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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)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$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.

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 01-01-2009

, and ending 12-31-2009

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

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

C Name of organization ALLIANCE FOR PATIENT ACCESS	D Employer identification number 20-5130312
Number and street (or P O box, if mail is not delivered to street address) PO BOX 670	E Telephone number (563) 210-3028
City or town, state or country, and ZIP + 4 BETTENDORF, IA 52722	F Group Exemption Number ►

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

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► www.allianceforpatientaccess.org

J Tax-Exempt status (check only one)  501(c)(4) (insert no)  4947(a)(1) or  527

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

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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 return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 454,400

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

1 Contributions, gifts, grants, and similar amounts received	1	454,400
2 Program service revenue including government fees and contracts	2	0
3 Membership dues and assessments	3	0
4 Investment income	4	0
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	0
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►		
a Gross revenue (not including \$ of contributions reported on line 1)	6a	0
b Less direct expenses other than fundraising expenses	6b	0
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	0
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8 Other revenue (describe ►)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	454,400
10 Grants and similar amounts paid (attach schedule)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	95,000
13 Professional fees and other payments to independent contractors	13	148,407
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	4,052
16 Other expenses (describe ►)	16	172,262
17 Total expenses. Add lines 10 through 16	17	419,721
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	34,679
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	113,014
20 Other changes in net assets or fund balances (attach explanation) ►	20	-10,632
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	137,061

### Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

- 22 Cash, savings, and investments
- 23 Land and buildings
- 24 Other assets (describe ►)
- 25 Total assets
- 26 Total liabilities (describe ►)
- 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

(A) Beginning of year	(B) End of year	
113,014	22	147,693
	23	
	24	
113,014	25	147,693
	26	10,632
113,014	27	137,061



<b>Part V Other Information</b> (Note the statement requirements in the instructions for Part V.)			<b>Yes</b>	<b>No</b>
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>		No	
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	<b>34</b>		No	
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T				
<b>a</b> 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?	<b>35a</b>		No	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>35b</b>			
<b>36</b> 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	<b>36</b>		No	
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b>	<b>37a</b>			
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>		No	
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	<b>38a</b>		No	
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>			
<b>39</b> <i>Section 501(c)(7) organizations.</i> Enter	<b>39a</b>			
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>			
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>			
<b>40a</b> <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____				
<b>b</b> <i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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 has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<b>40b</b>		No	
<b>c</b> <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____				
<b>d</b> <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization ► _____				
<b>e</b> <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	<b>40e</b>		No	
<b>41</b> List the states with which a copy of this return is filed ► _____				
<b>42a</b> The organization's books are in care of ► <b>EVANS ACCOUNTING SERVICES</b> Telephone no ► (563) 210-3028 1870 DEER SPRINGS CIRCLE Located at ► <b>BETTENDORF, IA</b> ZIP + 4 ► 527227151				
<b>b</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)?	<b>42b</b>		No	
If "Yes," enter the name of the foreign country ► _____				
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>				
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<b>42c</b>		No	
If "Yes," enter the name of the foreign country ► _____				
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>	<b>43</b>			
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>	<b>44</b>		No	
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>	<b>45</b>		No	

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		<b>Yes</b>	<b>No</b>
<b>46</b>	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	<b>46</b>	
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
	<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	
<b>50</b>	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."		

<b>(a)</b> Name and address of each employee paid more than \$100,000	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances

**50(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."

<b>(a)</b> Name and address of each independent contractor paid more than \$100,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . . ► \_\_\_\_\_

<b>Please Sign Here</b>	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		
	***** Signature of officer	2010-04-29 Date	
	BRIAN M F KENNEDY OFFICER Type or print name and title		

<b>Paid Preparer's Use Only</b>	Preparer's signature	WILLIAM N GABELMANN	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4				GABELMANN & ASSOCIATES PC 630 RIVER DRIVE SUITE 100 BETTENDORF, IA 527224709
					EIN <input checked="" type="checkbox"/>
					Phone no <input checked="" type="checkbox"/> (563) 441-9000

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

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 20-5130312  
**Name:** ALLIANCE FOR PATIENT ACCESS

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CHRISTINA MAYVILLE MD 4716 MOORE PARK MACON, GA 31210	DIRECTOR 0 25	0		
BRIAN KENNEDY 6227 EAGLE RIDGE ROAD BETTENDORF, IA 52722	PRESIDENT 20 00	90,000		
AMIE PETERSON MD 2555 NW SAVIER STREET 13 PORTLAND, OR 97210	DIRECTOR 0 25	2,500		
BRUCE RUBIN MD 1150 NW 14TH ST STE 609 MIAMI, FL 33136	DIRECTOR 0 25	2,500		
PETER MCALLISTER MD 75 KINGS HIGHWAY CUTOFF FAIRFIELD, CT 06824	DIRECTOR 0 25	0		
RENEE KLINK 1600 22ND ST SOUTH ARLINGTON, VA 22202	SECRETARY 10 00	37,000		
COLLEEN EVANS 1870 DEER SPRINGS CIRCLE BETTENDORF, IA 52722	TREASURER 1 00	2,328		

## TY 2009 General Explanation Attachment

**Name:** ALLIANCE FOR PATIENT ACCESS**EIN:** 20-5130312

Identifier	Return Reference	Explanation
STATEMENT 1		SOCIAL WELFARE PURPOSES - THE ALLIANCE FOR PATIENT ACCESS (AFPA) IS A NATIONAL NETWORK OF PHYSICIANS WHOSE MISSION IS TO ENSURE AND PROTECT PATIENT ACCESS TO APPROVED MEDICAL TREATMENTS IN THE U S , INCLUDING PRESCRIPTION PHARMACEUTICALS, BIOLOGICS, AND MEDICAL DEVICES AFPA IS DEDICATED TO ENSURING THE HIGHEST QUALITY OF CARE FOR PATIENTS THROUGH EDUCATION ON POLICY ISSUES AND ADVOCACY IN GENERAL, WE SEEK TO TURN PHYSICIANS INTO EFFECTIVE CHAMPIONS FOR THEIR PATIENTS

**TY 2009 Other Changes in Net Assets Schedule****Name:** ALLIANCE FOR PATIENT ACCESS**EIN:** 20-5130312

Description	Amount
ACCRAUL TO CASH ADJUSTMENT	-10,632

## TY 2009 Other Expenses Schedule

**Name:** ALLIANCE FOR PATIENT ACCESS

**EIN:** 20-5130312

Description	Amount
TRAVEL	97,664
CONFERENCES, CONVENTIONS, & MEETINGS	59,425
TRAVEL-MEAL REIMBURSEMENT	10,531
OFFICE EXPENSE	950
OTHER EXPENSES	3,692

## TY 2009 Other Liabilities Schedule

**Name:** ALLIANCE FOR PATIENT ACCESS**EIN:** 20-5130312

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE		10,632