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Form **990**

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)

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

2011

Open to Public Inspection

Α	For the	e 2011 calendar year, or tax year beginning and	d ending					
В	Check if	C Name of organization		D Employer identif	fication number			
	applicabl	FOREIGN CREDENTIALING COMMISSION ON						
	Addre chang	SS PHYSICAL THERAPY, INC						
	Name chang	Doing Business As		54-2	1907410			
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	e E Telephone numb	er			
F	Termi	,		1 '	299-3100 _			
F	Amen			G Gross receipts \$	2,764,363.			
F	Applic			H(a) Is this a group				
_	pendi		T	for affiliates?	Yes X No			
		SAME AS C ABOVE	•	H(b) Are all affiliates in				
_	Tayley	empt status:	or 52	-	a list. (see instructions)			
		te: NWW.FCCPT.ORG	/ 01 32	H(c) Group exempts				
		organization: X Corporation	I Van		M State of legal domicile: DE			
	art I	Summary	IL TEA	i oriormation. 1990	WI State of legal doffficile, DE			
Ŀ		Briefly describe the organization's mission or most significant activities A SC	ידואיםיםי	NG DDOCDAM N	THEDERV			
Co	' '	FOREIGN EDUCATED PHYSICAL THERAPISTS OBT						
Se la								
% 3 2012 & Governance	2	Check this box if the organization discontinued its operations or dispositions of the organization discontinued its operations or disposition.	osea oi illo	i .	l .			
္ကြင္ပ်	3	Number of voting members of the governing body (Part VI, line 1a)		3				
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	6			
Ä∀	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0			
≊≅	6	Total number of volunteers (estimate if necessary)		6	6			
ું ¥હ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	-,-,			
<u>. </u>	b	Net unrelated business taxable income from Form 990-T, line 34						
ING Activities				Prior Year	Current Year			
_ _ _	8	Contributions and grants (Part VIII, line 1h)		0.	0.			
اسات Revenue	9	Program service revenue (Part VIII, line 2g)		2,034,625				
ۆخ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		31,550.	76,137.			
ш	11	Other revenue (Part VIII, column (A), lines 5, on (60 (3-10)) [20]		0.	0.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,066,175.	2,132,091.			
	13	Grants and similar amounts paid (Part 💥, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part 18, column (A), fine 4) 2012		0.	0.			
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A) alines 5-10)		792,944.	929,709.			
nse	16a	Professional fundraising fees (Part IX column A DEN LIT		0.	0.			
Expenses	. ь	Total fundraising expenses (Part IX, column (D), line 25)	0. 🗆					
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		610,850.	625,574.			
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,403,794.				
	1	Revenue less expenses. Subtract line 18 from line 12		662,381.				
	3	Toronas todo expenses education no terrom into te	B	eginning of Current Year	•			
ets	20	Total assets (Part X, line 16)		2,704,406				
ASS	21	Total liabilities (Part X, line 26)		34,089				
Net Assets or	22	Net assets or fund balances Subtract line 21 from line 20	<u> </u>	2,670,317	3,076,818.			
P	art II	Signature Block	<u></u>	2,010,311	3,070,010.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedul	oc and state	ments and to the hest of r	ny knowledge and helief it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of w			ny knowicago ana bonci, it is			
iiut	5, 001160	i, and complete. Declaration of preparer (other than officer) is based on all information of w	villeri prepari	ci ilas ariy kilowicuyc.				
C		Signature of officer						
Sig								
He	re	LARRY J. WILKERSON, CFO Type or print name and title		<u>-</u>				
	Data To Fill DIM							
ъ.,	Troparor Signage							
Pai				- John Starphe				
	parer	Firm's name KAISER SCHERER & SCHLEGEL, PLLC		Firm's EIN	52-1220482			
Use	Only	Firm's address 1410 SPRING HILL ROAD, SUITE 40	10		(800) 015 155			
_		MCLEAN, VA 22102		Phone no	<u>(703) 847-4660</u>			
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			
132	001 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instruct	ions.	\mathcal{D}	Form 990 (2011)			

Form 990 (2011)

FOREIGN CREDENTIALING COMMISSION ON

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Form 990 (2011) PHYSICAL THERAPY, INC
Part IV Checklist of Required Schedules

			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	ļ	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during 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	_		47
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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			v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		
_	Schedule D, Part III	8		Х
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	٦		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		1	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	programme to make the management of the total	'		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	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			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	37	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Х	
•	the organization's separate of consolidated infancial 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	445		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
	Schedule D, Parts XI, XII, and XIII	12a	х	
b	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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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,			v
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
.0	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	-+	<u>X</u>
. –	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
		~		

Form 990 (2011) PHYSICAL THERAPY, INC
Part IV Checklist of Required Schedules (continued)

	- The state of the			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	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			
	Schedule J .	23	Х	
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			
	Schedule K. If "No", go to line 25	24a		X
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			
	any tax-exempt bonds?	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		
26	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	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	,		
	instructions for applicable filing thresholds, conditions, and exceptions)	٠		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	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		<u> X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M .	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	_X_	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X
b	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	35b		X
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	9 <mark>90</mark> (2011)

Form 990 (2011) PHYSICAL THERAPY, INC

Part V Statements Regarding Other IRS Filings and Tax Compliance

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Second Processing		Check if Schedule O contains a response to any question in this Part V			
se Enter the number reported in Box 3 of Form 1096. Enter- 0 in fine applicable De Enter the number of Forms WSQ fornucked in line is a Enter-0 in Intel applicable De Inter the number of Forms WSQ fornucked in line is a Enter-0 of Intel payments to vendors and reportable gaming (gambhig) winnings to preserve preserve the payment of the payment of preserve pre				Yes	No
b Enter the number of Forms W2C included in line 1a. Enter 0 if not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) womings to pizze ownines? 2 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 expansion. 8 If at least one is reported on line 2, did the organization file all enquired federal employment tax returns? 8 Note. If the sum of lines is a and 2 as in greater than 250, you may be required to e-file (see instructions) 9 If Viscs, has it filed a Form 990-T for this year? If Yisc, *provide an explanation in Schedule O 9 If Viscs, *has it filed a Form 990-T for this year? If Yisc, *provide an explanation in Schedule O 9 If Viscs, *has it filed a Form 990-T for this year? If Yisc, *provide an explanation in Schedule O 9 If Viscs, *has it filed a Form 990-T for this year? If Yisc, *provide an explanation in Schedule O 9 If Viscs, *has it filed a Form 990-T for this year? If Yisc, *provide an explanation in Schedule O 10 If Viscs, *the organization in the foreign country (such as a bank account, securities account, or other financial account)? 10 If Viscs, *the organization in the foreign country (such as a bank account, securities account, or other financial account)? 11 If Viscs, *the organization in the foreign country (such as a sparty to a prohibited tax sheller transaction? 12 If Viscs, *the ine Sain Sch. did the organization that it was or is a party to a prohibited tax sheller transaction? 13 If Viscs, *the ine Sain Sch. did the organization that it was or is a party to a prohibited tax sheller transaction? 14 If Viscs, *the this organization has entire the second services provided? 15 If Viscs, *the this organization in the form 88681? 16 If Viscs, *the this organization file form 88681? 17 Organizations that may receive deductible? 18 If Viscs, *the this organization second and services organization second and services organization second and second service	_		ĺ		:
gambling) winnings to prize winners? 2			1		
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, filed for the catendar year ending with or within the year covered by this return 1 at least one is reported on line Za, did the organization file all required federal employment tax returns? Note. If the sum of lines Ta and Za is greater than ZSD, you may be required to e-file (see instructions) 3 b If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3 d At any time during the calendar year, did the organization have an interest in, or a grapiture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 b If "Yes," an inter the name of the foreign country. ► 5 en instructions for filing requirements for Form TD F 90/22 1, Report of Foreign Bank and Financial Accounts 5 b Was the organization and the foreign country. ► 5 c If "Yes," to line 5 a rob, did the organization file Form 8886-T? 5 D did any taxable party notify the organization file Form 8886-T? 5 D did the organization have a must gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 D design 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? 6 D design 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? 6 D if "Yes," and the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 6 D if "Yes," and the organization include with every solicitation an express provided to the prograziation from the domor of the value of the goods or services provided? 7 D organizations that may receive deductible contributions under socious any solicitation a	•		1c	Х	
the for the calendar year ending with or within the year covered by this return 2a	2a				
b If a 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 refull (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 90°T for this year? If "No," provide an explanation in Schedule O 3a At any time during the calendary 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)? 5b If "Yes," after 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 5b Us the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Us and the organization that was or is a party to a prohibited tax shelter transaction? 5c Us Yes, "to line 5a or 5b, did the organization that was or is a party to a prohibited tax shelter transaction? 5c Us If "Yes," the line 5a or 5b, did the organization that was or is a party to a prohibited tax shelter transaction? 5c Us If "Yes," the did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Us If Yes, "In the did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Us If Yes, "India the organization include with every solicitation and partly for goods and services provided to the payor? 7a Organizations that may receive deductible contributions under section 170(c). 8 Did the organization include with every solicitation and partly for goods and services provided to the payor? 7b Us If Yes," and the organization include with every solicitation and partly for goods and services provided to the payor and to the organization receive					
Note. If the sum of here 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Dut the organization have unrielated business gross income of \$1,000 or more during the year? 4 At any time during the calendar year, did the organization have an explanation in Schedule O 4 At all any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly of the property of the financial accountly of the financial accounts of fining requirements for form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 5 as Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 b Dot any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 b Dot any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 b Dot any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any contributions that were not tax deductible? 6 b If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or girls were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 b If "Yes," indicate the number of Forms 8282 filed during the year of the organization shell any appropriation receive a payment in excess 5 d57 made partly as a contribution of quarked transactions and partly for goods and services provided to the payor? 7 b Did the organization received a contribution of quarked intellectual property, did the organization related the payment in excess 5 d57 made partly as a contribution of payment in excess 1 to 170 to 1	b		2b		
3a	-				
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)? See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts Was the organization style to a prohibited tax shelter transaction of Foreign Bank and Financial Accounts By Was the organization that the was or is a party to a prohibited tax shelter transaction? 5b	За		За		X
financial account in a foreign country №	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
b If "Yes," enter the name of the foreign country	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-1? 5b 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? 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization include with every solicitation and partly for goods and services provided to the payor? 8d If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9b If "Yes," did the organization notify the donor of the value of the goods or services provided? 10b Id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10b Id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11b If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 11b If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 11c If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 11c If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 11c If the organization is an access to a contri		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If Yes,* to line 5a or 5b, did the organization file Form 888617? 6a 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? 6b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$5 made party as a contribution and party for goods and services provided to the payor? b If Yes,* did the organization notify the donor of the value of the goods or services provided? C Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If If Yos,* indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1988-07 S Sponsoring organizations maintaining donor advised funds and section 599(3) supperting organizations. Did the symptoning organization maintaining donor advised funds and section 599(3) supperting organizations. Did the symptoning organization maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Cost the organization make any taxable distributions under section 4966? b Cost the organization make an	b	If "Yes," enter the name of the foreign country			
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	11	Section 501(c)(12) organizations. Enter	ŀ		
amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а		-		
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			_		}
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			┨		
Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		, , , , , , , , , , , , , , , , , , , ,	40	 -	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 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	а		13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			1		
c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15c	b				
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 14a X			1	1	[
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			142	 	x
Form 990 (2011)					 *
	D	ii 165, Has it liieu a 1 Oilli 120 to 16port these payments ii 190, provide an explanation in Schedule O		990	(2011)

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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					X	
Sec	tion A. Governing Body and Management		v				
	tion / it do to time good,				Yes	No	
15	Enter the number of voting members of the governing body at the end of the tax year	1a	l e	:[1		
14	If there are material differences in voting rights among members of the governing body, or if the governing	<u> </u>	-	1			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	\mid ϵ	:			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			1	1		
_	officer, director, trustee, or key employee?		u., ou.o.	2	1	Х	
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	t supervision	_			
J	of officers, directors, or trustees, or key employees to a management company or other person?	000	. Соврем молет	3		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form S	190 wa	s filed?	4	i –	Х	
5							
6	Did the organization have members or stockholders?			5 6	X	X	
-	Did the organization have members, stockholders, or other persons who had the power to elect or at	tnioae	one or				
	more members of the governing body?			7a	X		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	olders, or	<u> </u>			
-	persons other than the governing body?		,	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e followina:	· · ·			
-	The governing body?	,		8a	X		
b	Each committee with authority to act on behalf of the governing body?			8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	at the				
J	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Ri	evenue	e Code.)				
					Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napter	s. affiliates.		<u> </u>		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	•	,	10b			
11a							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		J	11a	X		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	İ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y						
	ın Schedule O how this was done			12c	X		
13	Did the organization have a written whistleblower policy?			13	X		
14	Did the organization have a written document retention and destruction policy?			14	Х		
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1		1	
а	The organization's CEO, Executive Director, or top management official			15a	Х	<u>L.</u>	
b	Other officers or key employees of the organization			15b	X		
	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 arranger	nent w	rith a				
	taxable entity during the year?			16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's		1		
	exempt status with respect to such arrangements?			16b	L	<u></u>	
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►VA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Sect	on 501(c)(3)s only)	avaılat	ole		
	for public inspection. Indicate how you made 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 made its governing documents, co	nflict i	of interest policy, ar	d fina	ncial		
	statements available to the public during the tax year		-				
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the organiza	tion 🕽	-		
	LARRY WILKERSON, CFO - 703-229-3100						
	124 WEST STREET SOUTH, 3RD FL, ALEXANDRIA, VA 223	14					

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Part VII Compensation	n of Officers, Direc	ctors, 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) Name and Title	(B) Average hours per week	box	not c	Position not check more than one unless person is both an eer and a director/trustee)		h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RONALD DE VERA BARREDO,PT CHAIR	1.90	x						5,000.	0.	0
(2) NANCY KATZ						<u> </u>	-	3,000		
DIRECTOR	1.40	Х						2,500.	0.	0
(3) OTTO CORDERO	-									
DIRECTOR	1.40	X				<u> </u>		2,500.	0.	0
(4) MARY THOMPSON DIRECTOR	1.40	x						2,500.	0.	0
(5) JOSEPH VIBERT DIRECTOR	1.40	х						2,500.	0.	0
(6) MARY BENNETT DIRECTOR	1.40	х						2,500.	0.	0
(7) WILLIAM A. HATHERILL CEO	10.00			Х				0.	431,774.	44,738
(8) LARRY WILKERSON CFO	10.00			х				0.	229,542.	39,863
(9) SUSAN LINDEBLAD MANAGING DIRECTOR	44.00					x		141,434.	0.	23,022
		<u> </u>			_	ļ				
										

	Name and business address	NONE	Description of services	Compensation
2	Total number of independent contractors (including but	ut not limited to those	listed above) who received more than	
	\$100,000 of compensation from the organization	0		-

FOREIGN CREDENTIALING COMMISSION ON PHYSICAL THERAPY, INC 54-1907410 Page 9 Form 990 (2011) Part VIII Statement of Revenue (D)
Revenue
excluded from
tax under
sections 512,
513, or 514 (C) Unrelated (A) (B) Related or Total revenue exempt function business revenue revenue 1 a Federated campaigns 1a 1b **b** Membership dues

ΣĀ	С	Fundraising events	1c					
and Other Similar An	d	Related organizations	1d					
ΣĒ	е	Government grants (contribut	ions) 1e					
S	f	All other contributions, gifts, gran	ts, and					
탏		similar amounts not included above	ve 1f					
ξÒ	g	Noncash contributions included in lines	1a-1f \$					
S E	•	Total, Add lines 1a-1f		<u> </u>				
-		Total. Not into Ta II		Business Code				
. 1	0 -	CREDENTIALING F	ידיכ	611710	2055954.	2055954.		
Aice	2 a			011/10		2033334.		
ne e	b							 -
e e	C							
è	d							
Revenue	е							
۱ ۲	f	All other program service reve	nue	L				
	g	Total. Add lines 2a-2f		<u> </u>	2055954.			
	3	Investment income (including	dıvıdends, ınter	est, and				
		other sımılar amounts)		▶	51,440.	51,440.		
	4	Income from investment of tax	x-exempt bond p	oroceeds 🕨				
	5	Royalties		▶.				
		•	(ı) Real	(II) Personal				
	6 a	Gross rents						. '
		Less: rental expenses			,			
		Rental income or (loss)		1		•		,
		Net rental income or (loss)			•			•
		Gross amount from sales of	(i) Securities	(II) Other			,	
	/ a		656969.					
		assets other than inventory	030303.	<u> </u>				
J	b	Less cost or other basis	620000			,		
		and sales expenses	632272.		•			
1	С	Gain or (loss)	24,697.					
	d	Net gain or (loss)			24,697.	24,697.		
<u>e</u>	8 a	Gross income from fundraising	g events (not					
盲		including \$	of					
ě		contributions reported on line	1c). See					
<u>.</u>		Part IV, line 18	а					
Other Revenue	b	Less: direct expenses	b					
0	С	Net income or (loss) from fund	draising events	•				
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19	а					
	h	Less direct expenses	b		İ			
		Net income or (loss) from gam						
		Gross sales of inventory, less						
ļ	10 a	and allowances	а	.]				
			b					
		Less cost of goods sold		' L				
	<u> </u>	Net income or (loss) from sale		10 0 1		· · · · ·		
		Miscellaneous Revenu	ie	Business Code				
	11 a						·	
	b							
	С							
	d	All other revenue		L				
	е	Total. Add lines 11a-11d		>	<u> </u>			
	12	Total revenue See instructions.		<u></u>	2132091.	2132091.	0.	0.
1320 11-23)9 3-12							Form 990 (2011)

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Part IX Statement of Functional Expenses

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)

COITI	piete columns (B), (C), and (D)				
	Check if Schedule O contains a respor		s Part IX	1 (0)	(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	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in		-		
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
_	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	158,934.			
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	571,611.			
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	90,061.			
9	Other employee benefits	55,890.			
10	Payroll taxes	53,213.			
11	Fees for services (non-employees).				
а	Management	231,178.			
b	Legal	831.			
С	Accounting	9,912.			
d	Lobbying .		1 ,		
е	Professional fundraising services. See Part IV, line 17	14 264	<u>, '</u>		
f	Investment management fees	14,364.			
g	Other	20,903.			
12	Advertising and promotion	14 107			
13	Office expenses	14,127. 3,279.			
14	Information technology	3,4/9.			
15	Royalties	76,050.			
16	Occupancy	45,850.			
17	Travel Payments of travel or entertainment expenses	45,050.			
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,697.			
20	Interest	2,057.			·
21	Payments to affiliates	*			· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	66,855.			
23	Insurance	13,833.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	BANK SERVICE CHARGES	56,182.			-
b	TEMPORARY EMPLOYMENT	33,525.			
c	MAINTENANCE CONTRACTS	13,853.			
d	CREDENTIALING FEES	11,225.			
	All other expenses	8,910.			
25	Total functional expenses Add lines 1 through 24e	1,555,283.			
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (2011)

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	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		218,162.	1	472,197.
	2	Savings and temporary cash investments		953,321.	2	808,167.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		13,813.	4	7,801.
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employe				
		of Schedule L	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			
	l	employers and sponsoring organizations of sec				
		employees' beneficiary organizations (see instru	ctions)		6	
Assets	7	Notes and loans receivable, net			7	
455	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges		15,396.	9	18,497.
	10a	Land, buildings, and equipment cost or other	1			
		basis. Complete Part VI of Schedule D	10a 616,817.			
	b	Less accumulated depreciation	10ь 461,849.	111,759.	10c	154,968.
	11	Investments - publicly traded securities	1,391,955.	11	154,968. 1,778,529.	
	12	Investments - other securities See Part IV, line	l1 [12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	2,704,406.	16	3,240,159.	
	17	Accounts payable and accrued expenses		14,388.	17	38,174.
	18	Grants payable		18		
	19	Deferred revenue		7,350.	19	710.
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director		, , , , , , , , , , , , , , , , , , , ,		
ap	1	highest compensated employees, and disqualif	ed persons. Complete Part II		-	,
_	1	of Schedule L			22	0
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	-			
		parties, and other liabilities not included on lines	s 17-24) Complete Part X of			
		Schedule D	-	12,351.	_25_	124,457.
	26	Total liabilities. Add lines 17 through 25		34,089.	26_	163,341.
		Organizations that follow SFAS 117, check he	ere 🕨 🗓 and complete			
es		lines 27 through 29, and lines 33 and 34.		0 650 045		2 056 010
and	27	Unrestricted net assets	-	2,670,317.	27	3,076,818.
Fund Balances	28	Temporarily restricted net assets		28		
п	29	Permanently restricted net assets			29	
Ŧ		Organizations that do not follow SFAS 117, c	heck here ▶ L and			
ŏ		complete lines 30 through 34.				
sets	30	Capital stock or trust principal, or current funds			30_	
Net Assets or	31	Paid-in or capital surplus, or land, building, or ed			31	
et	32	Retained earnings, endowment, accumulated in	come, or other funds	0 650 015	32	2 076 010
2	33	Total net assets or fund balances	-	2,670,317.	33	3,076,818.
	34	Total liabilities and net assets/fund balances		<u>2,704,406.</u>	34	3,240,159.

Form **990** (2011)

Forn	1990 (2011) PHYSICAL THERAPY, INC	<u> 54-190</u>	<u>)/410</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
_	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,13		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,55	5 <u>,2</u>	<u>83.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	57	6,8	08.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,67		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<17	0,3	<u> 07.</u> :
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	3,07	6,8	18.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				بل
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other		1		
	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?		<u>2</u> a		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	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.				
	Separate basis Consolidated basis X 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 Sil	ngle Audıt			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2011)

SCHEDULE D.

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

FOREIGN CREDENTIALING COMMISSION ON DHVCTCAL THERADY

Employer identification number 54-1907410

organization answered "Yes" to Form 990, Part IV, line 6 (a) Denor advised funds (b) Funds and other accounts 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 in property, subject to the organization's exclusive legal contro? Did the organization inform all disponses and donor advisors in writing that the assets held in donor advised funds are the organization in grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimentable provide benefit? Part II Conservation Easements. Complete if the organization (check all that apply). Part II Conservation Easements. Complete if the organization (check all that apply). Prosecvation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of passes and passes Preservation of passes and passes Preservation of passes Preservation of passes Preservation of passes Preservation of passes Preservation of passes Preservation of passes Preservation of passes Protection of natural habitat Preservation of passes Preservation of pass	Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
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		Assets included in Form 990, Part X		> \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3			L THERAPY,) Page 2
check all that apply a Public exhibition d Loan or exchange programs Cher Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV	Pai										
a Public exhibition d	3		on, and other record	ds, check	any of the	following that	at are a s	significant i	use of its	collection	ırtems
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to gaie funds rather than to be maintained as part of the organization collection? Ves											
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	а	Public exhibition	C			hange progr	ams				
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5. During the year, did the organization solicit or receive donations of air, historical troserves, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990. Part AV, line 9, or reported an amount on Form 991. Part XIV and complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990. Part XIV and complete the following table: Tending balance	b	Scholarly research	•	• 📙 (Other						
5 During the year, did the organization solicit or receive donations of art, instoncial treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. Inc. 21 If "Yes," explain the arrangement in Part XIV and complete the following table: Beginning balance	C										
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and expla	ın how th	ey further t	he organızat	ion's exe	empt purpo	se in Pai	rt XIV	
Eart IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table:	5						ner sımıla	r assets	·-	_	
reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: C Beginning balance d Additions during the year 1 Ending balance 2 Distributions during the year 2 Distributions during the year 3 Ending balance 4 Fending balance 2 Distributions during the year 4 Ending balance 5 Dif "Yes," explain the arrangement in Part XIV Part Y Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Part Y Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Amount											No_
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on Form 990, Part X? b if "Yes," explain the arrangement in Part XIV and complete the following table: Reginning balance											
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Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Carriert year (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years (e) Four years back (e) Four years (e) Four		_	orm 990, Part X, line	217						_l Yes	LI No
ta Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (ives to 3a(i)), are the related organizations histed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment			f Al-		11) / 11 / 15 -	000 D. 1	B/ 1				
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g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	_										100 100 100 100 100 100 100 100 100 100
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶		-								11 1 1	The state of the s
a Board designated or quasi-endowment b Permanent endowment c Temporarily restricted endowment math percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Describe in Part XIV the intended uses of the organization basis (investment) basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other Other 1 169,098 95,720 73,378.						<u></u>				<u>k** 35.55*</u>	<u> </u>
b Permanent endowment			rent year end baland		g, column (a	i)) neid as					
Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 169,098 95,720 73,378 81,590 81,590		-		_%							
The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) b Buildings c Leasehold improvements d Equipment e Other 1 169,098. 95,720. 73,378. 81,590.		- :									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 169,098. 95,720. 73,378. 81,590.	С		·								
Yes No (i) unrelated organizations 3a(i)	2-		•	ation tha		مرا مماسم ام		h	_4		
(ii) related organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other (ii) related organizations 3a(ii) 3a(ii) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 169,098 95,720 73,378 81,590 81,590 81,590 81,590 81,590 81,590 81,590 81,590 81,590 81	за		ssion of the organiz	ation tha	t are neid a	na aaministe	erea for t	ne organiz	ation	Г,	Van Na
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other (ii) related organizations 3a(ii) 3b (c) Accumulated depreciation (d) Book value		•									res No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other 13b (c) Accumulated depreciation (d) Book value 169, 098. 95,720. 73,378.		.,								I. I.	
Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land Buildings Leasehold improvements 169,098. 95,720. 73,378. d Equipment 169,098. 95,720. 73,378. 81,590.	h	.,	hetad as required s	an Cabad	ulo D2						
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 169,098. 95,720. 73,378. 447,719. 366,129. 81,590.										SD	
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land											
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment				' ' ' '		or other	(a) A	coumulato	d	(d) Book	
1a Land b Buildings c Leasehold improvements d Equipment 169,098. 95,720. 73,378. e Other 447,719. 366,129. 81,590.		bescription of property	, ,						١	(u) Dook	value
b Buildings c Leasehold improvements d Equipment e Other 169,098. 95,720. 73,378. 447,719. 366,129. 81,590.	10	Land				,,	50	, , ,		-	
c Leasehold improvements 169,098. 95,720. 73,378. e Other 447,719. 366,129. 81,590.									`		
d Equipment 169,098. 95,720. 73,378. e Other 447,719. 366,129. 81,590.		_					-				
e Other 447,719. 366,129. 81,590.	4	·	· · · · · · · · · · · · · · · · · · ·		16	9.098		95 7	20.	73	378
		• •									
			aual Form 990. Part	X. colum			·	<u> </u>	<u> </u>		

Schedule D (Form 990) 2011

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)

(9) (10)

_	dule D (Form 990) 2011 PHYSICAL THERAPY, INC	ii. I Fi	-:-101-4		1907410	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to A	udited Finan	cial State	emeni		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		2,132	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,555	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			<u>.808.</u>
4	Net unrealized gains (losses) on investments		4		<170	<u>, 307 •</u> :
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			<u>.307.</u> :
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 t XII Reconciliation of Revenue per Audited Financial Statement		10 L	Return		<u>,501.</u>
<u> </u>	Total revenue, gains, and other support per audited financial statements	to with hove	ide per i	1	1,961	781
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				1,001	, , , , , ,
	Net unrealized gains on investments	2a <17	0,307.			
a b	Donated services and use of facilities	2b	0,307.	1.1		
	Recoveries of prior year grants	2c		1 1		
ب C	Other (Describe in Part XIV.)	2d		1,		
d	Add lines 2a through 2d	_20		1	∠17 0	,307.
e	Subtract line 2e from line 1			2e	2,132	
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1			3	2,152	.031.
4	Investment expenses not included on Form 990, Part VIII, line 7b	40				
a	Other (Describe in Part XIV)	4a	·	1 1		
b	Add lines 4a and 4b	40		1 4 1		0.
с 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			4c	2,132	
-	t XIII Reconciliation of Expenses per Audited Financial Statemer	nts With Expe	nses per			<u>, 0) 1 •</u>
1	Total expenses and losses per audited financial statements			1	1,555	283.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					7 2 0 0 1
_ а	Donated services and use of facilities	2a		:		
b	Prior year adjustments	2b		1 4		
c	Other losses	2c		1 1		
d	Other (Describe in Part XIV)	2d		1		
e	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,555	283.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			,		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		,		
	Other (Describe in Part XIV)	4b		1		
	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,555	
Par	t XIV Supplemental Information				<u>. </u>	-
Com	piete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li	ines 1a and 4; Pa	rt IV, lines 1	b and 2	b, Part V, line	4, Part
X, line	e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complet	te this part to prov	ide any ado	ditional	ınformatıon	
PAI	RT VI, OTHER ASSETS:					
-	SOFTWARE 447,719					
	_A/D 366,129					
	BOOK VALUE 81,590					

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.

2011

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.

PHYSICAL THERAPY, INC

FOREIGN CREDENTIALING COMMISSION ON

Employer identification number

54-1907410

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		ŀ	
	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			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	,		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	<u> </u>	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	<u> </u>	
			-	}
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to	,-	. `	
	establish compensation of the CEO/Executive Director. Explain in Part III		,	ľ
	Compensation committee Written employment contract		ľ,	
	X Independent compensation consultant Compensation survey or study			. /
	Form 990 of other organizations Approval by the board or compensation committee	Ç	. '	* **
	Divine the year did any never letted in Form 000 Port VIII Continu A line to with respect to the files	11	,	.[
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 Receive a severance payment or change-of-control payment?	4a	'	х
a h	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	х	
	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	7.00		
	The totally of lines has, not the percent and provide the applicable amounts for each normal art in	,	15	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	1 /		1
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	į.		
	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	7	-	
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		,	ļ
а	The organization?	6a		<u> </u>
b	Any related organization?	6b	<u> </u>	ļ
	If "Yes" to line 6a or 6b, describe in Part III			
7				
	not described in lines 5 and 6? If "Yes," describe in Part III	7	<u> </u>	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	_	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

Page 2

PHYSICAL THERAPY, INC

54-1907410

Schedule J (Form 990) 2011

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) Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Nontaxable benefits	(B)(I)-(D)	Compensation reported as deferred in prior Form 990
	E	0	0	0	0.	0	0	0
1 WILLIAM A. HATHERILL	: (3	372,92	58,848.	0	34,300.	10,438.	476,512.	0
	Ξ		0	0.		0	0	0
2 LARRY WILKERSON	흳	203,	25,646.	0		7,413.	269,405.	0
	Ξ	135,43	6,000.	0	19,778.	3,244.	164,456.	0.
3 SUSAN LINDEBLAD	Ξ	0	0.	0	0	0	0	0
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4	≣							
	Ξ							
5	▣							
	Ξ							
9	Ξ							
	ε							
7	(E)							
	(E)							
8	(i)	,						
	Ξ							
6	Ξ							
	Ξ							
10	Ξ							
	Ξ							
11	Ξ							
	Ξ							
12	Ξ							
	Ξ							
13	Ξ							
	Ξ							
14	▣							
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15	⊞							
	Ξ							
16	3							

PHYSICAL THERAPY, INC Schedule J (Form 990) 2011

Part III | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Page 3

54-1907410

PART I, LINE 4B: A RELATED PARTY ESTABLISHED A DEFERRED COMPENSATION PLAN OFFERED TO KEY EMPLOYEES SELECTED BY ITS BOARD OF DIRECTORS. THE PLAN IS A NONQUALIFIED PLAN UNDER THE INTERNAL REVENUE SERVICE GUIDELINES. CURRENTLY, OMLY THE CHIEF EXECUTIVE OFFICER OF THE FOREIGN CREDENTIALING COMMISSION PARTICIPATES IN THE PLAN. AMOUNT: \$16,500.	TED BY ITS BOARD OF DIRECTORS. THE TERNAL REVENUE SERVICE GUIDELINES. OFFICER OF THE FOREIGN CREDENTIALI AMOUNT: \$16,500.	
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

FOREIGN CREDENTIALING COMMISSION ON PHYSICAL THERAPY, INC

Employer identification number 54-1907410

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAD 6 VOTING
MEMBERS AT THE END OF THE 2011 TAX YEAR.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ARE APPOINTED TO THE BOARD BY THE FEDERATION OF STATE BOARDS OF PHYSICAL THERAPY.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY AN

INDEPENDENT THIRD PARTY WITH THE ASSISTANCE OF THE ORGANIZATION'S CFO. ONCE

COMPLETE, IT IS THOROUGHLY REVIEWED BY THE CFO AND COPIES ARE PROVIDED TO

THE BOARD OF DIRECTORS PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST STATEMENTS

ARE SIGNED ANNUALLY AND THE ORGANIZATION'S CFO IS RESPONSIBLE FOR TRACKING

TRANSACTIONS DURING THE YEAR TO ENSURE COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION UTILIZES THE

SERVICES OF AN INDEPENDENT THIRD PARTY TO REVIEW AND ADVISE ON THE SALARY

ADMINISTRATION PROGRAM. THIS INVOLVES GENERATING A DETAILED SURVEY OF

POSITIONS THAT ARE COMPARABLE TO THE ORGANIZATION'S BASED ON JOB

DESCRIPTION, SIZE AND GEOGRAPHIC LOCATION. THE INFORMATION FROM THE SURVEY

IS USED TO ESTABLISH PAY RANGES BY POSITION. THE STUDY RESULTS ARE

APPROVED BY THE PARENT ORGANIZATION'S BOARD OF DIRECTORS. BY POLICY, THE

SALARY RANGES MUST BE FOLLOWED.

THE PARENT ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR ESTABLISHING THE ANNUAL SALARY OF THE CEO BASED ON THE GUIDELINES

PREVIOUSLY DESCRIBED. ANY BONUSES FOR THE CEO OR OTHER STAFF ARE APPROVED

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)

132211 01-23-12

Schedule O (Form 990 or 990 EZ)	(2011)		Page 2
	EIGN CREDENTIALING COMMISSION (SICAL THERAPY, INC		Employer identification number 54-1907410
BY THE PARENT ORG	ANIZATION'S BOARD OF DIRECTORS	. THE CEO	IS RESPONSIBLE FOR
DETERMINING THE C	OMPENSATION OF OTHER OFFICERS A	AND SENIOR	STAFF, SUBJECT TO
THE GUIDELINES PR	EVIOUSLY DESCRIBED.		
	, SECTION C, LINE 19: ONLY INFO		CONTAINED IN THE
FORM 990, PART XI	, LINE 5, CHANGES IN NET ASSETS	5:	
NET UNREALIZED LO	SSES ON INVESTMENTS:		-170,307.
FORM 990, PART V,	LINE 2A, PAYROLL:		
THE FEDERATION OF	STATE BOARDS OF PHYSICAL THER	APY (PAREN	<u>1T</u>
ORGANIZATION) PRO	CESSES ALL OF THE PAYROLL. THE	RELATED E	AYROLL AND
BENEFIT EXPENSES	ASSOCIATED WITH SUBSIDIARY OPER	RATIONS AF	RE ALLOCATED TO
AND REIMBURSED BY	EACH SUBSIDIARY.		
<u> </u>			

Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 54-1907410

<u>e</u>

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 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990. FOREIGN CREDENTIALING COMMISSION ON PHYSICAL THERAPY, INC

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

9

Direct controlling 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) End-of-year assets Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

מושל אים ושל אמוויום מחווים משוויל מושי						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
FEDERATION OF STATE BOARDS OF PHYSICAL ADMINISTERING STATE THERAPY - 63-0946217, 124 WEST STREET SOUTH, TO PHYSICAL THERAPY	ADMINISTERING STATE TESTS TO PHYSICAL THERAPY				DWNS 100% OF	
3RD FL, ALEXANDRIA, VA 22314	APPLICANTS	ALABAMA	501(C)(6)	н	FCCPT.	×
KING-WEST PROPERTIES INC - 20-5211100		i				
124 WEST STREET SOUTH, 3RD FL	,			_ E9.	BSPT OWNS 1008	
ALEXANDRIA, VA 22314	OFFICE BLDG RENTAL	VIRGINIA	501(C)(2)	d	OF KING-WEST.	×
	· · · · ·					

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

Schedule R (Form 990) 2011

132161 01-23-12 LHA

FOREIGN CREDENTIALING COMMISSION ON PHYSICAL THERAPY, INC

Schedule R (Form 990) 2011

54-1907410

Page 2

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

Percentage ownership General or Percentage managing ownership 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) 3 Ξ Yes No Share of end-of-year assets Code V-UBI camount in box no 20 of Schedule K-1 (Form 1065) Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets <u>e</u> 6 (d) (d) Direct controlling entity Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>ن</u> <u>e</u> Primary activity Direct controlling entity 9 ਉ (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization (a) Part IV

Schedule R (Form 990) 2011

FOREIGN CREDENTIALING COMMISSION ON PHYSICAL THERAPY, INC

Page 3

54-1907410

Yes No

Schedule R (Form 990) 2011

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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Schedule R (Form 990) 2011		132163 01-23-12
		(9)
		(5)
		(4)
319. REIMB OF ALLOCATED EXPENSES	0 856,	FEDERATION OF STATE BOARDS OF PHYSICAL (3) THERAPY
178.10% OF REVENUE PLUS \$35,000	L 231,	OF STATE BOARDS OF
136.MARKET RENTAL RATES	J 75,	PERTIES INC
(d) Method of determining amount involved	(b) (c) Transaction Amount involved type (a-r)	(a) Name of other organization
overed relationships and transaction thresholds	ust complete this line, including c	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
19		 Qther transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)
X of the transfer of the trans		 Aeimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses
		m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) in Sharing of paid employees with related organization(s)
X 1 1 X 1 X	on(s) on(s)	 Lease of facilities, equipment, or other assets from related organization(s) R Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s)
# =		 h Exchange of assets with related organization(s) l Lease of facilities, equipment, or other assets to related organization(s)
119		f Sale of assets to related organization(s) g Purchase of assets from related organization(s)
119		 d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s)
1b		 b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s)
s listed in Parts II-IV?	one or more related organization:	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? a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

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PHYSICAL THERAPY, INC

Schedule R (Form 990) 2011

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

	3	[3]			[]	1	(3)	"	1, 1, 1
Name, address, and EIN	Primary activity	Legal domicile	Predominant income partner sec (related, unrelated,	(O)	Share of	Olspropor- tionate	Code V-UBI	(J) General or managing	(K) Percentage
OI enuty		(state of lofeign country)	excluded from tax orgs? under section 512-514) Yes No	rocal Income	end-or-year assets	allocations?	Alexandra (Form 1065) Yes No	Partner?	ownersnip
						_			
			-						
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				<u></u>					
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Schedule R (Form 990) 2011

Schedule	R (Form 990) 2011	PHYSICAL THERAPY, INC		54-1907410 Page
Part VI	Supplemental In	ormation		
	Complete this part to	rovide additional information for responses to qu	estions on Schedule R (see in	structions)
				
				
	7.			
				
<u> </u>				
				
				
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32 165 1-23-12				Schedule R (Form 990) 201