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Department of the Treasury Internal Revenue Service

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)

OMB No 1545-0047

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

Open to Public Inspection

A For the	2010 calendar year, or tax year beginning AUG 1, 2010 and en	ding J	UL 31, 2011	
B Check if	C Name of organization		D Employer identifica	ation number
applicabl	AMERICAN BOARD OF PHISICAL MEDICINE			
Addre	S AND REHABILITATION			
Name chang	Doing Business As		41-60	29315
Initial return	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone number	
Termir	3015 ALLEGRO PARK LANE SW		507-2	82-1776
Ameno	Crty or town, state or country, and ZIP + 4		G Gross receipts \$	3,926,344.
Application	ROCHESTER, MM 33902-4139		H(a) Is this a group reti	um
pendir	F Name and address of principal officer ANTHONY TARVESTAD		for affiliates?	Yes X No
	SAME AS C ABOVE		H(b) Are all affiliates inclu	ded? Yes No
I Tax-exe	empt status: 501(c)(3) 501(c)(6) ◀ (insert no.) 4947(a)(1) or [527	If "No," attach a la	st. (see instructions)
J Websit	e: > HTTP://WWW.ABPMR.ORG/		H(c) Group exemption	number >
K Form of	organization: X Corporation Trust Association Other	L Year	of formation: 1947 <u>M</u>	State of legal domicile: MN
Part I	Summary			
o 1	Briefly describe the organization's mission or most significant activities: ${ t PROMO1}$	re gr	ADUATE AND C	ONSULTING
Ĕ	MEDICAL EDUCATION IN PHYSICAL MEDICINE AND	REH	ABILITATION.	
Ĕ 2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	ets
8 3	Number of voting members of the governing body (Part VI, line 1a)		3	15
<u>Ş</u> 4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15
<u>මූ</u> 5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	12
6 رکی	Total number of volunteers (estimate if necessary)		6	150
7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
<u>></u> ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
∀			Prior Year	Current Year
8 (0	Contributions and grants (Part VIII, line 1h)		0.	0.
를 9	Program service revenue (Part VIII, line 2g)		3,327,517.	3,761,980.
3 10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		188,116.	164,364.
4 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	<u> </u>
CCARevenue / A Activité 304 Governance	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,515,633.	3,926,344.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
g 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,294,848.	1,413,816.
Expenses 15 16a b	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<u>в</u> ь	Total fundraising expenses (Part IX, column (D), line 25)	<u>o.</u>		
û ₁₇	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,549,297.	1,679,858.
18	Total expenses. Add lines 13-17 (must equal Part IX, equinity (A), line 25)		2,844,145.	3,093,674.
19			671,488.	832,670.
Ses	2011 100	Be	ginning of Current Year	End of Year
<u> 돌</u> 20	Total assets (Part X, line 16)		8,312,890.	9,135,532.
Net Assets or Fund Balances 72 75 76 76 76 76 76 76 76 76 76 76 76 76 76	Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20	·	136,029.	126,001.
^폴 튀 22	Net assets or fund balances Subtract line 21 from line 20		8,176,861.	9,009,531.
Part II	Signature Block			
Under pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules a	ınd statem	ents, and to the best of my	knowledge and belief, it is
true, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.	
			12-1	15-11
Sign	Signature of officer		Date	.
Here	ANTHONY TARVESTAD, EXECUTIVE DIRECTOR			
	Type or print name and title			
	Print/Type preparer's name Preparer's signature	10	Date Check	PTIN
Paid	DAN EDWARDS Nam Edwara	-	setf-employed	P00043974
Preparer	Firm's name RSM MCGLADREY, LLC		Firm's EIN	41-1944416
Use Only	Firm's address 310 BROADWAY AVENUE S, SUITE 300			
	ROCHESTER, MN 55904		Phone no. 50	7.288.5363
May the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
032001 02-2		s.		Form 990 (2010)

	90 (2010)
4e Total program service expenses ▶	
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	
A.L. Other and appropriate (Passarba in Sabadula O.)	
4c (Code) (Expenses \$ including grants of \$) (Revenue \$))
	······································
COMBINED SUBSPECIALTY EXAMS BENEFITED 431 PERSONS IN 2010.	
4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
MOC - 386	-
PART II - 466	
PART I - 473	
FOLLOWS:	
THE NUMBER OF PERSONS TO BENEFIT FROM THE EXAMS FOR 2010 ARE AS	
CERTIFICATION EXAMS.	
OFFERED BY THE ABPMR ARE THE PART I, PART II, AND MAINTENANCE OF	
OFFERS CERTIFICATION EXAMINATIONS. THE THREE LARGEST PROGRAM SERVI	CES
4a (Code) (Expenses \$ including grants of \$) (Revenue \$) THE AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION (ABPMR)	,
allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code) (Expenses \$ including grants of \$) (Revenue \$	```
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	
If "Yes," describe these changes on Schedule O.	
	X No
If "Yes," describe these new services on Schedule O	140
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
AND REHABILITATION.	
PROMOTE GRADUATE AND CONSULTING MEDICAL EDUCATION IN PHYSICAL MEDIC	CINE
Creck if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission:	
Check if Schedule O contains a response to any question in this Part III	
Form 990 (2010) AND REHABILITATION 41-6029315 Part III Statement of Program Service Accomplishments	Page 2

AND REHABILITATION

Part IV Checklist of	Required Sc	hedules
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	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		_X_
3	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	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	dunng the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			37
	If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	x	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	44h	X	
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	Λ	
C	assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII	11c		Х
А	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	10		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a				
	Schedule D, Parts XI, XII, and XIII	12a	Х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			4,-
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			.,
	complete Schedule G, Part III	19	 -	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		<u>X</u>
þ	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some Form 990 filers that	~ ~∟		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	990 /	2010)
		1 OIIII	ンジレル	といりひし

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Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Х 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, X column (A), line 29 If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K If "No", go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization 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 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N. Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 35 a 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," complete Schedule R, Part V, line 2 Yes X No 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37

38 X Sorm **990** (2010)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197

Note. All Form 990 filers are required to complete Schedule O

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Check of Schedule O contrains a response to any question in this Part V 18 Enter the number reported in Box 3 of Form 1096 Enter O- if not applicable be first the number of Forms W2 of encluded in in a factor O- if not applicable be first the number of Forms W2 of encluded in in a factor O- if not applicable be first the number of Forms W2 of encluded in in a factor O- if not applicable (gambling) with morning to prize with backup withholding rules for reportable payments to vendors and reportable gamen (gambling) with morning to prize with a factor O- if not applicable to the caterial payment of the caterial payment of the caterial payment of the caterial payment on Form W3. Transmittal of Wage and Tax Statements, filed for the caterial payment on Form W3. Transmittal of Wage and Tax Statements. 10 If it is least one is reported on the 2a, did the organization file all required federal employment tax eluming? Note. If the sum of limes 1a and 2a is greater than 250, you may be required to e-file (see instructions) 10 If it is least one is reported on the 2a, did the organization file all required federal employment tax eluming? Note. If the sum of limes 1a and 2a is greater than 250, you may be required federal employment tax eluming? Note. If the sum of limes 1a and 2a is greater than 250, you may be required federal employment tax eluming? Note. If the sum of limes 1a and 2a is greater than 250, you may be required federal employment tax eluming? 2a If the sum of limes 1a and 2a is greater than 250, you may be required federal employment tax eluming? 2b If the sum of limes 1a and 2a is greater than 250, you may be required federal employment tax eluming? 2a If the sum of limes 1a and 2a is greater than 250, you may are required to sum of the sum of th	Par		Itements Regarding Other IRS Filings and Tax Compliance					
1a Enter the number reported in Box 3 of Form 1096 Enter- 0 if not applicable Enter the number of Form W 20 Checkled in line is a Enter- 0 if not applicable Difference in the prize withholding rules for reportable payments to vendors and reportable gaming (gamibing) withings to prize withholding rules for reportable payments to vendors and reportable gaming (gamibing) withings to prize withholding rules for reportable payments to vendors and reportable gaming (gamibing) withings to prize withholding rules for reportable payments to vendors and reportable gaming (gamibing) withings to prize withholding rules for reportable payments to vendors and reportable gaming (gamibing) withings to prize withholding rules for reportable payments to vendors and reportable gaming (gamibing) withings to gaming the rules of the gaming of the rules of the rules of the gaming of the rules of the rules of the gaming of the		·	ck is Scriedule O contains a response to any question in this Part v		.			<u></u>
be Enter the number of Forms W.2G included in line 1a Enter of India applicable Diff the organization comply with backup withholding jrules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winnings? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field of the calendary year ending with or within the year covered by this return. 1	4	Enter the n	tumber reported in Poy 2 of Form 1006. Enter 0, if not applicable	12	ر ا		res	NO
Combining with acquiring the prize with sackup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize with several			•					
Gambling) winnings to prize winners? 22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 32 bit at least one is reported on line? 2a, did the organization file all required federal employment tax returns? 33 bit at least one is reported on line? 2a, did the organization file all required federal employment tax returns? 34 bit at least one is reported on line? 2a, did the organization have an employment tax returns? 35 bit if Y'se; "and if file a form 950 Toff this year? If "No," provide an explanation in Schedule O 46 A ray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? If "Yes," in enter the name of the foreign country № 47 See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Francial accounts? 48 Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 49 bit was a filing and the organization free form 850 F 90.22 1, Report of Foreign Bank and Francial accounts? 50 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 40 bit was a filing and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 41 bit "Yes," did the organization notify the donor of the value of the goods or services provided? 42 bit if we organization returns a protein excess of \$75 made partly as a contribution of and partly for goods and services provided to the payor? 45 bit if we organization returns a protein excess of \$75 made partly as a contribution of any contributi								
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 12 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a D the organization have unrelated business gross income of \$1,000 or more dumpt the year? 3a X 3b If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," and a file of the year? If "No," provide an explanation in Schedule O 3b If "Yes," and the name of the foreign country If yes, and the name of the foreign country If yes, and the name of the foreign country If yes, and the name of the foreign country If yes, and the name of the foreign country If yes, and the name of the foreign country If yes, and the name of the foreign country If yes, and the name of the foreign country If yes, and the name of the foreign country If yes, and the name of the foreign country If yes, and the name of the foreign country If yes, and the organization had the was or as party to a prohibited tax shetter transaction? 5c Was the organization and party to a prohibited that was or as party to a prohibited tax shetter transaction? 5c If "Yes," do the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 5c If "Yes," do the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 5c If "Yes," do the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 5c If the organization selected and promise of forms \$222 field dump theyear 6c If the organization selected and promise of forms \$222 field dump theyear 7d If the organization selected and promise of	C			эрола	g	10		
filed for the calendar year anding with or within the year covered by this return 2 12 12	22		•		[
bill taleast one is reported on time 2a, did the organization file all required federal employment tax returns? 2b X				2a	12	'		
Note. If the sum of lines 1a and 2a is greater than 280, you may be required to e-file (see instructions) 3						2h	$ \mathbf{x} $	
3a X X b If Yes, 'has it field a Form 990.7 for this year?' If 'No, 'provide an explanation in Schedule O 3b								
b If "Yes," insa if filled a Form 990-T for this year" If "No.," provide an explanation in Schedule O 4a 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)? 4a X b If "Yes," enter the name of the foreign country Such as a bank account, securities account, or other financial accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Uses the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5c Uses the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that the receive deductible contributions under section 170(c). 5c Uses the organization receive a deductible contributions under section 170(c). 5d Uffer organization stat may receive deductible contributions under section 170(c). 5d Uffer organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8889. 5d Uffer organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7d Uffer organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7d If the organization received an contribution of cars, boats, applicate, or otherwise, of the organization file Form 8899 as required? 7d If the organization devised funds and section 599(3)3 supporting organizations. Did the supporting organization make any taxable distributions under section 499(3) supporting org	3a			-,		3a		X
4a 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 ≥ See instructions for filing requirements for Form TDF 90-22 1, Report of Foreign Bank and Financial Accounts S Was the organization are young to a prohibited tax shelter transaction at any time during the tax year? 5a		_	•					
financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 8 Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 8 Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 8 Did "Yes," to line 5a or 5b, did the organization file Form 8886-17 8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 9 Organization sthat may receive deductible contributions under section 170(c). 10 If were, "I did the organization notify the donor of the value of the goods or services provided? 10 If "Yes," indicate the number of Forms 8282 filed during the year or the goods or services provided? 10 Did the organization scell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 10 Did the organization unung the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 11 Did the organization unung the year, pay premiums, directly or indirectly, on a personal benefit contract? 12 Time organization received a contribution of qualified intellectual property, did the organization file Form 1098-07 13 Sponsoring organizations amintaining donor divised funds. 14 Did the organization make any taxable distributions under section 49867 15 Sponsoring organizations maintaining donor organization sponsoring organization in similarity and the properties o		•	·	author	ntv over, a			
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14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		organizatio	n is licensed to issue qualified health plans					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			<i>→ 1722</i>	13c		<u> </u>	 	
D II 100, 1100 k 1100 t		_					 	X
	b	If "Yes," ha	as it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O			000	2042

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{X}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
b	Enter the number of voting members included in line 1a, above, who are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u>X</u>
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ļ	<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		V	
40-	Describe average have level shorters broughes or offlicted?	10a	Yes	No X
	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
D	and branches to ensure their operations are consistent with those of the organization?	10b		
112	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	D. J. O. J. J. O. M. J. C. S.			
12a		12a	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		<u> X</u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		<u> X</u>
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	466		
500	exempt status with respect to such arrangements? tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed ► NONE			
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
18	public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
13	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion.	•	
	DONNA MORGAN - 507-282-1776			
	3015 ALLEGRO PARK LANE SW, ROCHESTER, MN 55902-4139			
		_	000	

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average			Pos	itior	1		Reportable	Reportable	Estimated
	hours per	(c	(check all that apply)			арр	ly)	compensation	compensation	amount of
	week	çi						from the	from related	other
	(describe hours for) H	_ E			ted		organization	organizations (W-2/1099-MISC)	compensation from the
	related	ustee	truste			Suada		(W-2/1099-MISC)	(** 6, 100000,	organization
	organizations	ra tr	tonat		ploye	it con	_			and related
•	in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
DENNIS J MATTHEWS MD								_	_	
DIRECTOR	4.00	X	<u> </u>	-	-	<u> </u>		0.	0.	0
WILLIAM L BOCKENEK MD	4 00		ł							•
VICE CHAIRMAN	4.00	X	<u> </u>	X	_		ļ	0.	0.	0
TERESA L MASSAGLI MD	4 00							0		
CHAIR	4.00	X	-	X	_			0.	0.	0
ROBERT W DEPOMPOLO MD	4 00	.		x		-		_	٠ .	
TREASURER	4.00	^	┢	Λ				0.	0.	0
ANTHONY CHIODO MD	4.00	x						0.	0.	0
DIRECTOR GARY S CLARK MD	4.00	A			-			<u> </u>	0.	<u> </u>
DIRECTOR	4.00	x						0.	0.	0
STEVEN R GERINGER MD	2.00									
DIRECTOR	4.00	x						0.	0.	0
CAROLYN L KINNEY MD										
DIRECTOR	4.00	X						0.	0.	0
WILLIAM F MICHEO MD										
DIRECTOR	4.00	X						0.	0.	0
JAMES A SLIWA MD										
DIRECTOR	4.00	X						0.	0.	0
BARRY S SMITH MD										
DIRECTOR	4.00	X						0.	0.	0
LAWRENCE ROBINSON MD								_	_	_
DIRECTOR	4.00	X	<u> </u>					0.	0.	0
KAREN KOWALSKE MD			l			-		_		_
SECRETARY	4.00	X	_	X	<u> </u>			0.	0.	0
JAMES MCDEAVITT MD	4 00									
DIRECTOR	4.00	X	├-		-	-		0.	0.	0
MARY MCMAHON MD	4 00							_		•
DIRECTOR	4.00	X	-		\vdash	-		0.	0.	0
ANTHONY TARVESTAD	40.00			x				244 600	0.	E1 420
EXECUTIVE DIRECTOR	40.00	 	-	^	-	 		344,698.	U •	51,439
DONNA MORGAN	40.00			}		X		108,646.	0.	24,924
ADMINISTRATOR 032007 12-21-10	1 40.00	1		<u> </u>] <u>.</u> A	L	100,040.		Form 990 (2010

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(A)	(B)			(C	:)			Compensated Employ (D)	(E)			(F)	
	Average	1				1		1 ' '	1 ' '		Es		ed
name and the	hours per week	(с	heck I	all t	hat	арр	ly)	compensation	compensation	י	an	nount	of
	(describe	rector						the					
	[e or d	tee			sated		organization	(W-2/1099-MIS	C)			
	i	truste	al trus		yee	шреп		(W-2/1099-MISC)			_		
	ın Schedule	llydual	titution	icer	remplo	thest co	rmer						
	O)	르	SE	5	, Ke	동	훈						
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Sub-total Sub-total	- 1							562,693.		0.	10	2,7	03
	t VII, Section A							0.					0.
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· -		iose	liste	ed ac	ove	e) wr	10 re	eceived more than \$100	,υυυ in reportable)			3
Compensation from the organization												Yes	No
Did the organization list any former office	er, director or tru	stee	, key	em /	ploy	yee,	or h	ighest compensated en	nployee on				
•					_					}	3		X
			-					•	the organization			v	
			•						dual for services	ŀ	4		
-					_						5		Х
													
	compensated in	depe	ende	nt co	ontr	acto	rs t	hat received more than	\$100,000 of comp	oensa	ation f	rom	
							Т	(B)			(C	;)	
	ess address								ervices	С			n
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							\dashv						
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Total number of independent contractor	rs (including but r	ot li	mıte	d to	tho	se lis	sted	above) who received m	ore than				
	Total (add lines 1b and 1c) Total number of individuals (including by compensation from the organization Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than Did any person listed on line 1a receive rendered to the organization? If "Yes," oction B. Independent Contractors Complete this table for your five highest the organization. NONE	Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to the compensation from the organization) Did the organization list any former officer, director or true line 1a? If "Yes," complete Schedule J for such individuals For any individual listed on line 1a, is the sum of reportable and related organizations greater than \$150,000? If "Yes, Did any person listed on line 1a receive or accrue compensation to the organization? If "Yes," complete Schedule S	Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those compensation from the organization) Did the organization list any former officer, director or trustee line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable coand related organizations greater than \$150,000? If "Yes," co Did any person listed on line 1a receive or accrue compensate rendered to the organization? If "Yes," complete Schedule J for such individual strendered to the organization? If "Yes," complete Schedule J for such individual strendered to the organization? If "Yes," complete Schedule J for such individual strendered to the organization? If "Yes," complete Schedule J for such individual strendered to the organization? If "Yes," complete Schedule J for such individual strendered to the organization? 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Independent Contractors Complete this table for your five highest compensated independent contributed on NONE (A)	Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Did the organization from the organization In 2 / If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and and related organizations greater than \$150,000? If "Yes," complete Schedule Did any person listed on line 1a receive or accrue compensation from any unrendered to the organization? If "Yes," complete Schedule J for such person extion B. Independent Contractors Complete this table for your five highest compensated independent contractor the organization. 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Did the organization is any former officer, director or trustee, key employee, or highest compensation from the organization and related organization is to any individual sted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization is to any individual sted on line 1a, is the sum of reportable compensation from the organization and related on line 1a, is the sum of reportable compensation from the organization and related organization list any former officer, director or trustee, key employee, or highest compensation from the organization and related organization and related organization and related organization is to any individual sted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations are the organization from the organization and related organizations are the organization from the organization and related organizations are compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Total from the organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Total from the organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Total from the organization or individual for services rendered to the organization. (A) (B)	Sub-total Total from continuation sheets to Part VII, Section A Total add dines 1b and 1c) Total add dines 1b and 1c) Total add dines 1b and 1c) Did the organization ist any former officer, director or trustee, key employee, or highest compensation from the organization and related above or highest compensation from the organizations. Did the organization ist any former officer, director or trustee, key employee, or highest compensation from the organization and related above) who received more than \$100,000 or reportable compensation from the organization and related organizations or from the organization and related organization or individual for the organization and related organization is 1a receive or accrue compensation from the organization and related organization or individual for the organization or individual organization or individual organization or individual organization organization or individual organization organization organization or individual organization organization organizations. (A) (B) (B) (Compensation from the organization organizations.	Name and title Average week (Gescribe hours for related organizations in Schedule organization or Individual Schedule organization organization or Individual Schedule organization or Individual Schedu

AND REHABILITATION

Pa	rt VI	II Statement of Rever	nue					
	`				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts t	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b		1b]			
B,E	С	Fundraising events	1c		1			
ar a	d		1d		1			
S,E	е		ions) 1e		1			
isi	f]			
E E		sımılar amounts not included abo	i I					
e d	g	Noncash contributions included in lines	<u> </u>		1			
Sel	_	Total. Add lines 1a-1f		>				
				Business Code	ĺ			
a l	2 a	EXAMINATION FEE	es .			2.912.407.		
Program Service Revenue	b			541900	849,573.	2,912,407. 849,573.		
Se	c					•		
E S	d							
ğĕ	e		-					
F	f	All other program service reve	enue					
		Total. Add lines 2a-2f		•	3,761,980.			
	3	Investment income (including	dividends, intere					
		other similar amounts)	•	•	164,364.			164,364.
	4	Income from investment of ta	x-exempt bond p	oroceeds >				
	5	Royalties		•				
		•	(ı) Real	(ii) Personal				
	6 a	Gross Rents			}			
	b	Less: rental expenses						
	С	: Rental income or (loss)		1	1			
	d	Net rental income or (loss)		>]			
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	ь	Less cost or other basis]			
		and sales expenses						
	c	: Gain or (loss)						
	d	Net gain or (loss)						
	8 a	Gross income from fundraisin	g events (not					
ž		including \$	of					
ě		contributions reported on line	1c) See					
Other Revenue		Part IV, line 18	а					
흊	b	Less: direct expenses	b					
٦	c	: Net income or (loss) from fund	draising events			ļ ļ		
	9 a	Gross income from gaming ac	ctivities See					
		Part IV, line 19	а		1			
	b	Less: direct expenses	b]			
	c	 Net income or (loss) from gam 	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а		_			
	b	Less cost of goods sold	b		_			
		: Net income or (loss) from sale	s of inventory	<u> </u>				
		Miscellaneous Revenu	ıe	Business Code	4			
	11 a	l		-	ļ. <u></u> .	<u> </u>		
	b				<u></u>			<u> </u>
	C	·						
		All other revenue						
	e	Total. Add lines 11a-11d		.	2 225 5 5 5	2 761 555		454 555
0000	12	Total revenue See instructions.		<u> </u>	3,926,344.	3,761,980.	0.	164,364.
12-21	. -10							Form 990 (2010)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and				•					
	organizations in the U.S. See Part IV, line 21									
2	Grants and other assistance to individuals in									
	the U.S See Part IV, line 22									
3	Grants and other assistance to governments,									
	organizations, and individuals outside the U.S.									
	See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	406,636.								
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	730,747.								
8	Pension plan contributions (include section 401(k)									
	and section 403(b) employer contributions)	88,773.								
9	Other employee benefits	112,419.								
10	Payroll taxes	75,241.								
11	Fees for services (non-employees)									
а	Management									
þ	Legal	00 205								
С	Accounting	22,305.								
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17	17 007								
f	Investment management fees	17,097.								
9	Other	28,800.								
12	Advertising and promotion	204 202								
13	Office expenses	204,203. 19,534.								
14	Information technology	13,334.								
15	Royalties	74,841.								
16	Occupancy	48,870.	11877							
17	Travel	40,070.								
18	Payments of travel or entertainment expenses									
19	for any federal, state, or local public officials Conferences, conventions, and meetings	478,541.								
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	66,028.	····							
23	Insurance	25,646.								
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)									
	amount, list line 24f expenses on Schedule 0.)	404 000								
а	MEDICAL EXAMS	484,999.			<u> </u>					
þ	DUES TO AMERICAN BOARD	116,505.								
С	RECERTIFICATION FEES	52,661.			· · · · · · · · · · · · · · · · · · ·					
d	COMMITTEE MEETINGS	22,073.								
е	AWARDS & MOMENTOS	9,033.								
f	All other expenses	8,722.								
25	Total functional expenses. Add lines 1 through 241	3,093,674.								
26	Joint costs. Check here 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising									
	solicitation		 		Form 990 (201					

41-6029315 Page 11

Form 990 (2010)
Part X Balance She

Par	t X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	336,947.	1	705,215.
l	2	Savings and temporary cash investments	3,795,853.	2	3,977,135.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	<u> </u>
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
,		employees' beneficiary organizations (see instructions)	<u></u>	6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
1	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
- 1		basis. Complete Part VI of Schedule D 10a 1,926,614.			
1	b	Less accumulated depreciation 10b 798,138.	1,162,094.	10c	1,128,476.
	11	Investments - publicly traded securities		11	
1	12	Investments - other securities See Part IV, line 11	3,017,996.	12	3,324,706.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,312,890.	16	9,135,532.
	17	Accounts payable and accrued expenses	136,029.	17	126,001.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
ia		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
}	23	Secured mortgages and notes payable to unrelated third parties		23	
İ	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	126 020	25	126 001
	26_	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ► X and complete	136,029.	20	126,001.
		- '			
ces	07	lines 27 through 29, and lines 33 and 34.	8,176,861.	27	9,009,531.
lan	27	Unrestricted net assets	0,170,001.		9,009,331.
Ba	28	Temporarily restricted net assets Permanently restricted net assets		28 29	
Pun	29			29	
Ē		Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.			
s	20	· · · · · · · · · · · · · · · · · · ·		30	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund	.119,41	31	
ξ	31	Retained earnings, endowment, accumulated income, or other funds	. =,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	32	·
Š	32 33	Total net assets or fund balances	8,176,861.	33	9,009,531.
	34	Total liabilities and net assets/fund balances	8,312,890.	34	9,135,532.
		Total naphitod and not appoint faile balantops	0,010,000	<u> </u>	Form 990 (2010)

Form **990** (2010)

	AMERICAN BUARD OF PHYSICAL MEDICINE					
Form	990 (2010) AND REHABILITATION	41-	602931	<u>5</u>	Pag	e 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,9	<u> 26</u>	, 34	<u>14.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,09) 3,	<u>, 67</u>	74.
3	Revenue less expenses. Subtract line 2 from line 1	3	8:	<u>32,</u>	, 67	70.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,1	<u> 16</u> ,	, 86	<u>51.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5				0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,0	<u>9</u> ,	<u>.53</u>	<u>31.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
				Ye	es	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a			X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	ζ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	ζ	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Aud	drt			
	Act and OMB Circular A-1332		33	.		X

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

032012 12-21-10

Form **990** (2010)

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010 Open to Public Inspection

Name of the organization

AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

Employer identification number 41 – 6029315

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		sed only
	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" to Form 990, Pa	urt IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certifi	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	ring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	he year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	ne organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exi	nibition, education, or research in furtheran	ce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of publ	lic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

AMERICAN BOARD OF PHYSICAL MEDICINE

Sche		N BOARD OF ABILITATIO		SICKH	MEDICI	ME	4 1.	-602931	5 Page 2
	rt III Organizations Maintaining C			torical Tr	easures. 0	or Other			
	Using the organization's acquisition, accession								
•	(check all that apply)	,	-,	,					
а	Public exhibition	d		Loan or exc	hange progra	ams			
ь	Scholarly research	e		Other	3 - - - 3 -	-			
c	Preservation for future generations	_						•	
4	Provide a description of the organization's co	ellections and explain	n how th	nev further t	he organizati	on's exem	ot purpose II	n Part XIV.	
5	During the year, did the organization solicit or								
•	to be sold to raise funds rather than to be ma							Yes	☐ No
Par	rt IV Escrow and Custodial Arran					"Yes" to Fo	orm 990, Pai	rt IV, line 9, c	r
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for	contribution	s or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	llowing	table					
								Amou	nt
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Yes	L No
	If "Yes," explain the arrangement in Part XIV.					 			
Par	rt V Endowment Funds. Complete if	the organization an	swered	"Yes" to Fo					
		(a) Current year	(b) F	rior year	(c) Two year	s back (d	Three years	back (e) Fo	ur years back
1a	Beginning of year balance								
þ	Contributions								
С	Net investment earnings, gains, and losses							<u> </u>	
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	4 5 - 1 5 - 1 4 -			<u> </u>	l	· · · · · · · · · · · · · · · · · · ·		
2	Provide the estimated percentage of the year	r end balance neld a							
a	Board designated or quasi-endowment	%	_%						
D	Permanent endowment ► Term endowment ►	⁷⁶							
20	Are there endowment funds not in the posse	•	ation the	at are held a	nd administa	red for the	organizatio	n	
Sa	by:	ssion or the organiza	20011 016	at are rielu a	na aaniiniste	ied ioi tile	Organization	11	Yes No
	(i) unrelated organizations							3a(i)	1
	(ii) related organizations							3a(ii	$\overline{}$
h	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sched	dule R?				3b	
4	Describe in Part XIV the intended uses of the								'
Pai	rt VI Land, Buildings, and Equipm								
	Description of investment	(a) Cost or of			or other	(c) Acc	umulated	(d) Bo	ok value
	•	basis (investri	nent)		(other)		eciation		
1a	Land			24	0,000.			24	10,000.
b	Buildings			95	0,332.	19	98,050.		52,282.
С	Leasehold improvements								
d	Equipment			69	7,715.	57	79,020.	. 13	8,695.
		1							- 400

Schedule D (Form 990) 2010

1,128,476.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

(7)(8) (9) (10)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

032053 12-20-10

Schedule D (Form 990) 2010

AMERICAN BOARD OF PHYSICAL MEDICINE

	dule D (Form 990) 2010 AND REHABILITATION				41-	6029315	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form	n 990 to	Audited Fina	incial Stat	temen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		3,926	,344.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		3,093	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			,670.
4	Net unrealized gains (losses) on investments	•		4			4
5	Donated services and use of facilities			5			-
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)			8			
9	Total adjustments (net) Add lines 4 through 8	•		9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine	lines 3 and	19	10		832	,670.
	t XII Reconciliation of Revenue per Audited Financial S				Returr		,
1	Total revenue, gains, and other support per audited financial statements				1	3,921	576.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					3,322	, , , , ,
a	Net unrealized gains on investments		2a				
а Ь	Donated services and use of facilities		2b		1		
					-		
	Recoveries of prior year grants		2c	<4,768	-[
d	Other (Describe in Part XIV)		2d	<4,700		- A	760
е	Add lines 2a through 2d				2e	~4	<u>,768.</u> :
3	Subtract line 2e from line 1				3	3,926	,344.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		1 1		1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		4a		-		
b	Other (Describe in Part XIV)		4b		4		
С	Add lines 4a and 4b				4c		<u> </u>
_ 5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line				5	3,926	<u>,344.</u>
Par	t XIII Reconciliation of Expenses per Audited Financial	Stateme	ents With Exp	oenses pe	r Retu		
1	Total expenses and losses per audited financial statements				1	3,093	<u>,674.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25						
а	Donated services and use of facilities		2a		_		
b	Prior year adjustments		2b				
С	Other losses		2c				
d	Other (Describe in Part XIV)		2d		7		
е	Add lines 2a through 2d		· · · ·		2e		0.
3	Subtract line 2e from line 1				3	3,093	.674.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.						
а	Investment expenses not included on Form 990, Part VIII, line 7b		4a				
-	Other (Describe in Part XIV)		4b				
	Add lines 4a and 4b				- 4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	a 18 l			5	3,093	
	t XIV Supplemental Information	, , , ,				3,033	,0,4.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and	d 9. Part III	lines 1a and 4:	Part IV lines	1h and	2h Part V line	4 Part
•	e 2. Part XI, line 8. Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b					•	4, I alt
Λ, πι	s 2, 1 art Ai, line 0, 1 art Aii, lines 20 and 40, and 1 art Aii, lines 20 and 40 7	-iiso compi	ete tilis part to p	novide any a	Juliona	mormation	
-							
DAL	T XII, LINE 2D - OTHER ADJUSTMENTS:						
1111	AT ATT, BINE 2D CHER INCOMINANTS.	· 					
λDI	MR FOUNDATION ACTIVITY NOT REPORTED	רעית זאר	S RETURN	7		_ 1	,768.
VDI	MR FOUNDATION ACTIVITIT NOT REFORTED (<u> </u>	D KETOKK			<u>+</u>	, 700.
							
	•						
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. See separate instructions.

AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

Employer identification number 41-6029315

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	X Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	If any of the house on the figure the standard did the assessment of fillings a symbol product or assessment or			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	46	Х	
^	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,		х	ļ
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
Ŭ	CEO/Executive Director Check all that apply			
	Compensation committee X Written employment contract			ļ
	Independent compensation consultant X Compensation survey or study	ļ		
	X Form 990 of other organizations X Approval by the board or compensation committee			
	provided by the second of second seco			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization	i		
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		
b	,	6b		
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			ļ
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53 4958-6(c)?	9	l	1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

41-6029315

AND REHABILITATION

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2010

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	0	(Q)	(E)	(F)
(A) Name		(i) Base	(ii) Bonus &	(iii) Other	Retirement and other deferred	Nontaxable benefits	Total of columns (B)(I)-(D)	Compensation reported in prior
		COLIDERATION	compensation	compensation	compensation		•	Form 990 or Form 990-EZ
	8	332,198.	0	12,500.	48,350.	13,588.	406,636.	0.
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12	(ii)							
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Schedule J (Form 990) 2010

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

2010
Open to Public Inspection

Name of the organization

AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

Employer identification number 41-6029315

AND REPUBLICATION 1 41-0023313
FORM 990, PART VI, SECTION B, LINE 11: ABPMR STAFF COMPLETES THE
WORKPAPERS AND QUESTIONNAIRES FOR THE 990 AND PROVIDES THEM TO RSM
MCGLADREY, INC. RSM MCGLADREY, INC. SENDS THE DRAFT COMPLETED 990 TO ABPMR.
APPROPRIATE STAFF REVIEWS THE 990 AND MAKES NECESSARY COMMENTS TO RSM
MCGLADREY, INC.
FORM 990, PART VI, SECTION B, LINE 12C: VOLUNTEERS OF THE BOARD REQUIRED
TO SIGN APPROPRIATE POLICIES ON CONFIDENTIALITY AND CONFLICT OF INTEREST
ANNUALLY. EMPLOYEES ARE REQUIRED TO SIGN AT THE START OF THEIR EMPLOYMENT
AS NEEDED. ANYTHING NOTED ON THE FORM APPEARING TO BE IN CONFLICT OF
INTEREST WILL BE ADDRESSED BY THE BOARD.
FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF KEY EMPLOYEE'S IS
EVALUATED AS NECESSARY TO ENSURE SALARIES ARE IN LINE WITH THE EMPLOYEE'S
RESPONSIBILITIES. THE BOARD OF DIRECTORS APPROVES THE SALARIES OF ALL
EMPLOYEES. THE BOARD OF DIRECTORS ARE VOLUNTEERS AND ARE NOT COMPENSATED.
FORM 990, PART VI, SECTION C, LINE 19: IF REQUESTED, THE DOCUMENTS NAMED
ABOVE ARE PROVIDED TO THE PUBLIC.
FORM 990, PART XI, LINE 2C:
ABPMR HAS AN AUDIT COMMITTEE THAT REVIEWS THE ANNUAL AUDIT. THE
EXECUTIVE COMMITTEE OF THE BOARD (THAT SERVES AS THE FINANCE COMMITTEE)
WOULD APPROVE ANY CHANGE TO THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

THERE HAS BEEN NO CHANGE IN THE PROCESS FROM THE PREVIOUS YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2010 Open to Public,

OMB No 1545-0047

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2010 Employer identification number 41-6029315 Š × entity? Inspection Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) PHYSICAL MEDICINE AMERICAN BOARD OF Direct controlling entity End-of-year assets AND Public charity status (if section 501(c)(3)) LINE 11D, UII-0 Total Income Exempt Code ਉ section 501(C)(3) ▶ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) MINNESOTA AMERICAN BOARD OF PHYSICAL MEDICINE ► Attach to Form 990. Primary activity RESEARCH & EDUCATION Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. AND REHABILITATION Name, address, and EIN Name, address, and EIN of related organization of disregarded entity ABPMR FOUNDATION - 41-1995865 3015 ALLEGRO PARK LANE SW ROCHESTER, MN 55902 Name of the organization Department of the Treasury Internal Revenue Service Part II Part

AMERICAN BOARD OF PHYSICAL MEDICINE Schedule R (Form 990) 2010

AND REHABILITATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

41-6029315

(j) (k) General or Percentage managing ownership					
(j) seneral or F nanaging partner?	es No				
(I) Code V-UBI amount in box 20 of Schedule	K-1 (Form 1065) y				
(h) Disproportion- ate allocations?	Yes				:
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Predominant income (related, unrelated, excluded from tax under	sections 512-514)				
(d) Direct controlling entity					
(c) Legal domicile (state or	country)				
(b) Primary activity					
(a) Name, address, and EIN of related organization					

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Part IV

(a)
Primary activity

Schedule R (Form 990) 2010

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032162 12-21-10

Schedule R (Form 990) 2010 AND REHABILITATION

41-6029315 ' Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	å
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ions with one or more re	lated organizations listed	ın Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to other organization(s)				p		×
c Gift, grant, or capital contribution from other organization(s)				5		×
d Loans or loan guarantees to or for other organization(s)				14		×
				-		×
f Sale of assets to other organization(s)				14		×
g Purchase of assets from other organization(s)				5		×
				ŧ		×
				÷		×
Lease of facilities, equipment, of other assets to other organization(s)				=		4
j Lease of facilities, equipment, or other assets from other organization(s)				Ţ		×
k Performance of services or membership or fundraising solicitations for other org	other organization(s)			¥		×
Performance of services or membership or fundraising solicitations by	other organization(s)			=		×
m Sharing of facilities, equipment, mailing lists, or other assets				1m	×	
n Sharing of paid employees				1	×	
 Reimbursement paid to other organization for expenses 				ę		×
p Reimbursement paid by other organization for expenses				9		×
						;
 q Other transfer of cash or property to other organization(s) 				19		×
.				+		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	n who must complete the	is line, including covered	relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved]
(1) ABPMR FOUNDATION	M	0				
(2) ABPMR FOUNDATION	N	0				
(3)						
(4)						
(5)						
(9)						
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AMERICAN BOARD OF PHYSICAL MEDICINE

Schedule R (Form 990) 2010 AND REHABILITATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

that was not a felated organization over monutorial regarding exclusion for certain investment parties amps	מייין של אוייים אייין איייין אייי		5	3	ę	(2)	1
(a)	(a)		<u>6</u>		E 	(6)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate	amount in box 20	General or managing
			Yes No		Yes No	(Form 1065)	لـنــــــــــــــــــــــــــــــــــــ
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Schedule R (Form 990) 2010

AMERICAN BOARD OF PHYSICAL MEDICINE 41-6029315 Page 5 Schedule R (Form 990) 2010 AND REHABILITATION Part VII | Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions)