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A For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009				
B Check if applicable	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
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 670		E Telephone number (563) 210-3028
Name change				
Initial return		City or town, state or country, and ZIP + 4 BETTENDORF, IA 52722		F Group Exemption Number
Terminated				
Amended return				
Application pending				

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

I Website: <input type="checkbox"/> www.allianceforpatientaccess.org		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one)— <input checked="" type="checkbox"/> 501(c)(4) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

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
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Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Revenue			
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 <input checked="" type="checkbox"/> <input type="checkbox"/>		
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 <input checked="" type="checkbox"/> _____)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	454,400

Expenses	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

Net Assets	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)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	113,014	22 147,693
23	Land and buildings		23
24	Other assets (describe  _____)		24
25	Total assets	113,014	25 147,693
26	Total liabilities (describe   _____)		26 10,632
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	113,014	27 137,061

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		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 STATEMENT 1			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 COSTS ASSOCIATED WITH WORKSHOPS CONDUCTED IN ORDER TO EDUCATE THE PUBLIC ABOUT THE MEANS TO PROTECT PATIENT ACCESS TO APPROVED MEDICAL TREATMENTS IN THE U S , INCLUDING PRESCRIPTION PHARMACEUTICALS, BIOLOGICS, AND MEDICAL DEVICES (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	150,457
29 COSTS ASSOCIATED WITH FEES TO SET UP THE LOGISTICS OF THE CONFERENCES, AND HOSTING A WEBSITE TO PUBLICIZE CONFERENCES AND ISSUE E-NEWSLETTERS (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	269,264
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	419,721

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(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

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
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	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	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
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 period covered by this return? . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
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 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	40b	No
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 . . . ▶		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
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	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ EVANS ACCOUNTING SERVICES Telephone no ▶ (563) 210-3028 1870 DEER SPRINGS CIRCLE Located at ▶ BETTENDORF, IA ZIP + 4 ▶ 527227151		
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 ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
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	No
43	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 ▶	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	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	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.

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

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) 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 "

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

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

Please Sign Here	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				
Paid Preparer's Use Only	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
					Phone no (563) 441-9000
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
ACCRUAL 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