

Return of Organization Exempt from Income Tax

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A For the 2004 calendar year, or tax year beginning 11/01, 2004, and ending 10/31, 2005

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type See specific instructions Association of American Physicians & Surgeons, Inc. 1601 N. Tucson Blvd. #9 Tucson, AZ 85716

D Employer Identification Number 36-2059197 E Telephone number 520 323-3110 F Accounting method: X Cash Accrual Other (specify)

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

H and I are not applicable to section 527 organizations H (a) Is this a group return for affiliates? Yes No X

G Web site: www.aapsonline.org

J Organization type (check only one) X 501(c) 6 (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data Some states require a complete return.

H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? Yes No

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No X

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 787,191

I Group Exemption Number

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with columns for line number, description, and amount. Includes rows for contributions, program service revenue, membership dues, interest, dividends, gross rents, investment income, special events, and total revenue.

SCANNED JAN 24 2006

RECEIVED JAN 12 2005 OGDEN, UT

**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)				
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	198,000.	112,500.	85,500.	
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	1,745.		1,745.	
32	Legal fees	58,312.	58,312.		
33	Supplies				
34	Telephone				
35	Postage and shipping				
36	Occupancy	24,000.		24,000.	
37	Equipment rental and maintenance				
38	Printing and publications	158,056.	158,056.		
39	Travel	12,010.	12,010.		
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize)				
a	See Statement 2	285,212.	282,430.	2,782.	
b					
c					
d					
e					
44	<b>Total functional expenses</b> (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	737,335.	623,308.	114,027.	0.

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <input type="checkbox"/> See Statement 3	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a Dissemination of pertinent information to physicians, surgeons, and members of the general public regarding the health care industry.  (Grants and allocations \$ _____)	465,333.
b Publication of the professional journal The Journal of American Physicians & Surgeons, for over 3,000 members and interested parties.  (Grants and allocations \$ _____)	99,663.
c Provision of limited legal services to members and non-members of the Association.  (Grants and allocations \$ _____)	58,312.
d _____  (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	623,308.

**Part IV Balance Sheets** (See Instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash — non-interest-bearing		45		
	46 Savings and temporary cash investments	649,865.	46	677,076.	
	47 a Accounts receivable	47 a			
	b Less allowance for doubtful accounts	47 b		47 c	
	48 a Pledges receivable	48 a			
	b Less allowance for doubtful accounts	48 b		48 c	
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51 a Other notes & loans receivable (attach sch)	51 a			
	b Less allowance for doubtful accounts	51 b		51 c	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55 a Investments — land, buildings, & equipment basis	55 a			
	b Less accumulated depreciation (attach schedule)	55 b		55 c	
	56 Investments — other (attach schedule)		12,708.	56	
	57 a Land, buildings, and equipment basis	57 a			
	b Less accumulated depreciation (attach schedule)	57 b		57 c	
	58 Other assets (describe ▶ _____)		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		662,573.	59	677,076.	
LIABILITIES	60 Accounts payable and accrued expenses		60	150.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64 a Tax-exempt bond liabilities (attach schedule)		64 a		
	b Mortgages and other notes payable (attach schedule)		64 b		
	65 Other liabilities (describe ▶ _____)		22,795.	65	
	66 <b>Total liabilities</b> (add lines 60 through 65)		22,795.	66	150.
ORGANIZATIONS THAT FOLLOW SFAS 117, CHECK HERE <input checked="" type="checkbox"/> AND COMPLETE LINES 67 THROUGH 69 AND LINES 73 AND 74	67 Unrestricted	639,778.	67	676,926.	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		639,778.	73	676,926.
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		662,573.	74	677,076.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<p><b>a</b> Total revenue, gains, and other support per audited financial statements ▶ <b>a</b> N/A</p> <p><b>b</b> Amounts included on line a but not on line 12, Form 990.</p> <p>(1) Net unrealized gains on investments \$ _____</p> <p>(2) Donated services and use of facilities \$ _____</p> <p>(3) Recoveries of prior year grants \$ _____</p> <p>(4) Other (specify) _____</p> <p>----- \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b></p> <p><b>c</b> Line a minus line b ▶ <b>c</b></p> <p><b>d</b> Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify) _____</p> <p>----- \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ <b>d</b></p> <p><b>e</b> Total revenue per line 12, Form 990 (line c plus line d) ▶ <b>e</b></p>	<p><b>a</b> Total expenses and losses per audited financial statements ▶ <b>a</b> N/A</p> <p><b>b</b> Amounts included on line a but not on line 17, Form 990</p> <p>(1) Donated services and use of facilities \$ _____</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$ _____</p> <p>(3) Losses reported on line 20, Form 990 \$ _____</p> <p>(4) Other (specify) _____</p> <p>----- \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b></p> <p><b>c</b> Line a minus line b ▶ <b>c</b></p> <p><b>d</b> Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify) _____</p> <p>----- \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ <b>d</b></p> <p><b>e</b> Total expenses per line 17, Form 990 (line c plus line d) ▶ <b>e</b></p>
---	---

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see instructions.)

(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 and deferred compensation	(E) Expense account and other allowances
See Statement 4		150,000.	0.	0.
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶  Yes  No

If 'Yes,' attach schedule — see instructions

Part VI Other Information (See instructions)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b If 'Yes,' enter the name of the organization <u>American Health Legal Foundation</u>			
and check whether it is <input type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt			
81a	Enter direct and indirect political expenditures See line 81 instructions	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	N/A
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		X
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members	85c	697,829.
d	Section 162(e) lobbying and political expenditures	85d	58,200.
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	69,782.
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	-11,582.
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> , section 4912 <u>N/A</u> , section 4955 <u>N/A</u>		
89b	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 become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		N/A
c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			N/A
d Enter Amount of tax on line 89c. above, reimbursed by the organization			N/A
90a	List the states with which a copy of this return is filed <u>Arizona</u>		
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	0
91	The books are in care of <u>The Association</u> Telephone number <u>520 327-4885</u> Located at <u>1601 N. Tucson Blvd. Ste 9, Tucson, AZ</u> ZIP + 4 <u>85716</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

**Part VII Analysis of Income-Producing Activities** (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Annual Meetings					39,865.
b Journal Subscriptions					4,136.
c Rental Income					2,160.
d Sale of Literature					4,980.
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					697,829.
95 Interest on savings & temporary cash invmnts			14	14,636.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					367.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b Advertising Income					1,200.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				14,636.	750,537.
105 Total (add line 104, columns (B), (D), and (E))					765,173.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93AtoE	The Organization provides information to members through literature sales and meetings.
103b	The Association receives advertising income from publication of its professional journal. See Form 990-T.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	0%			
	0%			
	0%			
	0%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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.

Please 

Date 01-07-2006

Date \_\_\_\_\_ Check if \_\_\_\_\_ Preparer's SSN or PTIN (See General Instruction W)

**Statement 1**  
**Form 990, Part I, Line 8**  
**Net Gain (Loss) from Noninventory Sales**

Publicly Traded Securities

Gross Sales Price: 13,075.  
 Cost or Other Basis: 12,708.

Total Gain (Loss) Publicly Traded Securities \$ 367.  
 Total Net Gain (Loss) From Noninventory Sales \$ 367.

**Statement 2**  
**Form 990, Part II, Line 43**  
**Other Expenses**

	(A) <u>Total</u>	(B) <u>Program Services</u>	(C) <u>Management &amp; General</u>	(D) <u>Fundraising</u>
Annual Meeting	65,801.	65,801.		
Bank Fees	2,782.		2,782.	
Board Meeting	6,803.	6,803.		
Communications	3,338.	3,338.		
Due & Subscriptions	8,111.	8,111.		
Lobbying	58,200.	58,200.		
Media Relations	82,395.	82,395.		
Membership Promotion	51,991.	51,991.		
Miscellaneous	10.	10.		
Regional Meeting	5,376.	5,376.		
Subscriptions	395.	395.		
Taxes & Licenses	10.	10.		
<b>Total</b>	<b>\$ 285,212.</b>	<b>\$ 282,430.</b>	<b>\$ 2,782.</b>	<b>\$ 0.</b>

**Statement 3**  
**Form 990, Part III**  
**Organization's Primary Exempt Purpose**

To protect the practice of private medicine, preserve freedom of choice for patients, and educate physicians and the general public.

**Statement 4**  
**Form 990, Part V**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Jane M. Orient, M.D. 1601 N. Tucson Blvd., Ste 9 Tucson, AZ 85716	Executive Direc 25	\$ 150,000.	\$ 0.	\$ 0.
Arthur Astorino, M.D. 25252 Mustang Drive Laguna Hills, CA 92653	Director None	0.	0.	0.
Mary Jo Curran, M.D. 676 North St. Clair # 360 Chicago, IL 60611	Director 1-4	0.	0.	0.
Claud A. Boyd, JR., M.D. 1509 Anthony Road Augusta, GA 30904	Director 1-4	0.	0.	0.
R. Lowell Campbell, M.D. 1412 Oaklawn Drive Corsicana, TX 75110	Treasurer 1-4	0.	0.	0.
Curtis W. Caine, Sr., M.D. 712 Forest Point Drive Brandon, MS 39047	Director None	0.	0.	0.
Chester C. Danehower, M.D. 5401 N. Knoxville Ave. Ste 115 Peoria, IL 61614	Director 1-4	0.	0.	0.
Kenneth D. Christman, M.D. 2717 Miamisburg-Centerville Rd Dayton, OH 45459	President Elect 1-4	0.	0.	0.
W. Daniel Jordan, M.D. 2857 Kingsland Court Atlanta, GA 30339	Director 1-4	0.	0.	0.
H. Todd Coulter, M.D. 2693 Bienville Blvd, Unit 5 Ocean Springs, MS 39564	Director None	0.	0.	0.
Robert P. Gervais, M.D. 215 S. Power Road, #112 Mesa, AZ 85206-5236	Director 1-4	0.	0.	0.
Delbert H. Meyer, M.D. 6620 Coyle Ave, Ste 122 Carmichael, CA 95608	Director 1-4	0.	0.	0.



**Statement 4 (continued)**  
**Form 990, Part V**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Charles W. McDowell, JR., M.D. 5035 Harrington Road Alpharetta, GA 30202	Secretary 1-4	\$ 0.	\$ 0.	\$ 0.
James F. Coy, M.D. 602 S.W 39th Terrace Cape Coral, FL 33914	Director None	0.	0.	0.
Mark Schiller, M.D. 244 Gratton ST. # 6 San Francisco, CA 94117	Past President 1-4	0.	0.	0.
Timothy C. Kriss, M.D. 690 Delaney Ferry EXT Versailles, KY 40383	Director None	0.	0.	0.
James L. Pendleton, M.D. 815 Feters Mill Rd. Bryn Athyn, PA 19009	President 1-4	0.	0.	0.
Lawrence Huntoon, M.D., Ph.D P.O. Box 39 Lake View, NY 14085	Director None	0.	0.	0.
<b>Total</b>		<u>\$ 150,000.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>