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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2014

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable:
☐ Address change
☒ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
AMERICAN BOARD OF POST-ACUTE AND LONG-TERM CARE MEDICINE, INC.
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
11000 BROKEN LAND PARKWAY 400
 City or town, state or province, country, and ZIP or foreign postal code
COLUMBIA, MD 21044

D Employer identification number
52-1920740

E Telephone number
800-876-2632

F Group Exemption Number ▶

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶

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

I Website: ▶ **WWW.ABPLM.ORG**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(6) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **169,460.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	154,090.
	3	Membership dues and assessments	3	14,680.
	4	Investment income	4	690.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	169,460.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	70,164.
	13	Professional fees and other payments to independent contractors	13	9,168.
	14	Occupancy, rent, utilities, and maintenance	14	416.
	15	Printing, publications, postage, and shipping	15	1,460.
	16	Other expenses (describe in Schedule O)	16	34,704.
	17	Total expenses. Add lines 10 through 16	17	115,912.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	53,548.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	306,113.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	359,661.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☒ **X**

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	303,038.	22	356,785.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	3,901.	24	4,414.
25 Total assets	306,939.	25	361,199.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	826.	26	1,538.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	306,113.	27	359,661.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III ☒ **X**

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 **SEE SCHEDULE O**

(Grants \$) If this amount includes foreign grants, check here ☐ **28a**

29

(Grants \$) If this amount includes foreign grants, check here ☐ **29a**

30

(Grants \$) If this amount includes foreign grants, check here ☐ **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) ☐ **32**

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

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
THOMAS EDMONDSON, MD, CMD CHAIR	1.00	0.	0.	0.
ROBERT G. KAPLAN, MD, FACP, CMD VICE CHAIR	1.00	0.	0.	0.
SABINE VON PREYSS-FRIEDMAN, MD, CMD SECRETARY/TREASURER	1.00	0.	0.	0.
BRUCE ROBINSON, MD, MPH, CMD IMMEDIATE PAST CHAIR	1.00	0.	0.	0.
THOMAS S. LEHNER, MD, CMD DIRECTOR	1.00	0.	0.	0.
PATRICIA TOMSKO NAY, MD, CMD DIRECTOR	1.00	0.	0.	0.
MELINDA HENDERSON, MD, CMD DIRECTOR	1.00	0.	0.	0.
GWENDOLEN BUHR, MD, MHS, MED, CMD DIRECTOR	1.00	0.	0.	0.
RANDOLPH E. SCHUMACHER, MD, CMD DIRECTOR	1.00	0.	0.	0.
BILL KUBAT PUBLIC MEMBER	1.00	0.	0.	0.
CHRISTOPHER E. LAXTON, CAE EXECUTIVE DIRECTOR	2.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	X	
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		N/A
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	41	MD
42a The organization's books are in care of <u>DEBBIE ADDISON</u> Telephone no <u>410-992-3102</u> Located at <u>11000 BROKEN LAND PARKWAY SUITE 400, COLUMBIA, MD</u> ZIP + 4 <u>21044</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51
Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		
48		
49a		
49b		

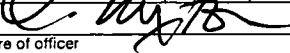
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

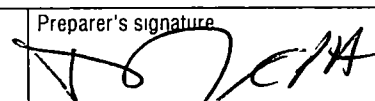
- f** Total number of other employees paid over \$100,000 ▶
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **N/A**

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

- d** Total number of other independent contractors each receiving over \$100,000 ▶
- 52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Date **5/5/2015**
 Signature of officer 
CHRISTOPHER LAXTON, CAE, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature 	Date 5/4/15	Check <input type="checkbox"/> if self-employed	PTIN P01361002
	Firm's name ▶ JONES, MARESCA & MCOUADE, P.A.			Firm's EIN ▶ 52-1853933	
	Firm's address ▶ 10500 LITTLE PATUXENT PARKWAY, SUITE 7 COLUMBIA, MD 21044			Phone no. 410-884-0220	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Form 990-EZ (2014)

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

AMERICAN BOARD OF POST-ACUTE AND
LONG-TERM CARE MEDICINE, INC.

Employer identification number

52-1920740

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST INCOME

690.

FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

DESCRIPTION OF EXPENSES:

AMOUNT:

DEPRECIATION

416.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

BANK CHARGES

36.

TRAVEL

4,217.

ADMINISTRATIVE FEE PAID TO AMDA AFFILIATED ORG.

16,189.

DESIGN

13.

OFFICE SUPPLIES

569.

TELEPHONE

973.

MEALS AND CATERING

1,670.

STAFF DEVELOPMENT

1,104.

BOARD COMMITTEE MEETINGS

7,131.

OTHER MEETING EXPENSES

302.

MARKETING

2,500.

TOTAL TO FORM 990-EZ, LINE 16

34,704.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION

BEG. OF YEAR

END OF YEAR

ACCOUNTS RECEIVABLE

0.

79.

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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LONG-TERM CARE MEDICINE, INC.**

Employer identification number
52-1920740

DUE TO AFFILIATES	2,377.	3,227.
OTHER DEPRECIABLE ASSETS	1,524.	1,108.
TOTAL TO FORM 990-EZ, LINE 24	3,901.	4,414.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCRUED VACATION	826.	1,538.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORGANIZATION OPERATES
AS A CERTIFICATION BODY FOR PHYSICIANS SEEKING THE DESIGNATION OF
"CERTIFIED MEDICAL DIRECTOR" OF LONG-TERM CARE FACILITIES.**

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

**THE ORGANIZATION ADMINISTERS A CERTIFICATION PROGRAM
WHEREBY PHYSICIAN MEDICAL DIRECTORS MAY APPLY FOR
CERTIFICATION FROM THE ORGANIZATION'S BOARD OF DIRECTORS
TO RECEIVE THE DESIGNATION OF BECOMING AN AMERICAN BOARD OF POST-ACUTE
AND LONG-TERM CARE MEDICINE CERTIFIED MEDICAL DIRECTOR, ("ABPLM CMD").
MEDICAL DIRECTORS IN SETTINGS THROUGHOUT THE LONG TERM CARE CONTINUUM,
INCLUDING SUBACUTE CARE, HOME CARE AND HOSPICE ARE ELIGIBLE FOR
CERTIFICATION. ONCE AWARDED, THE CERTIFICATION IS VALID FOR SIX YEARS,
AFTER WHICH RECERTIFICATION IS REQUIRED TO MAINTAIN ABPLM CMD STATUS.
SINCE THE PROGRAM'S INCEPTION, OVER 3,160 PHYSICIAN MEDICAL DIRECTORS
HAVE RECEIVED THE ABPLM CMD DESIGNATION.**

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Name of the organization

AMERICAN BOARD OF POST-ACUTE AND
LONG-TERM CARE MEDICINE, INC.

Employer identification number

52-1920740

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

FORM 990EZ, PART V, LINE 34:

THE ORGANIZATION CHANGED ITS NAME FROM AMERICAN MEDICAL DIRECTORS

CERTIFICATION PROGRAM TO "AMERICAN BOARD OF POST-ACUTE AND LONG-TERM

CARE MEDICINE, INC."

American Medical Directors Certification Program, Inc.

ARTICLES OF AMENDMENT

American Medical Directors Certification Program, Inc., a Maryland nonstock corporation (the "Corporation"), hereby certifies to the Maryland State Department of Assessments and Taxation that:

FIRST: The Corporation's Articles of Incorporation, which were originally approved for record on March 23, 1995 (the "Articles") are hereby amended by deleting ARTICLE SECOND in its entirety, and substituting the following in lieu thereof:

"SECOND: The name of the Corporation (which is hereinafter called the "Corporation") is: **American Board of Post-Acute and Long-Term Care Medicine, Inc."**

SECOND: this Amendment to the Corporation's Articles was duly advised and approved by the Board of Directors of the Corporation in a manner and by the vote required by law and the Corporation's Articles.

THIRD: This amendment to the Corporation's Articles was duly approved by the members of the Corporation in a manner and by the vote required by law, the Articles of Incorporation, and the Corporation's Bylaws.

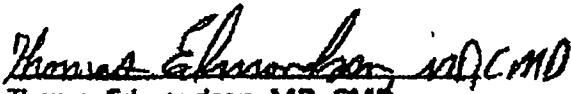
FOURTH: Each of the undersigned officers of the Corporation acknowledges, under penalties for perjury, that these Articles of Amendment are the corporate act of the Corporation and that the matters and facts set forth herein are true in all material respects, to the best of his or her knowledge and belief.

[CONTINUED ON THE NEXT PAGE]

[CONTINUED FROM THE PREVIOUS PAGE]

IN WITNESS WHEREOF, American Medical Directors Certification Program, Inc. has caused these Articles of Amendment to be signed in its name and on its behalf by its President and attested to by its Secretary on this 28th day of October, 2014.

ATTEST:


Thomas Edmondson, MD, CMD
President


Sabine M. von Preyss-Friedman, MD, CMD
Secretary/Treasurer