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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

<u>A</u>	or the	2014 calendar year, or tax year beginning A	<u>UG 1, 2014</u> and	ending _	<u> </u>)15	
В	Check if	C Name of organization			D Employer ide	entification number	
	applicabl	AMERICAN BOARD OF PHYS	ICAL MEDICINE				
	Addre:	AND REHABILITATION			_		
	Name chang	Doing business as			41	6029315	
	Initial return	Number and street (or P 0, box if mail is not del	ivered to street address)	Room/suite	E Telephone nu	ımber	
	Final return/		SW		50	<u> </u>	
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	6,665	<u>,757.</u>
	Ameno	rochester, MN 55902-4	139		H(a) Is this a gro	oup return	
	Application	F Name and address of principal officer CAN	OLYN KINNEY		for subordir	nates? Yes	X No
	pendir	SAME AS C ABOVE			H(b) Are all subordin	nates included? Yes	☐ No
<u>1</u>	Tax-exe	empt status 501(c)(3) X 501(c) (6)		or 527	If "No," atta	ach a list (see instruct	ions)
<u>J</u> '	Websit	e: > HTTP://WWW.ABPMR.ORG/			H(c) Group exer	nption number	
		organization X Corporation Trust As	sociation Other >	L Year	of formation 194	N State of legal dor	nicile: MN
Pa	art I	Summary					
	1	Briefly describe the organization's mission or most	significant activities TO S	ERVE 1	HE PUBLIC	BY IMPROV	ING
Activities & Governance	1	THE QUALITY OF PATIENT CA	RE THROUGH A PR	OCESS	OF CERTIF	FICATION AND	D
г	2	Check this box if the organization disco	ntinued its operations or dispo	sed of more	e than 25% of its r	net assets	
Š)	Number of voting members of the governing body				3	14
Ğ	4	Number of independent voting members of the go	verning body (Part VI, line 1b)			4	$\overline{14}$
SS	5	Total number of individuals employed in calendar y	ear 2014 (Part V, line 2a)			5	20
ij		Total number of volunteers (estimate if necessary)	, ,			6	150
ŧ		Total unrelated business revenue from Part VIII, co	lumn (C), line 12-			7a	0.
⋖		Net unrelated business taxable income from Form		The second		7b	0.
			1 -110	LIVE	Prior Year	Current Y	
a.	8	Contributions and grants (Part VIII, line 1h)	MAR (701	0.	0.
Revenue	1	Program service revenue (Part VIII, line 2g)	l∰l MAR o	8 20 7	43489,38		
eve	40	Increase in come (Dect VIII column (A) lines 2. 4	and 7d)		13,168,75		,833.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c Total revenue - add lines 8 through 11 (must equal	. 9c. 10c. and 11e	The same of the same	」」	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII. column (A): line 12	AL UT	5 658,14		
		Grants and similar amounts paid (Part IX, column (ब्राज्य	0.	0.
	1	Benefits paid to or for members (Part IX, column (A	•	ļ		0.	0.
S	1	Salaries, other compensation, employee benefits (I	•		2,224,88		
Expenses		Professional fundraising fees (Part IX, column (A), I				0.	0.
per	1	Total fundraising expenses (Part IX, column (D), lin	•	0.			
ш		Other expenses (Part IX, column (A), lines 11a-11d			1,748,77	78. 1,905	.061.
	1	Total expenses Add lines 13-17 (must equal Part I	•		3,973,66		
	1	Revenue less expenses Subtract line 18 from line	• • • • • • • • • • • • • • • • • • • •		1,684,47		,870.
-Si		TOTAL TO THE TANK THE TEN ATT THE		Re	ginning of Current Y		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		50	12,858,16		
Ass	21	Total liabilities (Part X, line 26)			70,01		,447.
<u> </u>	22	Net assets or fund balances Subtract line 21 from	line 20		12,788,15		
	art'll	Signature Block	1110 20		12,100,10	70 1 12/1/2	, 200 •
		Ities of perjury, I declare that I have examined this return,	including accompanying schedule	es and statem	ents, and to the hest	of my knowledge and h	elief it is
	<i>></i> /	t, and complete. Declaration of preparer (other than office	· ·			•	JIICI, II 13
		t, and conjugate occidentation of program what office	- Tris based on an information of w	men preparei	/ 6 3	122/22/2	
		Signature of officer			Date	22/2011	
Sıg Her	, A.	CAROLYN KINNEY, EXECUT	IVE DIRECTOR			ľ	
Her	e J	Type or print name and title	IVE DIRECTOR	-			
_W		Print/Type preparer's name	Dranarar's suggesture		Date Che	ck PTIN	
Paid		DANIEL W. EDWARDS	Preparer's signature	6	2/11/15		074
Dre	arer	Firm's name RSM US LLP	ran come	1_	[tran's [tr	employed P00043	
-	Only	Firm's addiess 310 BROADWAY AVE	NUE S, SUITE 30	<u></u>	Firm's Elf	N► 42-0714	145
USB	-only		NUE S, SUITE 30 904	U	Dhara	507 200 <i>64</i> 5	76
NA-	, the IT				Pnone no	.507.288.64 X Yes_	
		RS discuss this return with the preparer shown about 17-14 LHA For Paperwork Reduction Act Notice					No (2014)
4320	01 11-0	7-14 LIVA FOI FAPERWOLK REDUCTION ACCINOTIC	e, see uie separate instructi	UNS.		Form 93	/U (2014)

·	AMERICAN ROLDS OF DUNGLOSS APPROXIS			
_	AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION	41-60	20215	- 0
	rt III Statement of Program Service Accomplishments	41-00	29313	Page 2
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission TO SERVE THE PUBLIC BY IMPROVING THE QUALITY OF PATIENT PROCESS OF CERTIFICATION AND MAINTENANCE OF CERTIFICATION EXCELLENCE AND ENCOURAGES CONTINUOUS LEARNING.			
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O		Yes	X No
3	Did the organization cease conducting, or make significant changes in how it consects appropriately these changes on Schedule O		Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported			nd
4a	(Code)(Expenses \$	ION (A ROGRAM ENANCE	OF	CES
4b	(Code) (Expenses \$ including grants of \$) (Revent COMBINED SUBSPECIALTY EXAMS BENEFITED 629 PERSONS IN 201	— — —)
4c	(Code) (Expenses \$	ıe \$)

4e Total program service expenses ►

432002
11-07-14

4d Other program services (Describe in Schedule O)

Form **990** (2014)

Form 990 (2014) AND REHABILITE 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 Is the organization required to complete Schedule B, Schedule of Contributors	_1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf discontinuous public office? If "Yes," complete Schedule C, Part I	3		Х
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 similar amounts as defined in Revenue Procedure 98 19? If "Yes," complete Schedule C, Part III	5		Х
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	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
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, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its 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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000]	7,7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	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	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u>L</u> _
		Form	990	(2014

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	_21_	<u> </u>	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	}		
	Part IX, column (A), line 27 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 organizations corrects]		ĺ
	and former officers, directors, trustees, key employees, and highest compensated employees? If the second level of the second		i .	}
	CONTROL OF THE PARTY OF THE PAR	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		1	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		ì	
	Schedule K If "No", go to line 25a	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1]
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	 	<u> </u>
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			х
^-	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	l		[
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </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)		,	Į .
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ĺ	X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	 	
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	İ	х
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	ł	х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u> </u>		
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32	ļ	Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization?		ļ	}
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	
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	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		١,,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2014

Enter the number reported in Box 3 of Form 1096 Enter 0-if not applicable Enter the number of Forms W-20 included in line 1a Enter 0-if not applicable Enter the number of Forms W-20 included in line 1a Enter 0-if not applicable Of the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambing) with minings to price without the price of the property of the organization organ	Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				
ta Enter the number reported in Box 3 of Form 1906 Enter of In not applicable b. Enter the number of Forms W26 chucked in line is Enter 0 of not applicable c. Det the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with payment of the payment of the payments of the payments of the payments of the payment is unique to the payment of the payments of t					Yes	No
b Enter the number of Forms W.G. included in thre 1a. Enter 0 if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2. Enter the number of employees reported on Form W.3., Transmittal of Wage and Tax Statements, life of for the catendary war ending with or within the year covered by this return b if a least one is reported on line 2a, dot the organization file all required federal employment tax includes. The statements was a series of the organization have unrelated business gross second of \$1.000 or more during helps with the statements of 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)? b if Yes, "enter the name of the foreign country be. See enstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a. Was the organization in party to a prohibited tax shelter transaction at any time during the tax year? 5b. Did any tixe-be party mority the organization that was or is a party to a prohibitions for this requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization should any contributions that were not tax eductible as charable combinations? 6b. If Yes, "old the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible as charable combinations? 7c. If Yes, "old the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c. If Yes, "old the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d. If Yes, "old the organization make a distribution make a distribution and gast to property of	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7[.,,,
c Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining (gambling) withwomings to prize without seven without the year covered by this return to the file of the celendar year ending with or within the year covered by this return of the provided of the celendar year ending with or within the year covered by this return of the provided of the celendar year ending with or within the year covered by this return of the provided of the celendar with the year covered by this return of the provided of the celendary and the celendary and the celendary and the organization have unrelated bosiness gross snoome of \$1.000 or more dumple that the provided by the provided of the provided of the celendary and the organization have an explanation have an explanation by the stable \$0.000 or more dumple that the dumple celendary are, did the organization have an explanation of the advances of the celendary and the celendary and the celendary and the provided and the pr			0	ľ	ļ	
Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this native process. By Tarl less or os exported on line 2a, did the organization field all required federal employment has required to the federal employment tax required and tax required and the federal employment tax required and tax required and tax federal employment tax required and tax required and tax federal employment tax required and tax required and tax federal employment tax required and tax required and tax federal employment tax required tax federal employment tax required tax federal employment tax required to the federal employment tax required tax fed		···	ning	1	İ	
bill at least one or apported on line 2a, did the organization file all required federal employment tax required. Note, if the sum of lines 1 and 2a is greater than 250, you may be required federal employment tax required. Note if the sum of lines 1 and 2a is greater than 250, you may be required for e-file (seep 10 and		(gambling) winnings to prize winners?	1	င	Х	
b If a least one is reported on line 2a, did the organization file all required federal employment fax required \$\frac{1}{2}\$\$\frac{1}	2a	Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements,				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (seem 1) 3a Dut the organization have unrelated business gross some of \$1,000 or more during this part of the			-200			
3a Did the organization have unrelated business gross income of \$1,000 or more during the place of \$30.00 or more during		20 13 13 13 13 13 13 13 13 13 13 13 13 13	2	b	Х	
b If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation she shedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account)? 4b If "Yes," enter the name of the foreign country! 5ee instructions for fitting requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," ich line 5a of 5b, did the organization line for mit 886F.?? 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 as charitable contributions. 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions. 6c Organization shart may receive deductible contributions under section 170(c). a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization shall excess of \$75 made parity as a combibution and parity for goods and services provided to the payor? 7 If If "Yes," indicate the number of Forms 2822 filed during the year 9 Dot the organization shall be year, any premiums, directly, to pay premiums on a personal benefit contract? 7 If Did the organization received a contribution of admit intellectual property, did the organization the Form 8899 as required? 9 If the organization received a contribution of cars, beats, anglinance, or other vehicles, did the organization the Form 8890 as required? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring orga		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (seeins file (seeins))	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1		
4a A lary 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 FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAF) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAF) See instructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAF) See instructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAF) See instructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAF) See instructions of 50, did the organization new for 8888 of See instructions of 50 did the organization received a part of the seed of the seer see statement that such contributions of the seer of the goods or services provided? If yes, indicate the number of Forms 8282 filed during the year Did the organization received a contribution of the subject of the goods or services provided? If yes, indicate the number of Forms 8282 filed during the year See in the organization received a contribution of qualified intellectual p			3	a		_X_
the financial account in a foreign country, fauch as a bank account, securities account, or other financial accounts? b If "Yes," either the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 If "Yes," to line 5a or 5b, did the organization filip Form 8886 F? 50 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any confributions that were not tax deductible? 50 If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 70 Organizations that may receive deductible contributions under section 170(c). 10 If Yes," did the organization notify the donor of the value of the goods or services provided? 71 If "Yes," indicate the number of Forms 8282 filled during the year. 72 Organization state expendition states any struct, directly or indirectly, to pay premiums on a personal benefit contract? 73 If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 74 If the organization received a contribution of qualished intellectual property, did the organization file Form 8899 as required? 75 If the organization received a contribution of cars, boats, anytimes, or other velocies, did the organization file Form 8899 as required? 76 If the organization received a contribution of cars, boats, anytimes, or other velocies, did the organization file Form 890 or Part Vill, line 12 8 Sponsoring organization make a distribution to the donor, donor advised fund maintained by the sponsoring organization make a distribution to the donor, donor advised fund maintained by the sponsoring organization make a d	b	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O	3	ь		
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14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		' '				
b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				\dashv		
			F	$\overline{}$		
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		_	aan	(2014)

AND REHABILITATION Form 990 (2014)

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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 or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		1	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 2			
b	Enter the number of voting members included in line 1a, above, who are independent			
	Total State Bill State			
2	Did any officer, director, trustee, or key employee have a family relationship or a business deationship with any other	۾ ا		Х
_	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		х
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
		14	X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		Х	
a	The organization's CEO, Executive Director, or top management official	15a	X	-
D	Other officers or key employees of the organization	15b	Λ	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			•
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l fınan	cıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	VALERIE ESPESETH - 507-282-1776			
	3015 ALLEGRO PARK LANE SW, ROCHESTER, MN 55902-4139			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

(A)	(B)	1			C)			(D)	(E)	(F)
Name and Title	Average			Pos	ition	1		Reportable	Reportable	Estimated
Tano and Time	hours per	(do box	not c	heck ss pe	more rson	than is bot	one th an	compensation	compensation	amount of
	week	offi	cer an	d a d	irecto	or/trus	stee)	from	from related	other
	(list any	sctor			ļ			the	organizations	compensation
	hours for	or dire				pate		organization	(W-2/1099-MISC)	from the organization and related
	related	stee	truste		۵	bens		(W-2/1099-MISC)	ENT	organization
	organizations	la la	onal .		ploye	E as			FND	organization andrelated organizations
	below line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Боттег		A PERSON NAMED OF THE PARTY OF	organizations
(1) SHERILYN DRISCOLL MD	4.00	=		-	×	工品	13	W 18	,	
DIRECTOR		x			ŀ			0.	0.	0.
(2) CHRISTOPHER GARRISON MD	4.00									
DIRECTOR		Х						0.	0.	0.
(3) ANTHONY CHIODO MD	4.00	Ī								
TREASURER		X		Х				0.	0.	0.
(4) GARY S CLARK MD	4.00									
VICE CHAIR		X		X	L			0.	0.	0.
(5) WILLIAM F MICHEO MD	4.00									
DIRECTOR		X						0.	0.	0.
(6) JAMES A SLIWA DO	4.00									
SECRETARY		Х		Х				0.	0.	0.
(7) LAWRENCE ROBINSON MD	4.00									
DIRECTOR		X				<u> </u>		0.	0.	0.
(8) KAREN KOWALSKE MD	4.00									
CHAIR		X		Х				0.	0.	0.
(9) JAMES MCDEAVITT MD	4.00					1				
DIRECTOR		Х			_	L		0.	0.	0.
(10) MARY MCMAHON MD	4.00									
DIRECTOR		Х	Ш					0.	0.	0.
(11) CAROLYN GEIS MD	4.00									
DIRECTOR		Х						0.	0.	0.
(12) GERARD FRANCISCO MD	4.00									
DIRECTOR		Х						0.	0.	0.
(13) SUNIL SABHARWAL MD	4.00									
DIRECTOR		Х						0.	0.	0.
(14) ANTHONY TARVESTAD	40.00									
EXECUTIVE DIRECTOR (PART-YEAR)		_		Х				406,180.	0.	88,803.
(15) JILL HALLMAN	40.00									
ADMINISTRATOR	1	L.	Щ			Х	<u> </u>	147,068.	0.	65,525.
(16) DONNA MORGAN	40.00									
ADVISOR	_	<u> </u>	L			<u>L</u>	Х	128,331.	0.	48,952.

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	Section A. Officers, Directors, Tru	stees, Key Em (B)	pioy	ees	<u>, and</u> (C		gne	st C	T		7		(E)	
	(A) Name and title	Average			Posi		1		(D)	(E)		Eo	(F)	ad
	мате апо ше	hours per		not c	heck i	more	than is bot		Reportable compensation	Reportable compensation	,		timat nount	
		week	offi				or/trus		from	from related			other	
		(list any hours for	rector						the	organizations			pensa	
		related	ip uo a	eg eg			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	^{C)}		om th anızat	
		organizations	truste	al frus		yee	шреп		(***2/1099***********************************			_	d relat	
		below	Individual trustee or director	Institutional frustee	Je:	Key employee	Highest compensated employee	ner				orga	nızat	ions
		line)	ig .	Insti	Officer	Key (High emp	Former						
		 		-							\dashv			
			1							_	NEW TOWN	7		
			-						- BO 6	DE BARGE	23		3	
										FN			•	
									See 1 1 1	S Land E				
							_							
			 											
		<u></u>	<u> </u>											
	Sub-total								681,579.		0.	20	3,2	80.
	Total from continuation sheets to Part V	II, Section A						>	681,579.		0.	20	2 2	0 . 80 .
	Total (add lines 1b and 1c) Total number of individuals (including but	ant limited to th		hoto	od ob	2011	N 14/F	<u> </u>	·	000 of reportable		20	3, ∠	00.
2	compensation from the organization	iot iiriited to ti	1026	IISLE	a a	JOVE	=) WI	10 16	eceived more than \$100	,000 or reportable	•			3
	omponed to the transfer of garnization.								.=				Yes	No
3	Did the organization list any former officer	, director, or tru	ıste	e, ke	y en	npic	yee,	or i	highest compensated e	mployee on	Γ			
	line 1a? If "Yes," complete Schedule J for	such individual										3	Х	
4	For any individual listed on line 1a, is the s									the organization				
_	and related organizations greater than \$15	•		-							ļ	4	X	
5	Did any person listed on line 1a receive or							elate	ed organization or indiv	dual for services		_		\ \-
Sect	rendered to the organization? If "Yes," cor ion B Independent Contractors	ipiete scriedui	e J 1	UI SL	icii į	oers	OH					5		X
1	Complete this table for your five highest co	ompensated inc	depe	ende	nt c	ontr	acto	rs ti	hat received more than	\$100,000 of com	pensa	ation f	rom	
	the organization Report compensation for													
	(A)								(B)			(C	;)	
	Name and business	address	NC	ONE	3				Description of s	ervices	C	omper	nsatio	n
								1						
								- 1						
								\dashv	·					
			_		-								•	
														<u></u>
			_								-			•
	Total number of independent contractors s \$100,000 of compensation from the organ	_	ot lir	mite	d to		se lis	sted	above) who received m	ore than				

Par	₹ V	III Stateme	nt of Reve	nue					
		Check if Sc	hedule O con	tains a response	or note to any lir	ne in this Part VIII	(5)	783	X
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated cam	paigns	1a					
g a	ŀ	Membership du	ies	1b					
A,t	(Fundraising eve	ents	1c					
章	(d Related organiz	ations	1d					70.30
S E	•	e Government gra	•	· -					
를 들	1	All other contribu	tions, gifts, grar	nts, and			A 18		
퉏된		sımılar amounts r	not included abo	ve 1f					3042
gg		Noncash contribution		s 1a-1f \$			A LA		
<u>a</u> 0	ł	Total. Add lines	3 1a-1f		•	·			म इ
.		nnognagawa y		mrov pppa	Business Code	•	0 700 400		Em B of The
<u> </u>	2 8				541900	2,780,490.	2,780,490.		
le è		VERIFICATION	N AND RECER	TIFICATION	541900	778,915.	778,915.		
E	(<u></u>				
Pa Ba	•		 -					_	
Program Service Revenue	•								
	f	All other progra Total. Add lines		enue		3,559,405.		,	
\rightarrow	3			dıvıdends, ınter		0,000,100.			, , , , , , , , , , , , , , , , , , , ,
	Ŭ	other similar am	-	dividends, inter	bot, and	397,367.			397,367.
	4		•	x-exempt bond ;	proceeds	,			, ,
- 1	5	Royalties		, o	>				
		, , , , , , , , , , , , , , , , , , , ,		(ı) Real	(II) Personal			.,	2.4
- 1	6 a	Gross rents		V	.7				March of St.
	t	Less rental exp	enses		1				
	ď	Rental income of	or (loss)					1979	
	c	Net rental incon	ne or (loss)		•		*		
	7 a	Gross amount f	rom sales of	(i) Securities	(II) Other			, 27,	(mark)
		assets other tha	an inventory	2,708,985				*	1 "1
	t	Less cost or ot	her basis						
		and sales exper	nses	2,779,441.	78.				
	C	Gain or (loss)		<70,456	<78.	>		4,	15
	C	Net gain or (loss	s)			<70,534.	>		<70,534.
e l	8 8	Gross income fi	rom fundraisin	g events (not					
ē		ıncludıng \$		of					
Other Revenue		contributions re	ported on line	1c) See					
ě		Part IV, line 18		а					
8		Less direct exp		. b					
		Net income or (I		-	•				
	9 2	Gross income fi	rom gaming ad						
		Part IV, line 19		а					
		Less direct exp		b					
		 Net income or (lagrange) Gross sales of it 			_				
	10 6	and allowances	-						
	ŀ	Less cost of go		a b					
		: Net income or (I		•					
ı			neous Revenu		Business Code				
	11 a			-					
	t								
		All other revenu	e						
ŀ	•	Total. Add lines	11a-11d		•				
	12	Total revenue Se	e instructions			3,886,238.	3,559,405.	0.	326,833.
432009 11-07-	14					- 			Form 990 (2014)

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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) Check if Schedule O contains a response or note to any line in this Part IX (A)
Total expenses Do not include amounts reported on lines 6b, Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 494,983 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,252,281. 7 Other salaries and wages Pension plan accruals and contributions (include 134,127 section 401(k) and 403(b) employer contributions) 301,015. Other employee benefits 9 112,641. Payroll taxes 10 11 Fees for services (non-employees) Management 13,938. b Legal 30,290. С Accounting d Lobbying - 10 m Professional fundraising services. See Part IV, line 17 29,370. Investment management fees Other (If line 11g amount exceeds 10% of line 25, 57,172 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 177,525. Office expenses 13 7,122. Information technology 14 Royalties 15 139,225. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 641,578. 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 121.290. 22 Depreciation, depletion, and amortization 32,594. 23 Insurance 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') 472,003. MEDICAL EXAMS DUES TO AMERICAN BOARD 135,688. STAFF TRAINING AND EDUC 27,636. 14,762. d AWARDS & MOMENTOS 4,868. e All other expenses 4,200,108 Total functional expenses Add lines 1 through 24e 25 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)

432010 11-07-14

28557471

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,629,362. 1,481,767. 1 Cash - non-interest-bearing 2,025,314. 1,475,000. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Assets Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 3,544,095 10a basis Complete Part VI of Schedule D 987,442. 2,543,475. 2,556,653. 10b b Less accumulated depreciation Investments - publicly traded securities 11 11 6,660,015. 6,976,313. 12 Investments - other securities See Part IV, line 11 12 13 Investments - program related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 12,858,166. 12,489,733. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 15,447. 70,010. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 70,010. 15,447. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 12,788,156. Unrestricted net assets 27 12,474,286. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 12,788,156. 12,474,286. 33 Total net assets or fund balances 33 12,858,166. 12,489,733. Total liabilities and net assets/fund balances

Form 990 (2014)

Forn	1990 (2014) AND REHABILITATION	41-	6029315) Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,88		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,20		
3	Revenue less expenses Subtract line 2 from line 1	3			370.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,78	38,1	156.
5	Net unrealized gains (losses) on investments	5 7 18			
6	Donated services and use of facilities	6,	C		
7	Investment expenses	7.0	Á)		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	12,47	4,2	286.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			ر د	1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	10 mm		السيان
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		1	,
	separate basis, consolidated basis, or both		İ	1,	
	Separate basis Consolidated basis Both consolidated and separate basis		2-00-		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,		,	
	consolidated basis, or both				'
	Separate basis Consolidated basis Both consolidated and separate basis		25.5		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	A. C.		1 2 2 2 2
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	igle Aud	. ht		
	Act and OMB Circular A 133?		3a	<u> </u>	X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red auc	it I		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	<u> </u>	
			Form	ո 990	(2014)

432012 11-07-14

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITMANTON

Employer identification number

D	AND REHADIDITATION	F			41-0025	
Pa			IS Or A	ccou	Ints.Complete if th	ne
	organization answered "Yes" to Form 990, Part IV, line 6			h) Euro	do and other coops	
		(a) Donor advised funds		•	ds and other accou	TO CO
1	Total number at end of year		(S)	A 10		<u> </u>
2	Aggregate value of contributions to (during year)		MA DO			¥ 1
3	Aggregate value of grants from (during year)		3-13 H			
4	Aggregate value at end of year				· · · · · · · · · · · · · · · · · · ·	
5	Did the organization inform all donors and donor advisors in wr	<u> </u>	ised fun	ds		
	are the organization's property, subject to the organization's ex	•			L Yes	∟ No
6	Did the organization inform all grantees, donors, and donor adv	0 0		•		
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose	e confer	rıng		
	impermissible private benefit?				Yes	No_
Pai	t II Conservation Easements. Complete if the organ	nization answered "Yes" to Form 990,	Part IV,	line 7		
1	Purpose(s) of conservation easements held by the organization	ı (check all that apply)				
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation of a his	torically	ımpor	tant land area	
	Protection of natural habitat	Preservation of a ce	rtified hi	storic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	n of a co	nserva	ation easement on t	the last
	day of the tax year					
					Held at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified historic struc	` '	i	2c		
d	Number of conservation easements included in (c) acquired aft	er 8/17/06, and not on a historic struc	ture			
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, release	ised, extinguished, or terminated by th	ne organ	nzation	during the tax	
	year >	_				
4	Number of states where property subject to conservation ease	 				
5	Does the organization have a written policy regarding the perior		f			
	violations, and enforcement of the conservation easements it h				└ Yes	∟ No
6	Staff and volunteer hours devoted to monitoring, inspecting, ar		_	-	-	
7	Amount of expenses incurred in monitoring, inspecting, and en	-	-		\$	-
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	U(h)(4)(E	3)(1)	<u></u>	П.
_	and section 170(h)(4)(B)(ii)?				└ Yes	└─ No
9	In Part XIII, describe how the organization reports conservation	•			·	
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	s the org	ganızat	ion's accounting to	or
Dai	t III Organizations Maintaining Collections of	Art Historical Treasures or (Other !	Simil	ar Accate	
rai	Complete if the organization answered "Yes" to Form 99	•	Julei .	JIIIIII	ar Assets.	
10	If the organization elected, as permitted under SFAS 116 (ASC		mont or	ad bala	anno choot works o	fort
Id		•				
	historical treasures, or other similar assets held for public exhibition to the feetnets to its financial statements that describe		ance or	public	service, provide, in	i Fait Aiii,
	the text of the footnote to its financial statements that describe					h.ataal
D	If the organization elected, as permitted under SFAS 116 (ASC	·				
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of p	ublic sei	rvice, p	provide the following	g amounts
	relating to these items				1	
	(i) Revenue included in Form 990, Part VIII, line 1				\$ \$	
_	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treas		iai gain,	brovia	е	
_	the following amounts required to be reported under SFAS 116	(ASC 938) relating to these items			r	
a	Revenue included in Form 990, Part VIII, line 1				\$ \$	
b	Assets included in Form 990, Part X			> :		

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

Schedule D (Form 990) 2014

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		<u>ABILITATIO</u>						029315 Page:
Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	or Oth	er Similar Ass	sets(continued)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	it are a s	ignificant use of it	ts collection items
	(check all that apply)							
а	Public exhibition	C	ı 🗆	Loan or exc	hange progra	ams		
b	Scholarly research	é		Other	3-13			
c	Preservation for future generations	•						
4	Provide a description of the organization's co	ollections and evolu-	in how th	nev further t	he organizati	on's eve	mnt nurnose in P	art XIII
5	During the year, did the organization solicit o	•		-	-			art //iii
3	to be sold to raise funds rather than to be ma					Ci Siiiilia	, assets	Yes No
Dai	t IV Escrow and Custodial Arran					"Voo" to	Form 000 Port IV	
T ai	reported an amount on Form 990, Pai		ete ii the	organizatio	n answered	res to	FORM 990, Part IV	, line 9, or
								
та	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	is or other as	sets no	: incluaea 	n. n.
	on Form 990, Part X?		_				The state of the s	≝nd Yes ∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table				1 Si
					- 154 E		A STATE OF THE STA	Amount
С	Beginning balance						H Late	
d	Additions during the year				100	H Francis	1d	
е	Distributions during the year				Ri -		1e	
f	Ending balance						1f	
2a	Did the organization include an amount on Fe	orm 990, Part X, Ime	21, for	escrow or cu	ustodial acco	unt liabi	lity?	Yes No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	on has been	provided in	Part XIII		
Pai	t V Endowment Funds. Complete r	f the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line	10	
		(a) Current year	(b) F	rior year	(c) Two year	rs back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses		<u> </u>					
d	Grants or scholarships							
	Other expenditures for facilities							
·	and programs				}			
	Administrative expenses		<u> </u>					
'	End of year balance				<u> </u>			
g	•	ront year and halan) 100 (lino 1	a column ()) bold on	i		
2	Provide the estimated percentage of the curr	rem year end balan	•	g, column (a	a)) rielu as			
а	Board designated or quasi endowment		_%					
b	Permanent endowment	%						
С	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c shou	•					_	
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ind administe	ered for t	the organization	
	by							Yes No
	(i) unrelated organizations							3a(ı)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	on Sche	dule R?				3b
4	Describe in Part XIII the intended uses of the		owment	funds				
Pai	t VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answere	d "Yes" to Form 990), Part IV	/, line 11a S	ee Form 990	, Part X,	line 10	
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulated	(d) Book value
	,	basis (investi		1 ''	(other)		preciation	
	Land			24	0,000.			240,000
b	Buildings				1,808.		340,520.	1,971,288
2	Leasehold improvements			, <u> </u>				, _ = , = 2 2
4	Equipment			95	3,720.		615,569.	338,151
	Other				8,567.	1	31,353.	7,214
	Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X colu					2,556,653
1019	. And mies la miough le (colonim la) most e	quari omi ooo, ran	A, COIGI	10), iii e i	00)			_, , ,

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 AND REHABILITATION

41-6029315 Page 3

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b See Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or en	d-of year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) INTERNATIONAL INDEX FUND	1,015,022.		
(B) LARGE-CAP VALUE FUNDS	2,104,658.		
(C) SMALL-CAP FUNDS	428,458.		
(D) BOND FUNDS	890,626.		
(E) MORTGAGE BACKED SECURITY	1,094,938.	COST	
(F) CORPORATE BONDS	350,556.	COST	
(G) MID-CAP FUNDS	702,076.	COST	
(H) EMERGING MARKET FUNDS	236,499.	COST	
Total (Col. (b) must equal Form 990, Part X, col (B) line 12.)	6,976,313.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost ថ្មី, ខ្ញុំក	
(1)			A DESCRIPTION OF THE PROPERTY
(2)		The Holling Comment	<u>, , </u>
(3)		100 12 12 12 12 12 12 12 12 12 12 12 12 12	
(4)		45	
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990. Part IV. line	11d See Form 990 Part X line 15	
	Description	The content occ, rate A, and to	(b) Book value
(1)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)			
(3)			
(4)	·	· · · · · · · · · · · · · · · · · · ·	
(5)			· · · · · · · · · · · · · · · · · · ·
(6)			
			
(7)	······································		····
(8)			
Tatal (Column (b) must occur! Form 990, Part V, col. (B) lin	0.15.)		
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)	>	
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.		110 or 116 See Form 000 Deat V line 26	
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes"			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability		11e or 11f See Form 990, Part X, line 25	
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	to Form 990, Part IV, line		
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line	to Form 990, Part IV, line	(b) Book value	
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	to Form 990, Part IV, line	(b) Book value	

432053 10-01-14 SEE PART XIII FOR CONTINUATIONS

Schedule D (Form 990) 2014

Part XIII Supplemental Information.

Schedule D (Form 990) 2014

e Add lines 2a through 2d

c Add lines 4a and 4b

b Prior year adjustments

e Add lines 2a through 2d

c Add lines 4a and 4b

c Other losses

1

2

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ABPMR FOUNDATION ACTIVITY NOT REPORTED ON THIS RETURN -5,025.

REALIZED LOSS ON FIXED ASSETS REPORTED AS EXPENSE 78.

-4,947.TOTAL TO SCHEDULE D, PART XI, LINE 2D

PART XII, LINE 2D - OTHER ADJUSTMENTS:

78. REALIZED LOSS ON FIXED ASSETS REPORTED AS EXPENSE

432054 10 01-14

Schedule D (Form 990) 2014

Schedule D (Form 990) AND REHABILITY

Part XIII Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
REAL ESTATE FUNDS	153,480.	COST
	2-10	,
432421 05-01-14		Schedule D (Form 990)

SCHEDULE J (Form 990)

Part I

Compensation Information

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

Compensated Employees

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

Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Questions Regarding Compensation

AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

Employer identification number 41-6029315

			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		ĺ	Í
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	X Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
				ŀ
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	Х	<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	13 (1847)	<u>ا</u> د د	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	. 2	ÂΧ	
	a de la companya della companya della companya de la companya della 60 M	2 3		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization is			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			ŀ
	establish compensation of the CEO/Executive Director, but explain in Part III		,	
	Compensation committee			
	Independent compensation consultant X Compensation survey or study	4		
	X Form 990 of other organizations X Approval by the board or compensation committee	ŀ],	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	φć,	'	
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		ļ
b	Any related organization?	5b		ļ
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	}		
	contingent on the net earnings of			
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		ļ
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	l _	1	
	not described in lines 5 and 67 If "Yes," describe in Part III	7	-	-
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958 4(a)(3)? If "Yes," describe in Part III	8	-	<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53 4958 6(c)?	9		

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

Schedule J (Form 990) 2014

41-6029315

AND REHABILITATION

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

Page 2

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

Note. The sum of columns (B)(i)-(iii) 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 \	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	otner deferred compensation	Denefits	(a) (i)(a)	in column (B) reported as deferred in prior Form 990
(1) ANTHONY TARVESTAD	Ξ	375,79		30,388.	51,298.	37,505.	494,98	0
Ξ	Ξ	r L			C	- 1	4	0
(2) JILL HALLMAN	Ξ	135,75		11,2,11	37,12	28,402.	417,59	
ADMINISTRATOR	<u> </u>	170 221		0	0 V	00.5	177 283	
(3) DONNA MORGAN ADVISOR	Ξ 3	120,		0	, 54,	0,000	, , , _T	
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				,			Schedn	Schedule J (Form 990) 2014

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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 AND REHABILITATION Part III Supplemental Information Schedule J (Form 990) 2014

Page 3

41-6029315

Schedule J (Form 990) 2014
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No 1545 0047 Open to Public

Inspection

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

AMERICAN BOARD OF PHYSICAL MEDICINE Emplo

Employer identification number

AND REHABILITATION	41-6029315
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SSION:
MAINTENANCE OF CERTIFICATION THAT FOSTERS EXCELLENCE AND	
CONTINUOUS LEARNING.	12 12
FORM 990, PART VI, SECTION B, LINE 11:	
ABPMR STAFF COMPLETES THE WORKPAPERS AND QUESTIONNAIRES I	
PROVIDES THEM TO RSM US LLP. RSM US LLP SENDS THE DRAFT (COMPLETED 990 TO
ABPMR. APPROPRIATE STAFF REVIEWS THE 990 AND MAKES NECES	SSARY COMMENTS TO
RSM US LLP.	
FORM 990, PART VI, SECTION B, LINE 12C:	
VOLUNTEERS OF THE BOARD REQUIRED TO SIGN APPROPRIATE POLI	ICIES ON
CONFIDENTIALITY AND CONFLICT OF INTEREST ANNUALLY. EMPLOY	YEES ARE REQUIRED
TO SIGN AT THE START OF THEIR EMPLOYMENT AS NEEDED. ANYTH	HING NOTED ON THE
FORM APPEARING TO BE IN CONFLICT OF INTEREST WILL BE ADDI	RESSED BY THE
BOARD.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION OF KEY EMPLOYEE'S IS EVALUATED AS NECESSARY	TO ENSURE SALARIES
ARE IN LINE WITH THE EMPLOYEE'S RESPONSIBILITIES. THE BOX	ARD OF DIRECTORS
APPROVES THE SALARIES OF ALL EMPLOYEES. THE BOARD OF DIE	RECTORS ARE
VOLUNTEERS AND ARE NOT COMPENSATED.	
FORM 990, PART VI, SECTION C, LINE 19:	
IF REQUESTED, THE DOCUMENTS NAMED ABOVE ARE PROVIDED TO	THE PUBLIC.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27 14

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

Schedule O (Form 990 or 990 EZ) (2014)	Page 2
Name of the organization AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION	Employer identification number $41-6029315$
FORM 990, PART VIII, LINE 2	
THE RETURN IS BEING AMENDED TO PROPERLY CLASSIFY PROGRAM	SERVICE
REVENUE. SEE CHANGES TO FORM 990, PART VIII, LINE 2 A &	В.
FORM 990, PART XI, LINE 2C:	
ABPMR HAS AN AUDIT COMMITTEE THAT REVIEWS THE ANNUAL AUDI	T. THE
EXECUTIVE COMMITTEE OF THE BOARD (THAT SERVES AS THE FINA	NCE COMMITTEE)
WOULD APPROVE ANY CHANGE TO THE SELECTION OF AN INDEPENDE	NT ACCOUNTANT.
THERE HAS BEEN NO CHANGE IN THE PROCESS FROM THE PREVIOUS	YEAR.
·	
	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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OMB No 1545-0047

AMERICAN BOARD OF PHYSICAL MEDICINE

Open to Public Inspection

Employer identification number 41-6029315Direct controlling End-of-year assets **e** Total income ত Legal domicile (state or Identification of Disregarded Entitles Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity AND REHABILITATION Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Part II

()	(c) Ya)	بر	No			×							
(6)	Section 5 12(b) controlled	entity?	Yes									-	
(1)	Direc	entity		AMERICAN BOARD OF	PHYSICAL MEDICINE	AND						-	
(e)	Public charity	status (if section	501(c)(3))		LINE 11D,	III to great	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s		TTTE TO SE	Married .		The state of the s
(p)	Exempt Code	section				501(C)(3)	•						
(၁)	Legal domicile (state or	foreign country)				MINNESOTA							
(q)	Primary activity					RESEARCH & EDUCATION							
(a)	Name, address, and EIN	of related organization		ABPMR FOUNDATION - 41-1995865	3015 ALLEGRO PARK LANE SW	ROCHESTER, MN 55902							

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2014

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Page 2

41-6029315

AND REHABILITATION Schedule R (Form 990) 2014

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year	zations Taxable a	as a Partne x year	ership Complete if t	he organizatı	ion answered	"Yes" on Form	990, Part IV,	line 34 beca	use it had one or	more rela	ted	
(a)	(q)	0	(p)	(e)		(£)	(6)	(£)	3	(S)	(K)	
s, and EIN janization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	·	Share of total income	Share of end-of-year assets	Dispropos allocatin Yes	tonate Code V UBI amount in box 20 of Schedule N-1 (Form 1065)		General or Percentage managing ownership partner?	
										-		
												1
												1
											. <u>.</u>	
										_		
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year	zations Taxable a	as a Corpo	poration or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related x year	mplete if the	organization a	answered "Yes"	on Form 990), Part IV, line	34 because it h	ad one or	more related	1
(a)			(q)	(2)	9	(e)		(£)	(6)	(F)	Ξ	1
Name, address, and EIN of related organization		Prime	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp., S corp., or trust)		Share of total income	Share of end of year assets	Percentage ownership	tige 512(b)(13) controlled entity?	
									:			1
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Schedule R (Form 990) 2014

432162 08-14-14

AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

Schedule R (Form 990) 2014

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Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule 1. During the tax year, did the prognatization engage in any of the following transactions with one or more related prognatizations listed in Parts II-IV2	ns with one or more r	elated organizations listed in	T. CVI-II Shed	Yes
a Receipt of (1) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ıty			1a X
b Gift, grant, or capital contribution to related organization(s)			<u></u>	1b X
c Gift, grant, or capital contribution from related organization(s)			+	1c X
d Loans or loan guarantees to or for related organization(s)				td X
e Loans or loan guarantees by related organization(s)			<u> </u>	de ≺
f Dividends from related organization(s)				×
				<u> </u>
			1	
Exchange of assets with related organization(s)				1, X
 Lease of facilities, equipment, or other assets to related organization(s) 			<u> </u>	1 ₁ X
k Lease of facilities, equipment, or other assets from related organization(s)			<u> </u>	1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	yanızatıon(s)			1 X
	Janization(s)		-	;
	ation(s)		* 1	th A
 Sharing of paid employees with related organization(s) 			<u> </u>	4
p Reimbursement paid to related organization(s) for expenses				Tp X
q Reimbursement paid by related organization(s) for expenses				7d X
r Other transfer of cash or property to related organization(s) s. Other transfer of cash or property from related organization(s)				+ × ×
If the answer to any of the above is "Yes," see the instructions for	who must complete t	his line, including covered re	information on who must complete this line, including covered relationships and transaction thresholds	
	(a)	(0)	(p)	
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	pə/
(1) ABPMR FOUNDATION	N	0		
(2) ABPMR FOUNDATION	0	0.	The state of the s	
(3)			A CO	
(4)				
(5)			A STATE OF THE STA	
(9)	L.			
432163 08-14-14	25		Schedule R (F.	Schedule R (Form 990) 2014

Schedule R (Form 990) 2014 AND REHABILITATION

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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)

(¥)	Percentage ownership																		Schedule R (Form 990) 2014
3	General or F managing partner? Yes NO				 -								+						R (Form
(3)	Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No				_														Schedule
	Dispropor tonate allocations?												-						
	Share of end-of-year assets									_	M	T T	3 (6)	d [2]	The state of the s		19 (F 27)	TAN I	
	Share of total Income												1 H		85	ig, r			
(e)	Are all partners sec 501(c)(3) er 0rgs ?					_			 -										 1
estment partnerships (d)	Predominant income (related, osciluded from tax undersections 512-514)																		
sion for certain inve	Legal domicile (state or foreign country)																		
ructions regarding exclus	Primary activity																		
that was not a related organization. See instructions regarding exclusion for certain investment partnerships (a) (b) (c) (d)	Name, address, and EIN of entity																		

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AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

Schedule R (Form 990) 2014 AND REHABILITATION	41-6029315 Page 5
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions)	
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZ	ATIONS:
NAME OF RELATED ORGANIZATION:	
ABPMR FOUNDATION	
DIRECT CONTROLLING ENTITY: AMERICAN BOARD OF PHYSICAL	MEDICINE AND
REHABILITATION	
	
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