

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

	A F	or th	e 2009 calendar year, or tax year beginning OCT 1, 2009 and en					
	B C	heck if oplicab	Please C Name of organization	D Emplo	D Employer identification number			
		Addres	s use IRS label or					
		Name change		42	-11	14650		
	\vdash	Initial	type See Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telep	E Telephone number		
	F	Termi	Specific 525 GW 5TH CTREET	51	515-282-8192			
	\vdash	Jated]Amen	113800		F Grou			
	\vdash	Applica pendin				per 📂	puon	
	<u> </u>			G Accou			X Cash Accrual	
		• Sec	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed	1			A Casii Accidai	
			Schedule A (Form 990 or 990-EZ).		specify)			
			E: ► WWW.IAPASOCIETY.ORG	1			organization is not	
	<u>J T</u>	ax-ex	empt status (check only one) $ \times$ 501(c) (6) \triangleleft (insert no.) \square 4947(a)(1) or \square 52				le B (Form 990 990-EZ or 990-PF)	
	K C	heck				an \$25	,000. A Form 990-EZ or	
			Form 990 return is not required, but if the organization chooses to file a return, be sure to file	a complete re	turn.			
	L A	dd lin	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Fo	rm 990-EZ		\$	<u> 175,910.</u>	
	Pa	ırt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances	(See the instr	uctions f	or Part	l.)	
		1	Contributions, gifts, grants, and similar amounts received			1		
		2	Program service revenue including government fees and contracts			2	109,119.	
		3	Membership dues and assessments		T	3	62,200.	
		-	·		F	4	974.	
		4	Investment income		⊢			
		5a	Gross amount from sale of assets other than inventory 5a					
		b	Less: cost or other basis and sales expenses			_		
		C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c		
	Revenue	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from ${\it gaming}$,	check here	•——			
	Ϋ́	a	Gross revenue (not including \$ of contributions					
	æ		reported on line 1) 6a					
		ь	Less: direct expenses other than fundraising expenses					
		С	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		L	6c		
		7a	Gross sales of inventory, less returns and allowances 7a	_				
		Ь	Less: cost of goods sold 7b					
		c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		1	7c		
		8	Other revenue (describe ► SEE STAT	EMENT	2)	8	3,617.	
		9				9	175,910.	
		10	Grants and similar amounts paid (attach schedule) RECEIVED RECEIVED			10		
		11	Renefits paid to or for members RECEIVED		İ	11		
			Colores other consistent and amplayed banefits		ŀ	12		
	benses	12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to magnetic payments to magnetic payments and maintenance.			F	13	53,400.	
	ĕ	13	Occupancy, rent, utilities, and maintenance		-	14	33/12001	
	Ĕ	14	occupancy, rong diministrating 1		ŀ	15	3,028.	
		15	Printing, publications, postage, and shipping	EMENT	1 .		96,319.	
		16	Other expenses (describe ► OGDFN, UT SEE STAT	EMENT.	-)	16		
, 107		17	Total expenses Add lines 10 through 16			17	152,747.	
	S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	23,163.	
520	set	19	Net assets or fund balances at beginning of year (from line 27, column (A))				45 400	
5	Net Assets		(must agree with end-of-year figure reported on prior year's return)	_		19	47,189.	
AR	ē	20	Other changes in net assets or fund balances (attach explanation) SEE STAT	EMENT	3	20	3,108.	
\geq		21	Net assets or fund balances at end of year. Combine lines 18 through 20			21	73,460.	
0	Pá	art II				-EZ.		
浦			(See the instructions for Part II.)	A) Beginning	of year	<u> </u>	(B) End of year	
SCANDED MAR 0 7	22	Cas	h, savings, and investments	14	585	. 22	<u>36,856.</u>	
₹	23		d and buildings			23		
ပ္က	24		Other assets (describe AMERICAN FUNDS) 32,604.				36,604.	
₹.	25		al assets		189		73,460.	
	26		al liabilities (describe			. 26	0.	
	27		assets or fund balances (line 27 of column (B) must agree with line 21)	47	189		73,460.	
		171 18-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	-1 -1	Form 990-EZ (2009)			
	02-0	18-10	LIM 1011 Head Not and I applied it to a collection for the collection of the collection in the collect				(2000)	

Form 990-EZ (2009) IOWA PHYSICIAN ASSISTANT			42-	11146	50 Page 2
Part III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III.)		Ex	penses
What is the organization's primary exempt purpose? SEE STATEMENT	5				section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt pur		se manner, descrit	oe		organizations and (a)(1) trusts, optional
the services provided, the number of persons benefited, and other relevan				for others)	(ag 1) addid, optional
28 CONTINUING EDUCATIONAL PROGRAMS FOR	THE PHYSICIA	N ASSISTA	NT		
· · · · · · · · · · · · · · · · · · ·	PRINTED MATER				
m san					
(Grants \$) If this amount includes foreign	grants, check here			28a	
29 ASSISTANCE FOR STUDENTS THROUGH SCH		TS.			
SINFORMATIONAL MEETINGS AND TRAVEL	RANTS FOR STU	DENTS TO			
ATTEND REGIONAL AND NATIONAL CONFER					
Grants \$) If this amount includes foreign			\Box	29a	
30 ADVOCACY AT THE STATE AND NATIONAL		ERNMENT F	OR		
FAVORABLE PRACTICE LEGISLATION.	221220 01 001		<u> </u>		
PAVORABLE PRACTICE DEGIDERATION:					
(Grants \$) If this amount includes foreign	grants, check hare		$\overline{\Box}$	30a	
· · · · · · · · · · · · · · · · · · ·	grants, check here		لــــا	304	
31 Other program services (attach schedule)	avanta abaali bara			31a	
(Grants \$) If this amount includes foreign	grants, check here		_	32	
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key B	-mnlovees		Can the		
Part IV List of Officers, Directors, Trustees, and Key L	List each one ev	ven it not compensated (instructions	or Part IV)
	(b) Title and average hours	(c) Compensation	, ,	mployee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
	position	-0)		eferred	other allowances
	DIGE DESCENDE		COIII	pensation	
LAURA DELANEY, PA, 525 SW 5TH	PAST PRESIDEN			•	_
STREET, STE A, DES MOINES, IA 50309	2.00	0.		0.	0.
CAROL GORNEY, PA-C, 525 SW 5TH	PRESIDENT			•	
STREET, STE A, DES MOINES, IA 50309	5.00	0.		0.	0.
JEREMY NELSON, PA-C, 525 SW 5TH	-	ECT		•	
STREET, STE A, DES MOINES, IA 50309	2.00	0.		0.	0.
MELISSA GENTRY, PA, 525 SW 5TH	SECRETARY				
STREET, STE A, DES MOINES, IA 50309	2.00	0.		0.	0.
LIBBY COYTE, PA, 525 SW 5TH STREET,	TREASURER	1			_
STE A, DES MOINES, IA 50309	4.00	0.		0.	0.
KRISTA BARNES, PA-C, 525 SW 5TH	_MEMBER	_			_
STREET, STE A, DES MOINES, IA 50309	1.00	0.	_	0.	0.
VINNETTE FRANK, PA-C, 525 SW 5TH	_MEMBER				
STREET, STE A, DES MOINES, IA 50309	1.00	0.		0.	0.
SARA BEER, PA-S, 525 SW 5TH STREET,	_STUDENT REPRE	SENTATIVE			
STE A, DES MOINES, IA 50309	0.50	0.		0.	0.
DIANE SNAKENBERG, PA-S, 525 SW 5TH	_STUDENT REPRE	SENTATIVE			
STREET, STE A, DES MOINES, IA 50309	0.50	0.		0.	0.
LAURIE CLAIR, PA-S, 525 SW 5TH	_STUDENT REPRE	SENTATIVE	1		
STREET, STE A, DES MOINES, IA 50309	0.50	0.		0.	0.
HEATH REINKE, PA-S, 525 SW 5TH	STUDENT REPRE	SENTATIVE			
STREET, STE A, DES MOINES, IA 50309	0.50	0.		0.	0.
					1
					_
			1	_	
					1
			ļ		
			L		<u> </u>
932172 02-08-10				Form	990-EZ (2009)

Par	t V Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	-
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a l	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
;	and proxy tax requirements?	35a	X	
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	Х	<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			l
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	7		l
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			١
	in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	_		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	4		
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	4		1
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A		ļ	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			}
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction	405	N/	/ 2
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	IN/	A
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			1
	or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the prognization N/A			
				1
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		X
	transaction? If "Yes," complete Form 8886-T	406		122
	List the states with which a copy of this return is filed. ► NONE The organization's books are in care of ► DIVERSIFIED MANAGEMENT SERVI Telephone no. ► 515-2	82-8	1192)
42 a	Located at \triangleright 525 SW 5TH STREET, SUITE A, DES MOINES, IA ZIP+4 \triangleright			_
	At any time during the calendar year, did the organization have an interest in or a signature or other authority	5050		
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	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.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
-	If "Yes," enter the name of the foreign country:		•	
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	. 🔲
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/P	1	
				_
			Yes	s No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	L	X
	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45	1	Х

IOWA PHYSICIAN ASSISTANT SOCIETY

Par	rt VI Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitable and 51.					
46	Did the organization engage in direct or indirect political campaign activities	s on behalf of or in opposition to c	andidates for public		Yes	No
	office? If "Yes," complete Schedule C, Part I			1	46	
	Did the organization engage in lobbying activities? If "Yes," complete Sc			-	47	-
	is the organization a school as described in section $170(b)(1)(A)(ii)$? If "Ye				48	
	Did the organization make any transfers to an exempt non-charitable relate	d organization?		<u> </u>	49a	
	If "Yes," was the related organization a section 527 organization?	uses (other than officers directors	trustoon and key o	ا ماسر (موسرمام	49b	Doro.
	Complete this table for the organization's five highest compensated employ than \$100,000 of compensation from the organization. If there is none, ent		, irustees and key e		_	
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Exp accoun other allo	t and
51	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated indeper organization. If there is none, enter "None." N/A	endent contractors who each recei	ved more than \$100	0,000 of compensa	ition from th	ne
	(a) Name and address of each independent contractor paid mo	re than \$100,000	(b) Type of se	rvice (c) Compens	ation
					<u>-</u> .	
			<u> </u>			
d	Total number of other independent contractors each receiving over \$100,0	000	 		<u>.</u>	
Sign Here		accompanying schedules and statemer all information of which preparer has any	nts, and to the best of m knowledge	ny knowledge and be	ef, it is true,	
	Type or print name and title					
Paid Prepa	arer's MICHAEL W. MCNICHOL	S 12/14/10 em		perer's identifying n	ımber (See ıns	str)
usel	Firm's name (or yours MCGOWEN, HURST, CLARK It self-employed). 1601 WEST LAKES PARKW		Pho.	► ne► (515)	288-	3279
May 1	the IRS discuss this return with the preparer shown above? See instruction			▶	X Yes	No
				F	orm 990-E	7 (2009)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III			
Nan	ne of organization			Er	nployer identification number
	IOWA PH	<u>YSICIAN ASSISTAN'</u>	r SOCIETY		42-1114650
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)) or is a section 527	organization.
1	Provide a description of the organiz	ation's direct and indirect politica	al campaign activities	ın Part IV.	
2	Political expenditures			•	* \$
3	Volunteer hours				
Pa	art I-B Complete if the org	janization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955	•	\$
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5	\$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 t	for this year?		Yes No
4 a	Was a correction made?				Yes No
	If "Yes," describe in Part IV				
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c), except section 50)1(c)(3).
	Enter the amount directly expended		•		\$
2	Enter the amount of the filing organ	zation's funds contributed to oth	ner organizations for s	_	
_	exempt function activities				* \$
3	Total exempt function expenditures	Add lines 1 and 2. Enter here a	nd on Form 1120-PO		
	line 17b	4400 BOL facther		•	* \$
	Did the filing organization file Form	•	N of all coation EQ7 m	alitical arganizations to v	Yes No
5	Enter the names, addresses and en For each organization listed, enter t	• •		•	
	that were promptly and directly deli	•	•	•	
	(PAC). If additional space is needed	• • • • • •	•		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	m (e) Amount of political
	(2)	(2)	(5) =	filing organization's	contributions received and
				funds. If none, enter	O. promptly and directly delivered to a separate
					political organization.
					If none, enter -0-
				-	
			+	 	-
			1		1

932041 02-04-10

LHA

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C'(Form 990 or 990-EZ) 2009 Part II-A Complete if the org	IOWA PHYSIOn is exen	CIAN ASSIST	ANT SOCIETY n 501(c)(3) and file		114650 Page 2
(election under sec	tion 501(h)).				
A Check ► I If the filing organization	tion belongs to an affili	ated group			
B Check 🕨 🔲 if the filing organizat	tion checked box A an	d "limited control" pro	ovisions apply		
	s on Lobbying Expen)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (g	rass roots lobbying)			
b Total lobbying expenditures to influ	ience a legislative bod	y (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	s (add lines 1c and 1d				
f Lobbying nontaxable amount. Enter	er the amount from the	following table in bot	h columns.		
If the amount on line 1e, column (a) o	r (b) is: The lobi	ying nontaxable am	ount is:		
Not over \$500,000	20% of 1	he amount on line 1e	i		
Over \$500,000 but not over \$1,000	0,000 \$100,00	O plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	O plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	O plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000,0	000			
					_
g Grassroots nontaxable amount (er					-
h Subtract line 1g from line 1a If zer			}		
i Subtract line 1f from line 1c If zero	•		[<u> </u>
j If there is an amount other than ze		ine 1i, did the organiz	ation file Form 4720		—. . —
reporting section 4911 tax for this				•	Yes No
, ,	ations that made a s		· Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobbying Exper	ditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	- (a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					in
(150% of line 2a, column(e))					
c Total lobbying expenditures					=
d Graceroote postavable amount					
d Grassroots nontaxable amount e Grassroots ceiling amount					
(150% of line 2d, column (e))					
(1.5575 51 1115 24, 55141111 (5))					-
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Fgrm 990 or 990-EZ) 2009 IOWA PHYSICIAN ASSISTANT SOCIETY 42-1114650 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		a)		b)
	Yes	No	Amo	ount
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		ļ		
or referendum, through the use of:				
a Volunteers?	ļ		_	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			<u> </u>	
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<u> </u>	 	
i Other activities? If "Yes," describe in Part IV			 	
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ			
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	tion FO1/a	VE\		
Part III-A Complete if the organization is exempt under section 501(c)(4), sect	tion 501(c)(a), or s	ection	
501(c)(6).			Yes	No
			165	
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?		2	- V	├ ^
3 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	tion 501/o	3 (5) or s	X	1
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."				t
Dues, assessments and similar amounts from members		1	6	2,200.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	itical			
expenses for which the section 527(f) tax was paid).				
a Current year		2a	2	1,692.
b Carryover from last year		2b	<	6,342.
c Total		2c	1	<u>5,350.</u>
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	3	2,966.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	excess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	d political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5	<1	7,616.
Part IV Supplemental Information				

FORM 990-EZ OTHER EXPENSES	STATEMENT 1
DESCRIPTION	AMOUNT
LOBBYING	21,153.
LEGISLATIVE	540.
MEMBERSHIP	245.
TELEPHONE	2,116.
BANK CHARGES	2,252. 2,500.
AAPA	2,300.
SAAPA AWARDS	2,200.
INSURANCE	675.
MEETING	58,320.
WEB PAGE	6,022.
TOTAL TO FORM 990-EZ, LINE 16	96,319.
FORM 990-EZ OTHER REVENUE	STATEMENT 2
DESCRIPTION	AMOUNT
ADVERTISING	3,025.
MISCELLANEOUS	592.
TOTAL TO FORM 990-EZ, LINE 8	3,617.
FORM 990-EZ OTHER CHANGES IN NET ASSETS OR I	FUND BALANCES STATEMENT 3
FORM 990-EZ OTHER CHANGES IN NET ASSETS OR I	FUND BALANCES STATEMENT 3 AMOUNT

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT	4
DIRECTLY OF	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	[] YES [X]	NO
	ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[] YES [X]	NO

990-EZ PG 2

STATEMENT

5

THE IOWA PHYSICIAN ASSISTANT SOCIETY IS A PROFESSIONAL ORGANIZATION DEDICATED TO THE ADVOCACY AND CONTINUING MEDICAL EDUCATION OF PHYSICIAN ASSISTANTS.