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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 benefit trust or private foundation)

OMB No 1545-0047 2009

Department of the Treasury

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

Open to Public Inspection

				The organization may have to use a copy or this return to satisfy sta	To roporting req	un omonto.			
	For the	2009 calen	dar year,	or tax year beginning , 2009, and	l ending			<u>,</u>	
В	Check if a	applicable		C		D Employ	er Identi	fication Number	
	X	ress change	Please use IRS label	NATIONAL COMMISSION ON CERTIFICATION	V	58-	1218	672	
	$\vdash$	ne change	or pnnt or type.	OF PHYSICIAN ASSISTANTS, INC.		E Telepho			
	<del></del>	al return	See	12000 FINDLEY ROAD #100		679	_117	-8100	
	$\vdash$		specific Instruc-	JOHNS CREEK, GA 30097		878	-41/	-0100	
	<del></del>	nınatıon	tions.						
	Ame	ended return	<u></u>			G Gross re		<del></del>	<u>, 383 .                                  </u>
	App	lication pending	1	and address of principal officer JANET LATHROP		this a group retur		ıates? Yes	X No
			SAME A	AS C ABOVE		e all affiliates incl 'No,' attach a list		Yes	∐ No
1	Tax-e	exempt statu	ıs X 501	(c) ( 6 ) ◀ (insert no.) 4947(a)(1) or 52	27   "	140, attach a list	(366 11131	iractions)	
J	Webs	site: ► HT	TP://W	WW.NCCPA.NET/	H(c) Gr	oup exemption nu	ımber ►	•	
ĸ	Form o	of organization	X Corpora		f Formation. 1	07.0		egal domicile G	
	rt I	Summa		Trade	Omiaton. 2	370 1110	vate of te	egar domiche Oz	<u> </u>
				ganization's mission or most significant activities: TO A	CCUDE TU	IAT CEDTT	ETED	DUVCTOTA	NI NI
				TPROFESSIONAL STANDARDS OF KNOWLEDG			LTEN	LUISICIA	7ĪA
ည	-4	หวิวาวานที	179 WEE	T. LVOLESSTONAT STANDAVDS OF VNOMPEDG	E WIND DI	<u> </u>	<b>-</b>		<del>-</del>
Activities & Governance	-								
ě	1 2 -						· — — .—	<del></del>	
င်္တ				if the organization discontinued its operations or disposed	or more tha	in 25% of its		•	22
≪				abers of the governing body (Part VI, line 1a) at voting members of the governing body (Part VI, line 1b).	•		3		22
jes						•	4	<del></del> -	22
₹				yees (Part V, line 2a) leers (estimate if necessary)			5		51
ğ							6	<del></del>	80
•	1			pusiness revenue from Part VIII, column (C), line 12			7a		0.
=	D'E	THE PARE	pusiness	taxable income from Form 990-T, line 34			7b		0.
١	111	-01	-			Prior Year		Current Y	<u>'ear</u>
100	8 0	Contributions	and dres	s (Part VIII, line 1h)		<u> </u>			
Per 1988				ue (Part VIII, line 2g)		8,424,2			,416.
18.				art VIII, column (A), lines 3, 4, and 7d)		251,9	69.	-567	,552.
٣	111	Ather and vernu	a OF aft VI	III, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).					
	12)(1	pla Ryahue	add to	क्रीड 8 through 11 (must equal Part VIII, column (A), line 1	2)	8,676,2	26.	8,343	,864.
	-13°C	arants and si	ımılar amı	ounts paid (Part IX, column (A), lines 1-3)		1,164,0	00.	24	,000.
	14 E	Benefits paid	to or for	members (Part IX, column (A), line 4)					<del></del>
	15 9			nsation, employee benefits (Part IX, column (A), lines 5-10	))	3,067,291.		3 314	,901.
968	160 5			ng fees (Part IX, column (A), line 11e)	~ <del>                                    </del>		-	3,311	7301.
Expenses	Ioa					······································	<del>-</del>		
នឹ	b T	otal fundrais	sing expe	nses (Part IX, column (D), line 25) ▶				***********************	
	17 C	Other expens	ses (Part I	IX, column (A), lines 11a-11d, 11f-24f)		4,401,8	80.	5,398	,128.
	18 T	otal expense	es Add III	nes 13·17 (must equal Part IX, column (A), line 25)		8,633,1	71.		,029.
	t .	· · · · · · · · · · · · · · · · · · ·		s Subtract line 18 from line 12		43,0			,165.
h 8					-				
Net Assets or Fund Balances	20 T	otal assets (	/David V 1:	16)	<u>B</u>	eginning of Y		End of Y	
<u> </u>		otal lassets ( otal liabilitie	•	•	-	11,989,7		12,679	
¥ 5			•		<u> </u>	2,549,4			,999.
		<del></del>		ances Subtract line 21 from line 20		9,440,3	08.	10,162	<u>,511.</u>
Pa	urt II	Signati	ure Blo	ck					
		Under penalte	s of perjury,	I declare that I have examined this return, including accompanying schedules. Declaration of preparer (other than afficer) is based on all information of whi	and statements,	and to the best o	f my kno	wledge and belief,	ıt ıs
		true, correct, a	And complete	Declaration of preparer tother than officer) is based on all information of while	cn preparer nas	any knowledge	10		
Sig	an	<b> ►</b> (		IX I AUTIUP		1 7-8-	-/C		
He		Signature	of officer			Date			
		<b>&gt;</b> ∑a c	6+ T	1 othron - Prisident					
		Type or pr	rint name and	d bile	· · · · · · · · · · · · · · · · · · ·			<del></del>	
		· · ·		Date		T	TPr	eparer's identifying	number
Pa	id			/ / Date		Check if self-	(se	e instructions)	Halliber
Pro		Preparer's	- 1/2	then I. Kedgate CDA 6-1	11-0	employed P	Ш.		
	rer's	signature			16-2010	<u> </u>	N,	/ A	
Us		Firm's name (o	or <u>B<b>1</b>RO</u>	<del> </del>		_			
On		yours if self- employed),	<b>►</b> 587	1 GLENRIDGE DR., STE 200		EIN ► N	/A		
		address, and ZIP + 4	ATL	ANTA, GA 30328		Phone no ▶	(404	531-49	40
Mar	y the IR	S discuss th		with the preparer shown above? (see instructions)			· · · · ·	X Yes	No
				rwork Reduction Act Notice, see the separate instructions	 s.	TEE A0113L	12/29/		(2009)
			,	· , · · · · · · · · · · · · · · · · · ·					

	990 (2009) NATIONAL COMMISSION ON CERTIFICATION	58-1218672	Page 2
Part		<u> </u>	
1	Briefly describe the organization's mission;		
	TO ASSURE THAT CERTIFIED PHYSICIAN ASSISTANTS MEET PROFESSIONAL S	STANDARDS OF	
_	KNOWLEDGE AND SKILLS.		
2	Did the organization undertake any significant program services during the year which were not listed on the	nrior	
	Form 990 or 990-EZ?		<b>⊽</b> 1 <b>A</b> 1
	· · · · · · · · · · · · · · · · · · ·	∐ Yes ⊉	X No
	If 'Yes,' describe these new services on Schedule O		
	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes	X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	expenses Section 501(c)	(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and al expenses, and revenue, if any, for each program service reported.	locations to others, the tot	tal
4a	(Code:) (Expenses \$ 5,843,654. including grants of \$ 24,000.) (R	Revenue \$ 8,911,	,416.)
	THE NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS		·
	APPROXIMATELY 47,950 CANDIDATES. SERVICES INCLUDED APPLICATIONS		
•	CANDIDATES AND CERTIFICATION MAINTENANCE AND RECERTIFICATION FOR	FYISTING CANDID	מחבכ –
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			<del>-</del>
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4 b	(Code) (Expenses \$ including grants of \$) (R	levenue \$	)
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4 c	(Code) (Expenses \$ including grants of \$) (R	levenue \$	)
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		. <b></b>	
		<b>_</b>	
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	1	
	Total program service expenses > 5 843 654		

Part 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		Х
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? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have 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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Χ_
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? If '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		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	<del></del>
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	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			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14a	a 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? If 'Yes,' complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
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		Х
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		<u>x</u>
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		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

Part 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		<u>X</u>
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? <i>If 'Yes,' complete Schedule J</i>	23	х	
24 a	a 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, and 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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		
t	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee 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 transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
k	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
C	c 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, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, 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 Schedule $R$ , Part $V$ , line $2$	35	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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 and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
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Form **990** (2009)

		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			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambiing) winnings to prize winners?	1с	Х	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 51			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3b		
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: ▶			
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? .	5 a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a		x
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	7 a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	ļ	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		<u> </u>
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		<b>↓</b>
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h		ļ <u>.</u>
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a 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			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from other 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	<u>L</u>	<u> </u>
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

Form **990** (2009)

Section A. Governing Body and Management

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

			Yes	No				
1 a	Enter the number of voting members of the governing body .							
b	Enter the number of voting members that are independent . 1b 22		1					
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		<u>X</u>				
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		Х				
4 Did the organization make any significant changes to its organizational documents								
	since the prior Form 990 was filed?							
5	5 Did the organization become aware during the year of a material diversion of the organization's assets?							
6	6 Does the organization have members or stockholders?							
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
t	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			,				
а	The governing body?	8a	X					
t	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director or 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	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal							
Reve	enue Code )							
			Yes	No				
10 a	Does the organization have local chapters, branches, or affiliates?	10a		X				
Ł	olf '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?	10ь						
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х					
114	A Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O							
12a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X					
k	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  SEE SCHEDULE 0 .	12c	Х					
13	Does the organization have a written whistleblower policy?	13	Х					
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?							
	The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	15a	_X_					
Ł	Other officers of key employees of the organization SEE SCHEDULE 0	15b	<u>X</u>					
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions)							
16	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				
k	of 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 the organization's exempt status with respect to such arrangements?	16ь						
Sec	tion C. Disclosures							
	List the states with which a copy of this Form 990 is required to be filed ► GA							
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available. Check all that apply.	vaılabl	e for	public				
	Own website $X$ Another's website $X$ Upon request							
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest polistatements available to the public. SEE SCHEDULE O	ıcy, ar	nd fina	ancial				
	State the name, physical address, and telephone number of the person who possesses the books and records of the org LORI LEAL 12000 FINDLEY RD STE 100 JOHNS CREEK GA 30097 678-417-8100	anızat 	on.					

BAA

Form 990 (2009)

## Part VII: 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 organizations'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.

Name and Title  Average hours per week  Average hours	Check this box if the organization did not compensate any current officer, director, or trustee.										
MARK CHRISTIANSEN	(A)	, , ,	(c)						(D)	(F)	
MARK CHRISTIANSEN	Name and Title	hours							compensation from	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related
DIRECTOR			e	tee			sated				
WILLIAM KOHLHEPP   DIRECTOR											•
DIRECTOR		11	<u> X</u>						0.	0.	0.
DANIEL MCNEILL   EXEC COMM			Ì	ĺ							
X		1	X						0.	0.	0.
ERICH FOGG									_	_	_
DIRECTOR		11	<u> X</u>	_					0.	0.	0.
FREDERICK BLUM   DIRECTOR									_		
DIRECTOR		1	<u>X</u>					L	0.	0.	0.
PATRICIA COOK											
DIRECTOR		1	X						0.	0.	0.
RANDY DANIELSEN							i				
DIRECTOR		1	X	<u> </u>					0.	0.	<u> </u>
LINDA GOLODNER											
DIRECTOR		1	X_	L					0.	0.	0.
RICHARD TURNAGE											
DIRECTOR		1	X						0.	0.	0.
DIRECTOR		]			1						
DIRECTOR	DIRECTOR	1	X	<u> </u>	L			_	0.	0.	0.
PAUL LOMBARDO	JOHN HAYDEN										
DIRECTOR         1         X         0.         0.         0.           VICTORIA KAPRIELIAN         0.         0.         0.         0.           DIRECTOR         1         X         0.         0.         0.           CHAIR ELECT         1         X         0.         0.         0.           VARNELL MCDONALD-FLETCHER         0.         0.         0.         0.           DIRECTOR         1         X         0.         0.         0.           LEE BRYAN SMITH         1         X         0.         0.         0.           JOHN DAVIS         0.         0.         0.         0.         0.           DIRECTOR         1         X         0.         0.         0.           ELLEN HARDER         0.         0.         0.         0.	DIRECTOR	1	L X						0.	0.	0.
VICTORIA KAPRIELIAN         0. 0. 0. 0.           DIRECTOR         1 X         0. 0. 0.           DONALD J. SEFCIK         0. 0. 0. 0.           CHAIR ELECT         1 X         0. 0. 0.           VARNELL MCDONALD-FLETCHER         0. 0. 0.         0.           DIRECTOR         1 X         0. 0. 0.           LEE BRYAN SMITH         0. 0. 0.         0. 0.           JOHN DAVIS         0. 0. 0. 0.         0. 0.           DIRECTOR         1 X         0. 0. 0.           ELLEN HARDER         0. 0. 0.         0. 0.	PAUL LOMBARDO										
DIRECTOR	DIRECTOR	1	<u> </u>						0.	0.	0.
DONALD J. SEFCIK         0. 0. 0.           CHAIR ELECT         1 X         0. 0.         0.           VARNELL MCDONALD-FLETCHER         0. 0. 0.         0.         0.           DIRECTOR         1 X         0. 0. 0.         0.           LEE BRYAN SMITH         0. 0. 0. 0.         0.         0. 0.           JOHN DAVIS         0. 0. 0. 0.         0. 0.         0. 0.           DIRECTOR         1 X         0. 0. 0.         0.           ELLEN HARDER         0. 0. 0.         0.         0.	VICTORIA KAPRIELIAN					1					
CHAIR ELECT       1       X       0.       0.       0.         VARNELL MCDONALD-FLETCHER       0.       0.       0.       0.         DIRECTOR       1       X       0.       0.       0.         LEE BRYAN SMITH       1       X       0.       0.       0.         IMM PAST CHAIR       1       X       0.       0.       0.         JOHN DAVIS       0.       0.       0.       0.         DIRECTOR       1       X       0.       0.       0.         ELLEN HARDER       0.       0.       0.       0.		1	X	<u> </u>					0.	0.	0.
VARNELL MCDONALD-FLETCHER         1         X         0.         0.         0.           DIRECTOR         1         X         0.         0.         0.           LEE BRYAN SMITH         1         X         0.         0.         0.           JOHN DAVIS         0.         0.         0.         0.           DIRECTOR         1         X         0.         0.         0.           ELLEN HARDER         0.         0.         0.         0.	DONALD J. SEFCIK										
DIRECTOR         1         X         0.         0.         0.           LEE BRYAN SMITH         IMM PAST CHAIR         1         X         0.         0.         0.         0.           JOHN DAVIS         DIRECTOR         1         X         0.         0.         0.         0.           ELLEN HARDER         0         0         0         0         0         0         0	CHAIR ELECT	1	X						0.	0.	0.
LEE BRYAN SMITH       1       X       0. <td>VARNELL MCDONALD-FLETCHER</td> <td></td> <td> </td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	VARNELL MCDONALD-FLETCHER										
IMM PAST CHAIR         1 X         0.         0.         0.           JOHN DAVIS         1 X         0.         0.         0.           DIRECTOR         1 X         0.         0.         0.           ELLEN HARDER         0.         0.         0.         0.	DIRECTOR	] 1	X		l	l		<u> </u>	0.	0.	0.
JOHN DAVIS   DIRECTOR 1 X 0. 0. 0.   ELLEN HARDER	LEE BRYAN SMITH										
DIRECTOR 1 X 0. 0. 0. ELLEN HARDER	IMM PAST CHAIR	1 _	X		l				0.	_ 0.	0.
ELLEN HARDER	JOHN DAVIS										
ELLEN HARDER	DIRECTOR	11	X		L				0.	_ 0.	0.
DIRECTOR         1         X         0.         0.         0.	ELLEN HARDER										
	DIRECTOR	_1	X	L					0.	0.	0.

TEEA0107L 11/10/09

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)										
(A)	(B)							(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee  Or director	institutional trustee	Officer	Key employee	Highest compensated employee	Ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Eshmated amount of other compensation from the organization and related organizations
FRANK KANE DIRECTOR	1	Х						0.	0.	0.
DENNI_WOODMANSEE_ DIRECTOR	1	Х						0.	0.	0.
JOHN STUEMKY DIRECTOR	1	Х						0.	0.	0.
MARY WARNER DIRECTOR	1	Х						0.	0.	0.
JANET_LATHROPPRESIDENT	40			Х				275,949.	0.	36,463.
LORI LEAL VP FINANCE	35			х				139,483.	0.	20,840.
TIM PERRY VP TECHNOLOGY	40			х				208,255.	0.	23,026.
PAM DEAN VP OPERATIONS	40			Х				169,584.	0.	32,110.
BARBARA BARZANSKY SECRETARY	1			Х				0.	0.	0.
EDWARD DUNN CHAIRMAN	1			Х				0.	0.	0.
JAMES DEAN CANNON TREASURER	1			Х				0.	0.	0.
SHEILA MAULDIN VP GOV & ADMIN	40			Х				138,067.	0.	22,979.
REGAN COHN VICE PRESIDENT	40			x				121,843.	0.	25,085.
1b Total							<b>&gt;</b>	1,324,037.	0.	199,442.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 8

_			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3		Х
4	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? If 'Yes' complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person.	5		Х

**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.

Name and business address  ARBET CONSULTING INC. 2083 WELSH VALLEY RD PHOENIXVILLE, PA 19460  SIDLEY AUSTIN LLP ONE SOUTH DEARBORN CHICAGO, IL 60603	(B) Description of Services TEST DEV AND ADMIN LEGAL	(C) Compensation 686, 343. 221, 866.
SPRINGBIT 160 PARKSIDE CLOSE ALPHARETTA, GA 30022	IT DEVELOPMENT	140,781.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 3

			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
8.0	1a Federated campaigns. 1a					
E E	b Membership dues 1b					
F S	c Fundraising events 1c			j		
FA	d Related organizations 1d					
S.E	e Government grants (contributions) 1 e					
S S	f All other contributions, gifts, grants, and					
필뷝	similar amounts not included above 1 f					
E S	g Noncash contribns included in lns 1a-1f. \$					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	h Total. Add lines 1a-1f	<b>&gt;</b>				
뵕		siness Code	0 606 075	0 606 075		
EVE	2a ENTRY LEVEL APPLICATION 541		2,626,075.	2,626,075.	· <del>- · · · · · · · · · · · · · · · · · · </del>	
E.R.	b CERTIFICATE MAINT. FEES 541		2,583,650.	2,583,650.	· · · · · · · · · · · · · · · · · · ·	
Ž.	c RECERTIFICATION FEES 541		2,543,100.	2,543,100.		
1 SE	d PATHWAY II EXAM FEES 541		509,200. 448,485.	509,200. 448,485.	·	
F.A.		900	200,906.	200, 906.		
8	f All other program service revenue g Total. Add lines 2a-2f	<b>•</b>	8,911,416.	200, 900.		<u> </u>
-	• • • • • • • • • • • • • • • • • • • •	rest and	0,311,410.		· · · · · · · · · · · · · · · · · · ·	
İ	3 Investment income (including dividends, inte other similar amounts)	restand >	194,307.			194,307.
	4 Income from investment of tax-exempt bond	proceeds 🟲				
	5 Royalties	<b>-</b>				
i	(i) Real	(ii) Personal				
	6a Gross Rents					
	<b>b</b> Less: rental expenses	<u> </u>				
	c Rental income or (loss)					
	d Net rental income or (loss)	<b>&gt;</b>				
	7a Gross amount from sales of (i) Securities	(II) Other				
	assets other than inventory 7,353,430.	1,230.				
	b Less cost or other basis and sales expenses 8,090,532.	25,987.				
	c Gain or (loss) -737, 102.	-24,757.				
	d Net gain or (loss)	<u> </u>	-761,859.			-761,859.
u	8a Gross income from fundraising events					
ENUE	(not including \$ of contributions reported on line 1c).					
Ë	See Part IV, line 18					
OTHER REVE	b Less: direct expenses b					
0	c Net income or (loss) from fundraising events					1
	9a Gross income from gaming activities. See Part IV, line 19					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities	<b>&gt;</b>				Ì
	10a Gross sales of inventory, less returns and allowances				-	
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory		,			
		ısiness Code				
	11a					
	b					
	c					ļ
	d All other revenue	<b>•</b>				
	e Total Add lines 11a-11d	<b>-</b>	8,343,864.	8,911,416.	0.	-567,552.
	12 Total revenue. See instructions		0,343,004.	0,911,410.	<u>.                                    </u>	-301,332.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

-	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).									
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	24,000.	24,000.							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			<del></del>	· · · · · · · · · · · · · · · · · · ·					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	1,532,096.	739,385.	792,711.	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)	0.	0.	0.	0.					
7	Other salaries and wages	1,078,916.	476,153.	602,763.						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	150,441.	69,802.	80,639.						
9	Other employee benefits	388,843.	180,416.	208,427.						
10	Payroll taxes	164,605.	76,374.	88,231.						
	Fees for services (non-employees)									
	Management									
	Legal	221,866.		221,866.	<del></del>					
	Accounting	25,515.		25,515.						
	Lobbying	· <del>-</del>								
	Prof fundraising svcs. See Part IV, In 17			····						
	Investment management fees  Other	160,271.	4,264.	156,007.						
12	Advertising and promotion	100,271.	4,204.	130,007.						
13	Office expenses	151,066.	89,219.	61,847.						
14	Information technology	45,926.	45,926.	01,047.						
15	Royalties	10/323.	10,320.							
16	Occupancy	384,175.	234,006.	150,169.						
17	Travel	533,895.	199,130.	334,765.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	956,158.	933,646.	22,512.						
23 24	Insurance Other expenses Itemize expenses not	37,709.	22,969.	14,740.						
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 )			14 14 14 14 14 14 14 14 14 14 14 14 14 1						
á	EXAM COSTS	2,326,687.	2,326,687.		<u> </u>					
	CREDIT CARD PROCESSING FEES	216,792.	216,792.							
	EMPLOYEE DEVELOPMENT	153,705.	85,059.	68,646.						
	POSTAGE AND SHIPPING	80,948.	62,929.	18,019.						
•	OTHER EXPENSES	44,411.	9,539.	34,872.						
	All other expenses	59,004.	47,358.	11,646.						
25	Total functional expenses Add lines 1 through 24f	8,737,029.	5,843,654.	2,893,375.	0.					
26	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									
ВАА		<del></del>			Form 990 (2009)					

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art 1	(2009) NATIONAL COMMISSION ON CERT.  K Balance Sheet				12186	12 Page 11
	<u> </u>			(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	_			1	
2	Savings and temporary cash investments			75,784.	2	967,024.
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net		Ī	119,439.	4	255,661.
5	Receivables from current and former officers, directors and highest compensated employees. Complete Part	s, truste II of Scl	es, key employees, nedule L		5	
6	Receivables from other disqualified persons (as define	ed unde	r section 4958(f)(1))			
	and persons described in section 4958(c)(3)(B). Comp	lete Pa	rt II of Schedule L		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
:   g	Prepaid expenses and deferred charges			240,186.	9	198,009.
10	a Land, buildings, and equipment: cost or other basis	10a	5,797,817.			
	Complete Part VI of Schedule D					
	<b>b</b> Less: accumulated depreciation	10ь	4,099,666.	1,528,976.	10 c	1,698,151.
11	Investments - publicly-traded securities			8,008,947.	11	7,560,665.
12	! Investments - other securities. See Part IV, line 11				12	
13	Investments – program-related. See Part IV, line 11				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			2,016,440.	15	2,000,000
16	Total assets. Add lines 1 through 15 (must equal line	34)		11,989,772.	16	12,679,510.
17	Accounts payable and accrued expenses			293,819.	17	428,909.
18	Grants payable			1,164,000.	18	788,000.
19	Deferred revenue			1,091,645.	19	1,300,090
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part I	V of Sc	hedule D		21	
22	highest compensated employees, and disqualified per	stees, k sons. C	ey employees, omplete Part II			
i	of Schedule L				22	
2:	, ,				23	
24	• •	parties			24	······································
25	•				25	
26		1661		2,549,464.	26	2,516,999
	Organizations that follow SFAS 117, check here ▶	X and	l complete lines			
. 1	27 through 29 and lines 33 and 34.			0 440 200	1 1	10 160 511
	Unrestricted net assets		}	9,440,308.		10,162,511
28					28	
7 23	•		<b>-</b>		29	
3	Organizations that do not follow SFAS 117, check he	re >	and complete		1	
3 30	lines 30 through 34.					
- 1	, , , ,				30	
₹   3	, , , , , , , , , , , , , , , , , , , ,		1		31	
32	<b>3</b> ,	or othe	er funds.	0 440 200	32	10 100 511
3				9,440,308.	33	10,162,511.
34	Total liabilities and net assets/fund balances			11,989,772.	34	12,679,510. Form <b>990</b> (2009

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Form 990 (2009) NATIONAL COMMISSION ON CERTIFICATION 58-1218	3672	_ Pa	age <b>12</b>
Part XI - Financial Statements and Reporting			
		Yes	No
<b>1</b> Accounting method used to prepare the Form 990: $\square$ Cash $\square$ Accrual $\square$ 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	<u> </u>	X
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aureview, or compilation of its financial statements and selection of an independent accountant?	ıdıt, 2c	Х	
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 or consolidated basis, separate basis, or both:	ı a		
Separate basis Consolidated basis X Both consolidated and separate basis			
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?	e 3a	]	Х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	audit 3b		

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Form 990 (2009)

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545 0047 2009

Open to Public Inspection

**Employer Identification number** 

	PHYSICIAN ASSISTANTS, INC.	TION		58-1218672
Par		Advised Funds or Other Similar	r Funds or Acc	
	the organization answered 'Yes' to	o Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year).			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets hele to the organization's exclusive legal cont	d in donor advised	Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor advisor	nt funds may be or for any other	Yes No
Par	t # Conservation Easements Comple	ete if the organization answered	'Yes' to Form 9	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 (e.g., r	ecreation or pleasure) Preserv	ation of an historic	cally important land area
	Protection of natural habitat	Preserv	ation of certified h	istoric structure
	Preservation of open space	<del></del>		
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribu	tion in the form of	a conservation easement on the
				Held at the End of the Year
ε	Total number of conservation easements		2a	
	Total acreage restricted by conservation ease		2b	
•	: Number of conservation easements on a certi	fied historic structure included in (a)	2c	
•	Number of conservation easements included i	n (c) acquired after 8/17/06	2d	
3	Number of conservation easements modified,	transferred, released, extinguished, or te	erminated by the or	rganization during the tax
	year ▶			
4	Number of states where property subject to co	onservation easement is located >		
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspecti nt it holds?	on, handling of vio	lations, Yes No
	Staff and volunteer hours devoted to monitoring the year •		_	
7	Amount of expenses incurred in monitoring, in during the year ▶	nspecting, and enforcing conservation ea	sements \$_	
8	Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirement	s of section	Yes No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote conservation easements	ports conservation easements in its rever to the organization's financial statements	nue and expense s s that describes the	statement, and balance sheet, and e organization's accounting for
Pa	rt III Organizations Maintaining Colle	ctions of Art, Historical Treasure	es, or Other Sii	milar Assets
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV	, line 8.	
1 8	a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial stateme	lic exhibition, education, or research in fi	statement and bala urtherance of publ	ance sheet works of art, historical ic service, provide, in Part XIV,
1	b If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items:			ic service, provide the following
	(i) Revenues included in Form 990, Part VIII,	, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			<b>-</b> \$
2	If the organization received or held works of a amounts required to be reported under SFAS		ssets for financial	<b>3</b> .,
	a Revenues included in Form 990, Part VIII, line	e 1		<b>&gt;</b> \$
!	<b>b</b> Assets included in Form 990, Part X			*\$ *\$

•						
Schedule D (Form 990) 2009 NATIO				58-121		Page 2
Part III Organizations Mainta	ining Collec	tions of Art, Hist	orical Treasures, o	or Other Similar As	sets (conti	nued)_
<ul> <li>Using the organization's acquisite items (check all that apply).</li> </ul>	on accession a	nd other records, che	ck any of the following	that are a significant us	e of its collec	tion
a Public exhibition		d Loan	or exchange programs			
<b>b</b> Scholarly research		e Other				
c Preservation for future genera	ations					
4 Provide a description of the organ Part XIV.	nization's collec	ctions and explain ho	w they further the organ	nization's exempt purpo	se in	
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or re ather than to be	eceive donations of ar e maintained as part	t, historical treasures, of the organization's co	or other similar llection?	Yes	No
Part IV Escrow and Custodia	Arrangeme	nts Complete if o	organization answei		90, Part IV	line
9, or reported an amount	unt on Form	990, Part X, line	<u>21.                                    </u>			
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian,	or other intermediary	for contributions or oth	ner assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV an	d complete the follow	ing table:		· <del>-</del> -	
					Amount	
<b>c</b> Beginning balance .				1c		
<b>d</b> Additions during the year				1 d		
e Distributions during the year		,		1 e		
f Ending balance				1f		
2a Did the organization include an a	mount on Form	990, Part X, line 213	?		Yes	No
<b>b</b> If 'Yes,' explain the arrangement		, ,				ليبا
Part V Endowment Funds Co		anization answe	red 'Yes' to Form 9	90. Part IV. line 10	<u>).</u>	<del></del>
	(a) Current ye			- T	(e) Four ye	ars back
1 a Beginning of year balance	<u> </u>	(.,,,			1	
<b>b</b> Contributions						************
c Net Investment earnings, gains,						***************************************
and losses					<del></del>	
d Grants or scholarships	<del></del>					***************************************
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance					_i	
2 Provide the estimated percentage	· · ·	nd balance held as				
a Board designated or quasi-endov		<del></del> 8				
<b>b</b> Permanent endowment ►						
c Term endowment ►	&					
3a Are there endowment funds not a organization by:	in the possessi	on of the organization	that are held and adm	inistered for the	Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
<b>b</b> If 'Yes' to 3a(ii), are the related of	organizations li	sted as required on S	chedule R?		3b	
4 Describe in Part XIV the intended	-	·				
Part VI Investments-Land, B				X. line 10.		
Description of investment		a) Cost or other basis (investment)		(c) Accumulated Depreciation	(d) Book	√alue
1a Land		· · · · · · · · · · · · · · · · · · ·		,		
<b>b</b> Buildings						
c Leasehold improvements	-		68,725.	64,084.	7	4,641.
d Equipment	<u> </u>	<del></del>	1,723,152.	1,387,731.		5,421.
e Other	-	<del></del>	4,005,940.	2,647,851.		8,089.
		<del> </del>				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) BAA

Schedule **D** (Form 990) 2009

1,698,151.

Schedule D (Form 990) 2009 NATIONAL COMMISSION			218672 Page <b>3</b>
Part VII Investments—Other Securities See F			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year m	luation narket value
Financial derivatives .			<del></del>
Closely-held equity interests			
Other	ļ		
	<u> </u>		<u> </u>
			<del></del>
		· · · · · · · · · · · · · · · · · · ·	<del></del>
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12)			
Part VIII Investments-Program Related (See			
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	luation
	<del></del>	Cost of end-of-year in	iainet value
	<del> </del>		
		······································	
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)	1 15		
Part IX Other Assets (See Form 990, Part X,			(b) Book value
(a) De	escription		(b) Book value
ADVANCE TO NCCPA FOUNDATION		· · · · · · · · · · · · · · · · · · ·	2,000,000.
IDVINCE TO RECEIT FORDITION	·····		
Total. (Column (b) must equal Form 990, Part X, col (B),			2,000,000.
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount	$\dashv$	
Federal Income Taxes			
		<del> </del>	
		_	
		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
2. FIN 48 Footnote. In Part XIV, provide the text of the foo for uncertain tax positions under FIN 48.	tnote to the organization	's financial statements that reports	the organization's liability

Sche	edule D (Form 990) 2009 NATIONAL COMMISSION ON CERTIFICATION 58	3-1218672	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		8,343,864.
2	Total expenses (Form 990, Part IX, column (A), line 25)		8,737,029.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-393,165.
4	Net unrealized gains (losses) on investments		1,178,803.
5	Donated services and use of facilities		
6	Investment expenses		-63,435.
7	Prior period adjustments	<del></del>	05, 455.
8	Other (Describe in Part XIV)	<u> </u>	
_	Total adjustments (net). Add lines 4 through 8		1 115 260
9			1,115,368.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<u> </u>	722,203.
	t XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per I		0 450 030
1	Total revenue, gains, and other support per audited financial statements	1	9,459,232.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments.	4 1	
ı	Donated services and use of facilities 2b	4 1	
•	Recoveries of prior year grants	4	
•	Other (Describe in Part XIV)	] ]	
•	e Add lines 2a through 2d	2 e	1,178,803.
3	Subtract line 2e from line 1	3	8,280,429.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)	1	
	Add lines <b>4a</b> and <b>4b</b>	4c	63,435.
	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		8,343,864.
	1 XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret		0,343,004.
1	Total expenses and losses per audited financial statements		8,737,029.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		0,131,023.
2	} <b>}</b>		
		-	
	Prior year adjustments 2b	4	
	Other losses 2c	4	
	Other (Describe in Part XIV)	<b>-</b> ∮ 1	
	e Add Innes 2a through 2d	2e	
3	Subtract line 2e from line 1 .	3	<u>8,737,029.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	_	
1	Other (Describe in Part XIV)	_]	
(	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	8,737,029.
Pa	t XIV   Supplemental Information		
line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, A, Part X, Iine 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this promation.	/, lines 1b and art to provide	d 2b, Part V, any additional
		- <b></b>	
	<del>-</del>		
		- <b></b>	
			<del></del>
BAA	TEEA3304L 02/02/10	Schedule <b>D</b>	(Form 990) 2009

Schedule <b>D</b> (Form 990) 2009	NATIONAL COMMISSION	ON CERTIFICATION	58-1218672	Page 5
Part XIV Supplementa	NATIONAL COMMISSION Information (continued)			
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				-
		- <b></b>		

		Employer identificati 58-1218672
Grants and Other Assistance to Organizations, Governments and Individuals in the United States	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.  ► Attatch to Form 990.	NATIONAL COMMISSION ON CERTIFICATION  Part   General Information on Grants and Assistance
SCHEDULE I (Form 990)	Department of the Treasury Internal Revenue Service	Name of the organization NATIONAL COMMI

OMB No 1545-0047

2009

**≗** □ (h) Purpose of grant or assistance Open to Public Inspection SUPPORT FOR Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form OPERATING FINANCIAL EXPENSES X Yes on number 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (g) Description of non cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) SEE PART IV 0. BOOK (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 24,000. (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable 20-4381466 (**b**) EIN 1 (a) Name and address of organization SŢ or government 12000 FINDLEY ROAD, NCCPA FOUNDATION DULUTH, GA 30097 1111

2 Enter total number of section 501(c)(3) and government organizations		1
3 Enter total number of other organizations		0
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	TEEA3901L 02/10/10	Schedule I (Form 990) 2009

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Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 58-1218672 (e) Method of valuation (book, FMV, appraisal, other) NCCPA GIVES ASSISTANCE TO NCCPA FOUNDATION FOR FINANCIAL SUPPORT AND OPERATING (d) Amount of non-cash assistance PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED (c) Amount of cash grant NATIONAL COMMISSION ON CERTIFICATION (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 EXPENSES. Part III

Schedule I (Form 990) 2009

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#### **SCHEDULE J** (Form 990)

#### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL COMMISSION ON CERTIFICATION

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Employer identification number

58-1218672

-ar	R I Questions Regarding Compensation			
			Yes	No
1 a	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990 VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items	), Part		
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, director trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	ors, 2		
	and the case of th			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee X Written employment contract			
	Independent compensation consultant   X   Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee	е		
	<u> </u>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization.	'n		
a	a Receive a severance payment or change-of-control payment?	4a	ار	X
k	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4 b	,	X
c	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	:	X
	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
ē	a The organization?	5 a	<u>. </u>	
ŧ	<b>b</b> Any related organization?	5 b	,	ļ
	If 'Yes' to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
ā	a The organization?	6 a		<u> </u>
ŀ	<b>b</b> Any related organization?	6 b	)	
	If 'Yes' to line 6a or 6b, describe in Part III.			
7	For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments no described in lines 5 and 6? If 'Yes,' describe in Part III	ot		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the in	nitial		
-	contract exception described in Regs section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8	—	<b></b>
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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Schedule J (Form 990) 2009

58-1218672

NATIONAL COMMISSION ON CERTIFICATION Schedule J (Form 990) 2009

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	$\vdash$	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MIS	MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	L	(I) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)·(D)	reported in prior Form 990 or Form 990-EZ
JANET LATHROP	Θ	230,859.	24,232.		.096,05	5, 503.	312, 412.	317,796.
	<u> </u>	0	0			0.	0.	
LORI LEAL	(j)	102,008.	15, 475.	22,000.	15,888.	4,952_	160,323.	168,637.
	(i)	)	0		0.	0.		0.
TIM PERRY	ε	170,931.	22, 321.	15,003.	22,920.	106.	231,281.	215,531.
	<u> </u>	0.0	0.	0.		0.	0	0
PAM DEAN	ε	127,973.	19, 968.	21,643.	19,207.	12,903.	201, 694.	115,344.
	<u> </u>	0	0	0.		0.		0.
SHEILA MAULDIN	ε	108, 529.	15,029.	14,509.	15,960.	7,019.	161,046.	145,553.
	<u> </u>	 	0		0.	0.		0.
TIM ANDREWS	ε	140,364.	10,000.	4, 425.	17,225.		177,225.	160,650.
	(j)		0	0.	0.	0	0.	0.
	ε		l					
	<u> </u>	 						
	Θ				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	             	<del>}</del> <del>}</del> <del>}</del> <del> </del>	; 1 1 1 1 1 1
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	(ii)			,				
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	(ii)							
	(1)				           	 	]             	1 1 1 1 1 1
		)   						
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	€							
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	(ii)							
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	(ii)							
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								1, a
ВАА				TEE A4102L 02/	02/02/10		Sonec	Schedule J (Form 990) 2009

Schedule J (Form 990) 2009 NATIONAL COMMISSION ON CERTIFICATION  Part III   Supplemental Information	58-1218672 Page 3	
ormation, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, n.	5a, 5b, 6a, 6b, 7, and 8. Also complete	
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ВАА	Schedule J (Form 990) 2009	[g

#### **SCHEDULE J-2** (Form 990)

#### **Continuation Sheet for Form 990**

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See instructions for Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

NATIONAL COMMISSION ON C	ERTIFICAT	ION							58-1218672	
Part I   Continuation: Officers	, Directors,	Trust	ees	s, K	еу	Emp	loy	ees, and Highest	Compensated	
(A)	(B)			((			LA	(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	institutional trustee		Key employee	Highest compensated employee	Former	Reportable compensabon from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Esbmated amount of other compensation from the organization and related organizations
TIM ANDREWS MGR SYST ARCH	40					Х		154,789.	0.	22,436.
ANGELA LANGA							-	134, 705.	0.	22,430.
MGR IT DEV SERVICE	40					Х		116,067.	0.	16,503.
					-					
							-			
					-					
								_		

#### **SCHEDULE O** (Form 990)

### Supplemental Information to Form 990

OMB No 1545 0047

Employer identification number

2009

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

Attach to Form 990. Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL COMMISSION ON CERTIFICATION

PHYSICIAN ASSISTANTS. 58-1218672 FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS THE FINANCE COMMITTEE CHAIR REVIEWS AND APPROVES THE FORM 990 BEFORE IT IS SUBMITTED TO THE IRS. THE FORM 990 IS POSTED ON THE BOARD OF DIRECTOR'S RESOURCE WEB PAGE. FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS ALL BOARD MEMBERS ARE ASKED TO ANNUALLY SIGN A PARTICIPATION AGREEMENT. IT INCLUDES A SECTION OF INTEREST AS WELL AS THEIR DUTIES OF CONFIDENTIALITY, LOYALTY, ETC. BOARD MEMBERS ARE ASKED TO DISCLOSE ANY CONFLICTS. CONFLICTS THAT DO ARISE ARE USUALLY RESOLVED BY ASKING A BOARD MEMBER TO RECUSE FROM VOTING OR SOME OTHER ARRANGEMENT DETERMINED BY THE CHAIR OF THE BOARD. FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG EVERY YEAR THE TOP MANAGEMENT'S SALARY IS SURVEYED BY AN INDEPENDENT OUTSIDE COMPANY AND PRESENTED TO THE EXECUTIVE COMMITTEE. FORM 990, PART VI. LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE: THE EXECUTIVE COMMITTEE REVIEWS EVERY THREE YEARS. FORM 990. PART VI. LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE NCCPA DOES NOT MAKE ANY OF THESE DOCUMENTS PUBLIC. THE FINANCIAL INFORMATION CAN BE OBTAINED THROUGH THE FORM 990. THE FORM 990 IS AVAILABLE UPON REQUEST AT NCCPA.

Schedule O (Forn	n 990) 2009		Page 2
Name of the organization	ON NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS, INC.	Employer identification number 58-1218672	
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Schedule **O** (Form 990) 2009

BAA

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047

Open to Public Inspection

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. See separate instructions.

Schedule R (Form 990) (2009) (F)
Direct controlling entity (F)
Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A Employer identification number 58-1218672 (E)
Public charity status (if section 501(c)(3)) (E) End-of-year assets 509 (A) (3) Part 1 Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) (**b**) Exempt Code section (**D)** Total income 501 (C) 3 TEEA5001L 02/05/10 (C) Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) 믑 INC. NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS, BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ORGANZATION SUPPORTING (B)
Primary activity (B)
Primary activity (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity STE 270 12000 FINDLEY ROAD NCCPA FOUNDATION DULUTH, GA 30097 Department of the Treasury Internal Revenue Service Name of the organization 20-4381466 Part II

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) 58-1218672 Schedule R (Form 990) 2009 NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS, INC.

ı		1 1			1		ı		
	(J): General or managing partner?	.   2							
	Gene man part	Yes							
	Code V-UBI amount in box 20 of Schedule	K·1 (Form 1065)	-						
ľ	por- ste ons?	£		_					
	(H) Disproportionate allocations?	Yes					 -	 	
	Share of total income Share of end-of-year assets								
Decause It liau offe of Iliofe refated ofganizations treated as a partitional and the tax years.	(F) Share of total income								
מנבת מז מ חמו וווכו זו	(E) Predominant income (related, unrelated, excluded	from tax under sections 512-514)							
מו וולמווחווט וובנ	(C) (D) Legal Direct domicile controlling entity (state or								
מובית סות	CC Legal domicile (state or	foreign country)				:			
	(B) Primary Activity								
Decause It lian	(A) Name, address, and EIN of related organization								

Part IV Identification of Related Organizations Taxable as		a Corporation or Trust (Complete if the organization answegations treated as a corporation or trust during the tax year.)	ust (Complete or corporation or	if the organizations the struct during the	<b>a Corporation or Trust</b> (Complete if the organization answered 'Yes' to Form 990, Part IV, ations treated as a corporation or trust during the tax year.)	es' to Form 990, Pa	ırt IV,
(A) Name, address, and EIN of related organization	ctivity	Legal domicile (state or foreign country)	(b) Direct controlling entity	Type of entity (C corp, S corp, or trust)	(C) Legal domicile     Direct     Direct     Corp, S corp, country)     (C)     (D)     (E)     (F)     (G)     (F)     (F)     (G)     (F)     (G)     (F)     (G)     (Corp, S corp, country)     (Corp, S corp, country)	( <b>G)</b> Share of end-of-year assets	(H) Percentage ownership
	-1						
	-						
ВАА		TEEA5002L 02/05/10	05/10			Schedule <b>R</b> (Form 990) (2009)	(2003)

58-1218672

Schedule R (Form 990) 2009 NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS, INC. 58-121

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes 'No
	. <u>`</u>	· · · · · · · · · · · · · · · · · · ·
a Receipt of (I) interest (II) annumes (III) royames (IV) remains commencemently b (3.ff crant or capital contribution to other organization(s)		×
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		7d X
e Loans or loan guarantees by other organization(s)		Je X
f Sale of assets to other organization(s)		Jf X
g Purchase of assets from other organization(s)		1
h Exchange of assets		+
i Lease of facilities, equipment, or other assets to other organization(s)		×
j Lease of facilities, equipment, or other assets from other organization(s)		
k Performance of services or membership or fundraising solicitations for other organization(s)		, 1k
Performance of services or membership or fundraising solicitations by other organization(s)		- E
m Strainty of raid employees		×
n Shahing of palu employees		ļ
o Reimbursement paid to other organization for expenses		_
<b>p</b> Reimbursement paid by other organization for expenses		X X
a Other transfer of cash or property to other organization(s)		1g X
r Other transfer of cash or property from other organization(s)		
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	s and transaction three	sholds
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
	,	
(1) NCCPA FOUNDATION	В	24,000.
(2) NCCPA FOUNDATION	D	2,000,000.
(3) NCCPA FOINDATION	z	172,728.
(4) NCCPA FOUNDATION	Ь	23,113.
(5)		
(9)		
TEEA5003L 02/05/10	Sched	Schedule R (Form 990) (2009)

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Schedule R (Form 990) 2009 NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS, INC.

Part Vf Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to 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 asset 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)	Are all partners section 50(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount In box 20 of Schedule K-1 Form (1065)	(H), General or managing partner?
			Yes No		Yes No		Yes No
			-				
ВАА		TEEA5004L 02/05/10				Schedule <b>R</b> (Form 990) (2009)	n 990) (2009)

### Form **4562**

Department of the Treasury Internal Revenue Service

**Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172 2009

► See separate instructions. Name(s) shown on return NATIONAL COMMISSION ON CERTIFICATION

OF PHYSICIAN ASSISTANTS, INC. Business or activity to which this form relates

Identifying number 58-1218672

	M 990/990-PF							
Par		ense Certain I y listed property,	Property Under Sec complete Part V before	tion 179 you complete P	art I			
1	Maximum amount. See the				-		1	\$250,000.
2	Total cost of section 179 pr	operty placed in	service (see instructions	s)			2	
3	Threshold cost of section 13	79 property befor	e reduction in limitation	(see instructions	s).		3	\$800,000.
4	Reduction in limitation. Sub	tract line 3 from	line 2 If zero or less, e	nter -0-			4	
5	Dollar limitation for tax year separately, see instructions		from line 1. If zero or le	ess, enter -0- If r	married f	ılıng	5	
6	(a)	escription of property		(b) Cost (business	use only)	(C) Elected cos	st	
_	Listed property. Enter the a				7			ļ
8	Total elected cost of section			(c), lines 6 and 7			8	
9	Tentative deduction, Enter			FC0			9	
10 11	Carryover of disallowed dec Business income limitation.				a) or line	5 (coo instre)	10	
	Section 179 expense deduc				-	o (see msus)	12	
	Carryover of disallowed dec				▶ 13		1 12	
	: Do not use Part II or Part I	-	<del></del>		. 1 .: 4			<u> </u>
Par			ce and Other Depre		t include	listed property.)	(See	instructions)
14	14 Special depreciation allowance for qualified property (other than listed property) placed in service during th tax year (see instructions)							
15	15 Property subject to section 168(f)(1) election .							
	16 Other depreciation (including ACRS)							956,158.
Par			nclude listed property)	(See instructions)	)			<u> </u>
t	······································		Section					
17	17 MACRS deductions for assets placed in service in tax years beginning before 2009							
	18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here							<u> </u>
	<del></del>		in Service During 2009	Tax Year Using	the Gen	eral Depreciatio	n Sys	tem
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Conven		1	(g) Depreciation deduction
19a	3-year property							
L	5-year property							
	7-year property							
	l 10-year property							
e	15-year property							
f	20-year property							
	25-year property			25 yrs		S/L		
H	Residential rental			27.5 yrs	MM	S/L		
	property			27.5 yrs	MM	S/L		
i	Nonresidential real			39 yrs	MM	S/L	ı	
	property				MM	S/L		
	Section C -	- Assets Placed	in Service During 2009	Tax Year Using t	he Alterr	native Depreciati	ion Sy	stem
20 a	Class life					S/L		
k	12-year			12 yrs		S/L		
	: 40-year			40 yrs	MM	S/L		
Pat	t IV Summary (See in:	structions)						
21	Listed property. Enter amou	unt from line 28			<u> </u>		21	
	<b>Total</b> Add amounts from line 12, I the appropriate lines of your return	Partnerships and S	corporations — see instruction	ns _	e and on		22	956,158.
23	For assets shown above an the portion of the basis attr	nd placed in servi	ce during the current year 263A costs	ear, enter	23			

# Form **8868**(Rev April 2009)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

Form **8868** (Rev 4-2009)

•	•	extension, complete only Part I and check this bounded.  Disconnection and check this bounded.		P A				
•	- ·	dy been granted an automatic 3-month extension		•				
<del></del>		ion of Time. Only submit original (no co						
A corporation	a required to file Form 990 T and	requesting an automatic 6 month extension — ch	ook this	hav and complete Part Lanky				
•	•	requesting an automatic 6-month extension – ch , partnerships, REMICS, and trusts must use Fori		· —				
income tax r		, partnerships, REMICS, and trusts must use Fon	m 7004 t	to request an extension of time to the				
Form 990-1.	ling (e-file). Generally, you can eld below (6 months for a corporation (not automatic) 3-month extensionstead, you must submit the full www.irs.gov/efile.and.click.on.	ectronically file Form 8868 if you want a 3-month on required to file Form 990-T) However, you can ion or (2) you file Forms 990-BL, 6069, or 8870, g y completed and signed page 2 (Part II) of Form to e-file for Charities & Nonprofits	n automa nnot file l group ret 8868. Fo	tic extension of time to file one of the Form 8868 electronically if (1) you want curns, or a composite or consolidated or more details on the electronic filing of				
	Name of Exempt Organization			Employer Identification number				
Type or	NATIONAL COMMISSION	ON CERTIFICATION						
print	OF PHYSICIAN ASSISTANTS, INC. 58-1218672							
File by the due date for Number, street, and room or suite number. If a P.O. box, see instructions								
filing your return See	12000 FINDLEY ROAD #							
Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions								
	DULUTH, GA 30097							
Check type of	of return to be filed (file a separat	te application for each return):						
X Form 990		Form 4720						
Form 990	D-BL	Form 5227						
Form 990	D-EZ	Form 6069						
Form 990	)-PF	Form 1041-A		Form 8870				
Telephone  If the org  If this is check this	for a Group Return, enter the org	FAX No For place of business in the United States, check anization's four digit Group Exemption Number (Continued to the group, check this box For and attach a list	GEN) _	If this is for the whole group,				
		hs for a corporation required to file Form 990-T) e	extension	n of time				
until _ The ex	$8/15$ , 20 _10 _, to file tension is for the organization's recallendar year 20 _09 _ or	the exempt organization return for the organizatieturn for:, 20, and ending, 2	ion name	ed above				
2 If this t	ax year is for less than 12 month	s, check reason: Initial return Fina	al return	Change in accounting period				
nonrefu	undable credits. See instructions	0-PF, 990-T, 4720, or 6069, enter the tentative ta	·	3a \$ 0.				
<b>b</b> If this a made	application is for Form 990-PF or Include any prior year overpayme	990-T, enter any refundable credits and estimate and allowed as a credit	d tax pa	yments 3b \$ 0.				
deposit	e Due. Subtract line 3b from line t with FTD coupon or, if required, structions	3a. Include your payment with this form, or, if red by using EFTPS (Electronic Federal Tax Paymen	quired, nt Systen	n) 3c \$ 0.				
Caution. If y payment ins		ic fund withdrawal with this Form 8868, see Form	n 8453-E	O and Form 8879-EO for				

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.