiation fees and capital contributions included on Part VIII, line 12			-
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	\dashv		
11	Section 501(c)(12) organizations. Enter:	\neg		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a	1	
	If "Yes." enter the amount of tax-exempt interest received or accrued during the year 12b			1

04-3348531

Form 990 (2009) Maine Nurse Practitioners Assoc 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 in Schedule O. See instructions.

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that 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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	_X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		_X_
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	- -		
L	of the governing body?	7a 7b	X	
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	710	-	
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		i	
а	The governing body?	8a	$\overline{\mathbf{x}}$	
a b	Each committee with authority to act on behalf of the governing body?	8b	x	
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 in Schedule O	9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?.	11		_X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a		_X_
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	406		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		
C	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
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?			
а	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
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?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
Saa4	the organization's exempt status with respect to such arrangements?	16b		L
<u>3ect</u> 17	List the states with which a copy of this Form 990 is required to be filed ► None Required			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or	nlv)		
. •	available for public inspection. Indicate how you make these available. Check all that apply.	••••		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interests.	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	organization Pamela Cahill, Howe, Cahill & Company (207) 622-44			
	11 Columbia Street, Augusta, ME 04330			

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employees."
- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average		-			that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Cynthia Milles President	2	. x		х				0	0	0
Valerie Fuller Nominations Chair	1	. x		х				0	0	0
Susan Yetter President Elect	1	x		x				0	0	0
Cynthia Leiffer Secretary	1	. x		x				0	0	0
Pheobe Gause Treasurer	1	. x		х				0	0	0
Allison Talon Member at Large	1	. x						0	0	0
Kellyrn Wood Public Rel.Co-Chair	1	. x						0	0	0
Sandra Hayes Public Rel. Co-Chair	1	. x						0	0	0
Penny DeRaps Prof.Dev.Co-Chair	1	. x						0	0	0
Margaret Macdonald Prof.Dev.Co-Chair	1	. x						0	0	0
Noreen Comeau Leg.CommCo-Chair	1	. x						0	0	0
Elizabeth Duke Leg.Comm. Co-Chair	1	. x						0	0	0

Pa	rt VII Section A. Officers, Directors, Tre	ustees, Key Em	ploy	ees,	and	l Hig	hest	t Co	mpensated Em	ployees (c	ontinu	ed)	
	(A) (B) (C) (D) (E)						(E)		(F)	1			
	Name and title	Average	Pos	sition	(chec	k all th	nat ap	ply)	Reportable	Reportab			ated
		hours per week	or c	Inst	Officer	Key	High	Former	compensation from	compensa from relat		amour othe	
			Individual trustee or director	Institutional trustee	Ę	key employee	nest ploye	Per	the organization	organizati (W-2/1099-N	ons	compen	
				na		Joy	# S		(W-2/1099-MISC)	(***-22 1000-1		organiz	ation
			stee	trust		🎳	pens				ŀ	and rel organiza	
				ee			Highest compensated employee						
													
		-	-				ļ			-			<u> </u>
											\dashv		
	·····												
											-		
											_		
	·												
							\vdash						
								_			-		
											\rightarrow	<u>.</u>	
_1b	Total							<u>. ►</u>	0	<u> </u>	0		(
2	Total number of individuals (including but no reportable compensation from the organization)		se list	ed a		e) wh	no re	ceiv	ed more than \$1	00,000 in			
	reportable compensation from the organization	uon -			0							Yes	No
3	Did the organization list any former officer,												
	employee on line 1a? If "Yes," complete Sc	hedule J for suc	h ına	lividi	ıal .		•				3		X
4	For any individual listed on line 1a, is the su										\ \frac{1}{2}	1	,
	the organization and related organizations gindividual	greater than \$15	0,000 	0? If	"Ye. 	s," c	ompi 	ete S	Schedule J for s 	uch 	4		X
5	Did any person listed on line 1a receive or a												
	services rendered to the organization? If "Y	es," complete S	ched	ule .	J for	such	per	son	<u> </u>		5	<u> </u>	<u> </u>
1	ction B. Independent Contractors Complete this table for your five highest cor	mnensated inde	nend	ent d	contr	acto	re th	at ro	ceived more tha	n \$100 00	O of		
	compensation from the organization.		penu	CIII (13 111	at 16			<i></i>		
	(A) Name and business a	address							(B) Description of services	vices	Соп	(C) pensation	ı
													(
								_					(
													(
2	Total number of independent contractors (in	-		ed to	thos	se lis			e) who received			· · ·	
	more than \$100,000 in compensation from the	ine organization					0						

orm 99	90 (200	9) Maine Nurse Practitioners Assoc				04-3348	531 Page 9
Part	t VIII	Statement of Revenue					
	,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns					
gra	b	Membership dues					
ts, am	С	Fundraising events					
gif ilar	d	Related organizations	+	j			
ins,	е	Government grants (contributions) <u>1</u>	e 0				
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and					
oth		similar amounts not included above 1					
out	9	Noncash contributions included in lines 1a-1f: \$	710	F4 000			
	h	Total. Add lines 1a–1f	Business Code	51,296			
Program Service Revenue	20	Conference fees	611710	69,465	69,465		<u> </u>
leve	b	Conference - Booths & Exhibits fees	611710	26,985	26,985		
Ce F	C		011710	20,965	20,965		
Ē	ď			0	-		
E S	В			0	n		
graı	f	All other program service revenue		0			
Pro	a	Total. Add lines 2a–2f		96,450			
	3	Investment income (including dividends, interest, a		05,100			
		other similar amounts)		641			641
	4	Income from investment of tax-exempt bond proce		0		 -	<u> </u>
	5	Royalties		0			
		(i) Real	(II) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	С		0 0				
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of (i) Secunties	(II) Other				
		assets other than inventory	0 0				-f
	b	Less: cost or other basis					
			0 0				
		Gain or (loss)	0 0				
		Net gain or (loss)	· _ · · · •	0			
ē	8a	Gross income from fundraising					
∍n∩		events (not including \$ 0					
eve		of contributions reported on line 1c).					
rR		See Part IV, line 18					:
Other Revenue		Less: direct expenses		0			
Ò		Gross income from gaming activities.	· · · · · · · ·	U			
	Ja	See Part IV, line 19.	ا ا				
	h	•					
			´ ▶	0			
		Gross sales of inventory, less		Ÿ			
		returns and allowances			-		
	b		0				
		Net income or (loss) from sales of inventory .	▶	0			
		Miscellaneous Revenue	Business Code				
	11a			0			
	b			0			
	С			0			
	d	All other revenue		0			
	е	Total. Add lines 11a–11d	▶	0			
	12	Total revenue See instructions		1/8 287	06.450	_	1 044

04-3348531

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) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b. (A) (B) (D) Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21. . . . Grants and other assistance to individuals in the U.S. See Part IV, line 22 0 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and key employees 0 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 7 0 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). . . 9 Other employee benefits 0 0 10 11 Fees for services (non-employees): 52,800 35,200 17,600 а 90 b 90 Accounting . . 456 456 C . . . 15.300 15,300 d Professional fundraising services. See Part IV, line 17 0 f 0 7,814 7,814 g 12 Advertising and promotion 7,446 2.827 4.619 13 Office expenses 4,209 393 3,816 14 Information technology 820 820 15 0 16 2,239 2,239 17 161 161 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . 19 37.350 Conferences, conventions, and meetings 36,138 1.212 20 0 21 0 22 Depreciation, depletion, and amortization ol 0 23 ol 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) Bank & Credit card service fees 2,431 2,431 Telephone & conference call fees 1,233 h 1.233 4,676 Copy, printing & newsletter production costs 2.410 2.266 List expense d 100 Sponsorship 100 100 All other expenses Total functional expenses. Add lines 1 through 24f 25 137,225 102,421 34,804 Joint costs. Check here ▶ if following 26 SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . .

Part X	•	(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	54,650	1	55,378
2	Savings and temporary cash investments	33,294	2	43,728
3	Pledges and grants receivable, net	0	3	(
4	Accounts receivable, net	0	4	(
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L	0	5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
	Part II of Schedule L	0	6	
왕 7	Notes and loans receivable, net	0	7	(
Assets 8 8	Inventories for sale or use		8	-
⋖ 9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or 10a 0		-	
	other basis. Complete Part VI of Schedule D			
b	Less. accumulated depreciation 10b 0	0	10c	
11	Investments—publicly traded securities	0	11	(
12	Investments—other securities. See Part IV, line 11	0	12	(
13	Investments—program-related. See Part IV, line 11	0	13	
14	Intangible assets	0	14	
15	Other assets. See Part IV, line 11	0	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	87,944	16	99,106
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities	0	20	
<u>ଞ</u> 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
≝ 22	Payables to current and former officers, directors, trustees, key			
Liabilities 22	employees, highest compensated employees, and disqualified			
	persons. Complete Part II of Schedule L	0		
23	Secured mortgages and notes payable to unrelated third parties	0		
24	Unsecured notes and loans payable to unrelated third parties	0		
25	Other liabilities. Complete Part X of Schedule D	0		(
26	Total liabilities. Add lines 17 through 25	0	26	
,,	Organizations that follow SFAS 117, check here ▶ X and			
ğ	complete lines 27 through 29, and lines 33 and 34.			
등 27	Unrestricted net assets	87,944	27	99,106
<u>ra</u> 28	Temporarily restricted net assets		28	
열 29	Permanently restricted net assets	-	29	
<u>آ</u>	Organizations that do not follow SFAS 117, check here ▶			
5	and complete lines 30 through 34.			
Net Assets or Fund Balances 1	Capital stock or trust principal, or current funds		30	
8 30 8 31	Paid-in or capital surplus, or land, building, or equipment fund.	-	31	
ا کے ا اعدا	Retained earnings, endowment, accumulated income, or other funds .		32	
포 32 본 33	Total net assets or fund balances	87,944	33	00.406
- 33 34	Total liabilities and net assets/fund balances			99,106
34	Total liabilities and tiet assets/fully balances	87,944	34	99,100

Part	XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X 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?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		Ì	
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?	3a		X
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 in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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

16 4 L .		all to Farm 200 Boot N/ Book as Far	000 EZ D4\//	line 47 (Lebbrine Activities	\ 4ba=
	-	s," to Form 990, Part IV, line 4, or Ford that have filed Form 5768 (election under			
		that have NOT filed Form 5768 (election			
		s," to Form 990, Part IV, line 5 (Proxy		(ii)) Complete Fait ii-b. Do ii	or complete t are it is
	_	ganizations Complete Part III.			
	me of organization	Gempleto Farenti.		Employer	dentification number
	e Nurse Practitioners Asso	20		Employer	04-3348531
		he organization is exempt und	er section 501/	c) or is a section 527 (
1		the organization's direct and indirect			organization.
2	•				
3	•				• • • • • • • • • • • • • • • • • • • •
Par		he organization is exempt und			
1	Enter the amount of any	excise tax incurred by the organizat	on under section	4955 ▶ \$	
2	Enter the amount of any	excise tax incurred by organization	managers under s	section 4955 🕨 💲	
3	If the organization incurre	ed a section 4955 tax, did it file Forn	n 4720 for this yea	ar?	. Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Par	t I-C Complete if t	he organization is exempt und	er section 501(c), except section 501	(c)(3).
1		expended by the filing organization		-	
	activities				
2		filing organization's funds contribute			
		unction activities		·	
3		penditures. Add lines 1 and 2. Enter			
	line 17b			•	0
4		n file Form 1120-POL for this year?			
5		ses and employer identification num			
		or each organization listed, enter the			
		butions received that were promptly und or a political action committee (F			
	a coparate cogregated it	I	i	1	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization If
					none, enter -0-
				0	C
				0	C
					
				0	
				0:	<u> </u>
		<u> </u>		0	ſ
				0	C
				· · · · · · · · · · · · · · · · · · ·	

Maine Nurse Practitioners Asso)(
chedule C (Form 990 or 990-EZ) 2009	

f Grassroots lobbying expenditures

P	art II-A Complete if the organiunder section 501(h)).	zation is exem	pt under section	501(c)(3) and f	iled Form 5768 (el	ection
	Check ▶ if the filing organizat Check ▶ if the filing organizat	_		ontrol" provisions	apply.	
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)					(b) Affiliated group totals
1a b c	b Total lobbying expenditures to influence a legislative body (direct lobbying)					0 0
d e f	d Other_exempt purpose expenditures				- 0	0
g	columns. If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$17,000,000 Over \$17,000,000 Grassroots nontaxable amount (enter 25% of line 1f)			0	0 0	
i j	i Subtract line 1f from line 1c. If zero or less, enter -0					Yes No
	(Some organizations th	4-Year Averagir at made a sectio	ng Period Under S	ection 501(h) do not have to co	mplete all of the fiv	e
	Lob	bying Expenditu	res During 4-Year	Averaging Perio	d .	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying nontaxable amount	0	0		0	C
b	Lobbying ceiling amount (150% of line 2a, column(e))					0
С	Total lobbying expenditures	0	0		0	0
d	Grassroots nontaxable amount	0	0		0	
е	Grassroots ceiling amount (150% of line 2d, column (e))					C

Schedule C (Form 990 or 990-EZ) 2009

0

Schedule C (Form 990 or 990-EZ) 2009

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has No (election under section 501(h)).	OT file	ed Fo	rm 576	8	
	(elocatell allaci content of (i/i))	(a	a)]		(b)	
		Yes	No	An	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			.,		
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
6	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?			-		_
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>				
i	Other activities? If "Yes," describe in Part IV					
i	Total. Add lines 1c through 1i					0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.					
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pari	t III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5), or	sectio	n	
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					_X_
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? .				Χ	
Pan	t III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A "Yes."					
1	Dues, assessments and similar amounts from members		1		4:	3,870
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a	Current year		2a			5,300
b	Carryover from last year		2b			5,945
C	Total		2c			1,245
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due		3			5 <u>,281</u>
4	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?		4		4	1 061
5	Taxable amount of lobbying and political expenditures (see instructions)		5			1,964 0
Part		<u> </u>		· · · · · ·		
Comp	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line complete this part for any additional information.	5; and	Part	II-B, line	1i.	
		 .	. 			
						-

Maine Nurse Practitioners Assoc.	04-3348531
chedule C (Form 990 or 990-EZ) 2009	Page 4
Part IV * Supplemental Information (continued)	
••••••	
•	
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•	
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•••••••••••••••••••••••••••••••••••••••	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

• Attach to Form 990.

OMB No 1545-0047
2009
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

Maine Nurse Practitioners Assoc	04-3348531
Form 990 Part VI Section B Line 11A *** A governing Board member meets	reviews, & signs with the
management Co.	
Form 990 Part VI Section C Line 19 *** During business hours the Managen	nent Co. complies upon
request	· · · · · · · · · · · · · · · · · · ·

Item F (990) - Name and Address of Principal Officer

tem 1 1000/ Hame and Address of Finicipal Officer				
Name			Phone Number	
Cynthia Milles			(207) 947-1288	
Address			Foreign Country	
183 Fox Hollow Lane				
City, Town, or Post Office	State	Zip Code	Check ("X") if a business	
Bangor	ME	04401		

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		
	Cash	Noncash
1 Federated Campaigns		1
2 Membership dues		3,870 2
3 Fundraising events		3
4 Related organizations		4
5 Government grants (contributions)	· · · · · · · · · · · <u> </u>	5
6 All other contributions, gifts, grants, and similar amounts n	ot included above:	
Sponsors & non-government grants		3,088
Donations		3,278710
Donations - Scholarship		350
		
Other contributions total		6,716 6 710
<u>-7 Total</u>		0,586 7 710