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**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

► **Do not enter Social Security numbers on this form as it may be made public.**

► **Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 7/01 , 2013, and ending 6/30 , 2014

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

C
MAINE ASSOCIATION OF PHYSICIAN ASSISTANTS
PO BOX 190
MANCHESTER, ME 04351

D Employer identification number
01-0368278

E Telephone number
207-622-3374

F Group Exemption Number ►

G Accounting Method: [X] Cash [ ] Accrual Other (specify) ►

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

I **Website:** ► N/A

J Tax-exempt status (check only one) – [ ] 501(c)(3) [X] 501(c) (6) ◄(insert no.) [ ] 4947(a)(1) or [ ] 527

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 64,318.

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	250.
	2	Program service revenue including government fees and contracts		2	51,461.
	3	Membership dues and assessments		3	12,585.
	4	Investment income		4	22.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	►	9	64,318.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)		10	1,000.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	458.
	14	Occupancy, rent, utilities, and maintenance		14	416.
	15	Printing, publications, postage, and shipping		15	14.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O		16	69,311.
	17	**Total expenses.** Add lines 10 through 16	►	17	71,199.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-6,881.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	47,130.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	►	21	40,249.

BAA **For Paperwork Reduction Act Notice, see the separate instructions.** Form **990-EZ** (2013)

Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II [X]

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	46,380.	22	39,749.
23	Land and buildings		23	
24	Other assets (describe in Schedule O) SEE SCHEDULE O	750.	24	500.
25	**Total assets**	47,130.	25	40,249.
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	47,130.	27	40,249.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III [X]

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 PROVIDE CONTINUING EDUCATION PROGRAMS TO MEMBERS AND EDUCATE THE PUBLIC AND OTHER HELATH CARE PROFESSIONALS ABOUT THE IMPORTANT ROLE OF PHYSICIAN ASSISTANTS.
(Grants $) If this amount includes foreign grants, check here ▶ [ ] 28a

29
(Grants $) If this amount includes foreign grants, check here ▶ [ ] 29a

30
(Grants $) If this amount includes foreign grants, check here ▶ [ ] 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ▶ [ ] 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV [ ]

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ERIKA PIERCE, PA-C PAST PRESIDENT	1	0.	0.	0.
EMILY KUMAGAE, PA-C PRESIDENT	1	0.	0.	0.
RACHEL TARMY, PA-C VICE PRESIDENT	1	0.	0.	0.
GORDON MURPHY, PA-C TREASURER	1	0.	0.	0.
ANNE ROLFSON, PA-C SECRETARY	1	0.	0.	0.
SHAWN MCGLEW, PA-C HOD REP	1	0.	0.	0.
KIRSTEN THOMSEN, PA HOD REP	1	0.	0.	0.
LIZ BAILEY SCOTT, PA-C DIR. AT LARGE	1	0.	0.	0.
CHERYL DEANE, PA-C DIR. AT LARGE	1	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V [X]

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) SEE SCHEDULE O	34	X	
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 ► N/A ; section 4912 ► N/A , section 4955 ► N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► NONE			

42a The organization's books are in care of ► HEIDI LUKAS Telephone no. ► 207-622-3374

Located at ► PO BOX 190 MANCHESTER ME ZIP + 4 ► 04351

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country: ►	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If 'Yes,' was the related organization a section 527 organization?	49b		

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 ►

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ►

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . ► ☐ Yes ☐ No

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

Sign Here

► Signature of officer — Date 10/14/2014

► KIRSTEN THOMSEN, PA-C — PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TABITHA C. SWANSON, CPA	TABITHA C. SWANSON, CPA	10.4.14		P01436950

Firm's name ► BRUZGO KREMER & SWANSON, LLC

Firm's address ► 225 COMMERCIAL ST, STE 500, PORTLAND, ME 04101

Firm's EIN ► 46-1374001

Phone no (207) 370-3490

May the IRS discuss this return with the preparer shown above? See instructions . . . ► ☒ Yes ☐ No

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*	2013 Open to Public Inspection

Name of the organization	Employer identification number
MAINE ASSOCIATION OF PHYSICIAN ASSISTANTS	01-0368278

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDE EDUCATION TO MEMBERS.

FORM 990-EZ, PART V, LINE 34 - CHANGES TO ORGANIZING OR GOVERNING DOCUMENTS

THE ORGANIZATION CHANGED ITS NAME.

MAINE ASSOCIATION OF PHYSICIAN ASSISTANTS

01-0368278

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADMINISTRATIVE EXPENSES	$	33,000.
BANK & CREDIT CARD FEES		978.
CONFERENCES, CONVENTIONS, MTGS		34,004.
MISCELLANEOUS		17.
SUPPLIES		27.
WEBSITE DESIGN & MAINTENANCE		1,285.
TOTAL	$	69,311.

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
PREPAID EXPENSES AND DEFERRED CHARGES	$ 750.	$ 500.
TOTAL	$ 750.	$ 500.

STATE OF MAINE
Department of the Secretary of State
Bureau of Corporations, Elections and Commissions
101 State House Station
Augusta, Maine 04333-0101

November 27, 2013

MAINE ASSOCIATION OF PHYSICIAN ASSISTANTS
PO BOX 190
MANCHESTER ME 04351

ATTESTED COPIES
WR DCN: 2133301600010

Enclosed please find copies of documents recently placed on file with our office. Each copy has been attested as a true copy of the original and serves as your evidence of filing. We recommend that you retain these permanently with your records.

Charter#: 19770099ND Legal Name: MAINE ASSOCIATION OF PHYSICIAN ASSISTANT

CHANGE OF LEGAL NAME

DCN: 2133301600011 Page(s) 3

Total Pages 3

Minimum Filing Fee $10.00. An additional $10 filing fee if changing the purpose

DOMESTIC
NONPROFIT CORPORATION

STATE OF MAINE

ARTICLES OF AMENDMENT

File No. 19770099ND Pages 3
Fee Paid $ 10
DCN 2133301600011 LNME
---FILED---
11/19/2013

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Downeast Association of Physician's Assistants
(Name of Corporation)

Pursuant to 13-B MRSA §§802 and 803, the undersigned corporation executes and delivers the following Articles of Amendment:

FIRST: ("X" one box only.) ☐ public benefit corporation ☒ mutual benefit corporation

SECOND: Describe **NATURE OF CHANGE** (i.e. change in name of corporation, purpose, number of directors, adding or deleting section or revision of section, etc.) as well as **TEXT** of amendment. Attach additional pages as needed.

Change name of corporation to Maine Association of Physician Assistants.

THIRD: ("X" one box only.) The amendment was adopted on (date) Oct. 4, 2013 as follows:

☒ By the members at a meeting at which a quorum was present and the amendment received at least a majority of the votes which members were entitled to cast.

☐ (If the Articles require more than a majority vote.) By the members at a meeting at which the amendment received at least the percentage of votes required by the Articles of Incorporation.

☐ By the written consent of all members entitled to vote with respect thereto.

☐ (If no members, or none entitled to vote thereon.) By majority vote of the board of directors.

FOURTH: The address of the registered office of the corporation in the State of Maine is 30 Association Dr., Manchester, ME 04351.
(street, city, state and zip code)

DATED Nov. 16, 2013

*By x _____
(signature)

Emily Kumagae, President
(type or print name and capacity)

*By _____
(signature)

_____
(type or print name and capacity)

MUST BE COMPLETED FOR VOTE OF MEMBERS

I certify that I have custody of the minutes showing the above action by the members.

x _____
(signature of clerk, secretary or asst. secretary)

*This document MUST be signed by any duly authorized officer. (13-B MRSA §104.1.B)

Please remit your payment made payable to the Maine Secretary of State.

SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE, 101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101
TEL. (207) 624-7752

MEAPA Membership Meeting Minutes

October 4, 2013

I. Meeting called to order at 19:20
Those in Attendance: Anne Rolfson, Erika Pierce, Kirsten Thomsen, Liz Bailey-Scott, Emily Kumagae, Nilaya Palmer, Nate Sherman, Alan Hull, Rachel Tarmy, Lisa Martin.

II. Discussion of proposed name change
   a. Nate gave us some reasons to support changing the name of the organization to "Maine Association of Physician Assistants" as well as a financial summary
      i. It would help to avoid confusion of whether we are a regional or state association
      ii. Financial impact would be $300-400 (see financial impact statement).

III. Vote on changing name of the organization from Down East Association of Physician Assistants (DEAPA) to Maine Association of Physician Assistants (MEAPA).
   a. Nate made the motion to vote on this, seconded by Rachel
   b. 8 voted in favor of the name change, 1 voted against it.
   c. The name of the organization is now Maine Association of Physician Assistants.
      i. Articles of incorporation and the Constitution/Bylaws will need to be changed to reflect this, as will any contracts.
      ii. The website will need to be updated. Nilaya mentioned that MainePA.org is available for the website address.
      iii. Emily has been working on a new logo.

IV. Entertain Additions to the Agenda
   a. Kirsten reports that a request for proclamation of PA week has been submitted to governor LePage.
   b. Erika would like us to develop standard forms for the semiannual PA/PSP review as a service to MEAPA members.
   c. CME
      i. Things are coming together nicely for the winter conference.
      ii. Lisa Gordon PA-C and Howard Jones MD may be helping us to set up a CME course for DOT physicals. This could potentially be a good source of income for us.
   d. Erika reports that she will notify the governor who MEAPA nominates for the new PA position on the BOLIM and osteopathic board.

V. Upcoming DEAPA BOD Meetings November 16, 2013 at MMA in Manchester

VI. Meeting adjourned at 19:44.