

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 private foundations)

2017

Department of the Treasury Internal Rovenue Service ▶ Do not enter social security numbers on this form as it may be made public
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2017 celendar year; or tax year beginning SEP 11, 20.17 and ending DEC 31, 20.17	Δ	For the	2017 calendar year, or tax year beginning SEP 11, 2017 and ending DE	<u>C 3</u>	1, 2017
Addition change Name chang	в	Check il	C Name of organization		
Name making AMERICANS FOR PATIENT ACCESS INC.		Ť		U Lini	projet identification number
Number and street (or PLO, box, if mail is not delivered to street address) Room/suite Telephone number 847-521-4318	-	٦ .		٥	2-2736767
Section Sec					
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Number N	늗	==""	City or town state or expulses equates and 710 or loroign poetal code		· · · · · · · · · · · · · · · · · · ·
Method Cash XJ Actival Other (specify)	늗	^mor			
Website: HTTP: //WWW.ACCESSFORPATIENTS.ORG/ not required to attach Schedule B Tax-axempt status (check only one) 501(c)3] X 501(c) 6 9 (Insert no.) 4947(a)(1) or 527 Form 990, 990-E7, or 990-PF).	<u>_</u>				
Tax-exempt status (check only one)					-
K Form of organization: X Corporation Trust Association Other					•
Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or it total assets (Part II, column (8) below) are \$500,000 or more, life Form 990 series of 1 more 900 FEZ. Program service revenue including government fees and contracts 1				(Fo	rm 990, 990-E7, or 990-Pf).
Column (B) below) are \$500,000 or more, life Form 990 instead of					
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)					
Theck if the organization used Schedule O to respond to any question in this Part I 1 Contributions, girts, grants, and similar amounts received 1 Programs service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less; cost or other basis and sales expenses 6 Gaming and fundraising events 7 Gross income from gaming (attach Schedule G if greater than \$15,000) 7 Gross income from fundraising events (not including \$15,000) 8 Gross income from fundraising events (not including \$15,000) 9 Gross income and contributions exceeds \$15,000) 10 Less; direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 10 Less; cost of qoods sold 10 Less; cost of qoods sold 20 Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Prinning, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Not 2 0 2018 19 Not asserts or fund balances at beginning of year (from line 27, column (A)) 19 Total expenses Add lines 10 through 16 10 Crons agree with end-of-year figure reported on prior year's return) 20 Offer clanges in net assets or fund balances (explain in Schedule O) 20 Offer clanges in net assets or fund balances (explain in Schedule O) 20 Offer clanges in net assets or fund balances at leginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Offer clanges in net assets or fund balances (explain in Schedule O) 21 Not asserts or fund balances at leginning of year (from line 18) thr		columr	(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u></u> \$ 0.
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21 Net assets or fund balances at end of year. Combine lines 18 through 20	Ž				
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Form 990-EZ (2017) AMERICANS FOR PATIENT			82-2	27367	6 / Page a
Part III Balance Sheets (see the Instructions for Part III	•				
Check if the organization used Schedule O	to respond to any quest				<u></u>
		(A) Beginning of year		(B) E	nd of year
22 Cash, savings, and investments			22		-
23 Land and buildings		<u></u>	23		
23 Land and buildings 24 Other assets (describe in Schedule 0)			24		٠
25 Total assets	· · · · · · · · · · · · · · · · · · ·	0	. 25		TX 0.
		0	. 26		· · · · · · · · · · · · · · · · · · ·
27 Net assets or fund balances (line 27 of column (B) mustagree with		0		-	0.
Part III Statement of Program Service Accompli	shments (see the instru	ctions for Part III)	-1 +	F.	penses
Check if the organization used Schedule O		-	$ \mathbf{x} $		for section
What is the organization's primary exempt purpose? SEB SCHEDU		ion in this rait in			and 501(c)(4)
	····			organizati others.)	ons; optional for
Describe the organization's program service accomplishments for each of its three larges manner, describe the services provided, the number of persons benefited, and other relationships the services provided to the servic		ensos in a clear and concise		Other 3.7	
			∤		
28 SEE SCHEDULE O					
			l	1	
				J	
(Grants \$) If this amount includes t	foreign grants, check here	<u></u> ▶		28a	
29 APA ALSO MONITORS AND RESPONDS			1		
RESTRICT, OR EXPAND ACCESS TO N		L CARE FOR			
PATIENTS WITH LIMITED FINANCIAL	MEANS.				
(Grants \$) If this amount includes t	foreign grants, check here			29a	
30 APA WORKS TO EDUCATE MEDICAL PR		BERS ON THE			
MOST EFFECTIVE SOLUTIONS FOR PR				ı	
MEDICAL CARE.				İ	
<u> </u>	foreign grants, check here			30a	
				-	
or Other program services (describe in Schedule O)				,,,	
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(Grants \$) If this amount includes t				31a	
(Grants \$) If this amount includes t					or Part IVA
Orants \$ If this amount includes for the state of Officers, Directors, Trustees, and Part IV List of Officers, Directors, Trustees, and	Key Employees (list each o	ne even if not compensated -			or Part IV)
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732172 11-22-17



82-2736767 AMERICANS FOR PATIENT ACCESS, INC. Page 3 Form 990-EZ (2017) Partive Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V $\overline{\mathbf{X}}$ 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 Х 33 activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended X documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported X 35a on lines 2, 6a, and 7a, among others)? N/A b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 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 X requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions X 37b b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X in a prior year and still outstanding at the end of the tax year covered by this return? 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved N/A 39 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9 39a N/A N/A b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. N/A ; section 4912 -N/Asection 4911 ▶ b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 N/A of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40h c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed N/A 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 41 List the states with which a copy of this return is filed > IL Telephone no. ► 847-521-4318 42a The organization's books are in care of ► FRANCESCO NARDULLI Located at ▶ 9525 W. BRYN MAWR AVENUE, NO. 900, ROSEMONT, IL ZIP+4 ► 60018 b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the United States? 42c 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 ▶ | 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Х Form 990-F7 b. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead Х 44b X 44c c. Did the organization receive any payments for indoor tanning services during the year?

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation

512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7 (see instructions)

13 ٠ **١** ٩ 44d X 45a

Form 990-EZ (2017)

ın Schedule O

Form 990-EZ (2	2017)	AMERICAN	S FOR	PATIENT	ACCESS,	INC.		82-2736	767		Page 4
	-					• •	n to candidates for p		46	Yes	No
Part VI	Section	1 501(c)(3) org	anizatio	ns only	····	·· · · · · · · · · · · · · · · · · · ·			46	L	<u> </u>
		• •			tions 47-49b and	52, and complet	e the tables for line	es 50 and 51.			
										Yes	No
							ear? If "Yes," complet	e Sch. C, Part II	47		
		school as describe							48	ļ	<u> </u>
		make any transfers							49a	-	
		ited organization a s					s, trustees, and key e	mnlaveac) who	49b	reived	more
•		ompensation from th	_			in omeers, uncerer.	3, 11 u31003, unu koy 0	inployees) who	Jacri 10	001700	
		a) Name and title of				Average hours	(C) Reportable	(d) Health benefit	s. (e	e) Estim	nated
	•	•			per v	reek devoted to	compensation (Forms W-2/1099-MISC)	employee benefit	am	ount of	
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		er employees paid o				>					
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		e is none, enter "Non jusiness address of		/A		(6)	Type of service	1 (0)	Campu	ensatio	
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d Total num	nber of oth	er independent cont	ractors each	receiving over \$1	00.000		—				
		complete Schedule		-		st attach a	·				
completed	d Schedule	A			*** * *			▶ [Ye	es 🗀	No
Inder penalties	of perjury	, I declare that I hav	e examined	this return, includi	ing accompanying	schedules and state	ments, and to the bo	st of my knowled	ige and	d bellef	, it is
riie, correct, an	nd complet	Declaration of pre	parer (other	than officer) is ba	ised on all informat	ion of which prepar	er has any knowledg	je ,			
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Sign Here	- W	. —						Cale 7			
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fay the IRS dis	cuss this r	eturn with the prepa	irer shown a	bove? See instruc	ctions			▶ 💄	X Ye	:8	No
									orm 9	90-EZ	(2017)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ
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. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICANS FOR PATIENT ACCESS, INC.

Employer identification number 82-2736767

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - APA'S PURPOSE IS TO						
PROMOTE AND EXPAND ACCESS FOR UNINSURED AND UNDER-INSURED PATIENTS TO						
IMMEDIATE MEDICAL CARE AND TO AID MEDICAL PROVIDERS IN OFFERING THEIR						
SERVICES TO AS MANY PATIENTS AS POSSIBLE, REGARDLESS OF THEIR ABILITY						
TO PAY.						
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:						
APA INFORMS FEDERAL AND STATE LAWMAKERS, POLICYMAKERS,						
COURTS, AND THE PUBLIC AT LARGE, OF THE BENEFITS OF						
UNDERINSURED AND UNINSURED PATIENTS HAVING ACCESS TO						
QUALITY MEDICAL CARE.						
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:						
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,						
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.						
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,						
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.						