

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493207010756

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

 $\blacktriangleright$  Information about Form 990 and its instructions is at  $\underline{\textit{www.IRS.gov/form990}}$ 

OMB No 1545-0047

Open to Public Inspection

A Fo	rtne.	2014 cal <mark>endar year, or tax year beginning 10-01-2014  , and ending 09-30-2015</mark>			
B Ch	eck if a	pplicable C Name of organization AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS		D Employer	identification number
┌ Add	ress ch			39-0128	765
Гиа	me cha	nge Doing business as			
	ıal retu				
		Number and street (or P O box if mail is not delivered to street address) Room/suit	e	E Telephone	number
F ret		ninated 15000 CENTRAL SE		(505)29	8-4500
☐ Am	ended	return City or town, state or province, country, and ZIP or foreign postal code			
_		ALBUQUERQUE, NM 87123		<b>G</b> Gross recei	pts \$ 37,454,062
י אף	Jileacion				
		F Name and address of principal officer SAL MARTINO		ıs a group ret	
		15000 CENTRAL SE	SUDO	rdınates?	Γ Yes <b>Γ</b> No
		ALBUQUERQUE,NM 87123	H(b) Are a	ıll subordınat	es 「Yes「No
			ınclu		
I Ta	x-exem	npt status 501(c)(3) 501(c)(6) (6) (1) 10 (1) or 527	If "N	o," attach a l	st (see instructions)
J W	ebsite	∷► WWW ASRT ORG	H(c) Grou	ıp exemption	number ► 1051
<b>K</b> For	n of ord	ganization 🔽 Corporation 🗆 Trust 🗀 Association 🗀 Other 🕨	<b>L</b> Year of fo	mation 1932	M State of legal domicile IL
	rt I	Summary			, , , , , , , , , , , , , , , , , , ,
		Briefly describe the organization's mission or most significant activities			
		TO ADVANCE THE MEDICAL IMAGING AND RADIATION THERAPY PROFES	SIONAND	THE QUALIT	Y OF PATIENT CARE
9					
ĕ	-				
Ē	, -	Check this box 📭 if the organization discontinued its operations or disposed o	f more than 3	F% of its not	taccotc
Governance		check this box F	i iliole tilali z	J 70 OI ILS HE	l dssels
Ω ×	3 1	Number of voting members of the governing body (Part VI, line 1a)		. 1:	<b>3</b>   7
٠ ن		Number of independent voting members of the governing body (Part VI, line 1b)			<b>4</b> 7
Ě		Total number of individuals employed in calendar year 2014 (Part V, line 2a) .		<u> </u>	5 134
Activities &		Total number of volunteers (estimate if necessary)		<u> </u>	5 500
∢		Total unrelated business revenue from Part VIII, column (C), line 12			<b>a</b> 663,182
		Net unrelated business taxable income from Form 990-T, line 34		<u> </u>	' <b>b</b> 0
		, , , , , , , , , , , , , , , , , , ,		r Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		0	
₫	9	Program service revenue (Part VIII, line 2g)		18,495,448	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,083,204	
2	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,172,860	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		2,2,2,000	2/050/00 !
		12)		22,751,512	24,537,161
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )		410,135	365,158
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines		11,414,404	11,582,167
8		5-10)			
<u>₹</u>	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 🕨			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,954,744	7,769,674
		Other expenses (Fart IX, Column (A), inles IIa-IIu, III-24e)		,,,,,,,,,,	
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		19,779,283	19,716,999
	18 19	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			+
<u>~~</u>			1	19,779,283	4,820,162
ances		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	Beginnin	19,779,283	+
ssets or Balances		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	Beginnin	19,779,283 2,972,229 g of Current	4,820,162 End of Year
et Assets or ind Balances	19	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	Beginning Y	19,779,283 2,972,229 g of Current 'ear	4,820,162  End of Year  45,511,482
Not Assets or Fund Balances	20	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	Beginning Y	19,779,283 2,972,229 g of Current ear 45,393,621	4,820,162  End of Year  45,511,482 13,337,983
	19 20 21	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	Beginning Y	19,779,283 2,972,229 g of Current (ear 45,393,621 13,204,572	4,820,162  End of Year  45,511,482 13,337,983
Pal Unde my k	20 21 22 7 III r pena nowled	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	Beginning Y	19,779,283 2,972,229 g of Current ear 45,393,621 13,204,572 32,189,049	4,820,162  End of Year  45,511,482  13,337,983  32,173,499  ments, and to the best of
Pal Unde my k	20 21 22 7 III r pena nowled	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	Beginning Y	19,779,283 2,972,229 g of Current 'ear 45,393,621 13,204,572 32,189,049 es and staten based on all	4,820,162  End of Year  45,511,482  13,337,983  32,173,499  ments, and to the best of
Par Unde my k prepa	20 21 22 THII r pena nowled	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12  Total assets (Part X, line 16)	Beginning Y	19,779,283 2,972,229 g of Current ear 45,393,621 13,204,572 32,189,049	4,820,162  End of Year  45,511,482  13,337,983  32,173,499  ments, and to the best of
Par Unde my k	20 21 22 THE r pena nowled	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	Beginning Y	19,779,283 2,972,229 g of Current Year 45,393,621 13,204,572 32,189,049 es and staten based on all	4,820,162  End of Year  45,511,482  13,337,983  32,173,499  ments, and to the best of
Unde my k prepa	20 21 22 THE r pena nowled	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	Beginning Y	19,779,283 2,972,229 g of Current Year 45,393,621 13,204,572 32,189,049 es and staten based on all	4,820,162  End of Year  45,511,482  13,337,983  32,173,499  ments, and to the best of
Unde my k prepa	20 21 22 THE r pena nowled	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	Beginning Schedule an officer) is	19,779,283 2,972,229 g of Current ear 45,393,621 13,204,572 32,189,049 es and staten based on all	4,820,162  End of Year  45,511,482 13,337,983 32,173,499  ments, and to the best of information of which
Unde my k prepa	20 21 22 rt III r pena nowled arer ha	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	Beginning Schedule an officer) is 20 Districte Cheself	19,779,283 2,972,229 g of Current ear 45,393,621 13,204,572 32,189,049 es and statem based on all 016-07-15 ate cck f f PTT employed	4,820,162  End of Year  45,511,482 13,337,983 32,173,499  ments, and to the best of information of which
Under my k preparation of the research of the	20 21 22 rt III r pena nowled arer ha	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	Beginning Schedule an officer) is 20 Districte Cheself	19,779,283 2,972,229 g of Current ear 45,393,621 13,204,572 32,189,049 es and staten based on all	4,820,162  End of Year  45,511,482 13,337,983 32,173,499  ments, and to the best of information of which
Under my k preparation of the pr	20 21 22 rt III r pena nowled arer ha	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	Beginning Schedule an officer) is 20 Districte Cheself Firm	19,779,283 2,972,229 g of Current ear 45,393,621 13,204,572 32,189,049 es and statem based on all 016-07-15 ate cck f f PTT employed	4,820,162  End of Year  45,511,482 13,337,983 32,173,499  ments, and to the best of information of which

✓ Yes ☐ No

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule $A$	1		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I^{\bullet}$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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	Yes	
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? <i>If "Yes," complete Schedule D, Part I</i>	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 2	8	Yes	
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
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		Νo
c	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		No
d	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{\bullet}$	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
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		No
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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		
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," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ ${\mathfrak S}$	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	35a	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
1-	Enter the number reported in Pou 2 of Form 1006 Enter 0 of not applicable 1.1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 56  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c		
Zd	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing 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?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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?	5c 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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					.▽

Se	ction A. Governing Body and Management					
					Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a	7			
	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 O			•		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	zation's assets? .	5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	ıl by) ı	members, stockholders,	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ction B. Policies (This Section B requests information about policies not	requ	ired by the Internal R	evenu	ue Cod	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organizati			10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	s gov	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 $$ .			12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	erests that could give	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? If "Yes," describe	12c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
14	Did the organization have a written document retention and destruction policy? .			14	Yes	
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b	Yes	
	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 of	orsım	nilar arrangement with a			
	taxable entity during the year?			16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16b	Yes	
	·			LION	1 5	1

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
  - Own website Another's website 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 financial 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 ►LAURA NIEL

15000 CENTRAL AVE SE

ALBUQUERQUE, NM 87123 (505) 298-4500

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h ar or/tr	chelle Highest compensated	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JULIE GILL	2 00	х						7,164	0	0
CHAIRMAN TO 06/15	1 00							ŕ		
(2) WILLIAM BRENNAN JR PRESIDENT TO 06/15	2 00	х						5,557	0	0
(3) SANDRA HAYDEN	2 00	,,						2 500	0	
PRESIDENT-ELECT TO 06/15	0 00	Х						2,500	0	0
(4) MIKE LATIMER	2 00	l <sub>x</sub>						2,500	0	0
VICE PRESIDENT	0 00	, ,						2,500		
(5) KEVIN RUSH	2 00	×						2,500	0	0
SECRETARY-TREASURER TO 6/15	0 00	^						2,300	Ŭ	
(6) DR MELISSA JACKOWSKI	2 00	l <sub>x</sub>						0	0	0
SECRETARY-TREASURER BEGIN 6/15	0 00	, ,						Ů		
(7) AMANDA GARLOCK-CORBIN	2 00	×						2,500	0	0
SPEAKER OF THE HOUSE	0 00	, ,						2,300		
(8) MIKE ODGREN	2 00	l <sub>x</sub>						4,500	0	0
VICE SPEAKER OF THE HOUSE-TO 6/15	0 00							1,300		
(9) BETH WEBER	2 00	l <sub>x</sub>						0	0	0
VICE SPEAKER OF THE HOUSE-BEGIN 6/15	0 00	,						ŭ		
(10) SAL MARTINO	50 00			x				443,153	0	137,924
CHIEF EXECUTIVE OFFICER	3 00			_^				443,133	Ü	157,524
(11) LAURA NIEL	50 00			×				12,964	0	1,104
CHIEF FINANCIAL OFFICER-HIRE 12/2014	12 00			^				12,504	Ü	1,104
(12) GREG MORRISON	50 00				Х			239,651	0	62,274
CHIEF OPERATING OFFICER	1 00							239,031	Ü	02,274
(13) CEELA MCELVENY	50 00				Х			188,902	0	35,110
CHIEF COMMUNICATIONS & MEMBERSHIP OFFICER	1 00				Ĺ			100,902	0	55,110
(14) MICHAEL KUDLAS	50 00									
CHIEF LEARNING AND MEMBERSHIP OFFICER EFF 10/2015	0 00				Х			175,170	0	29,507
	1									Form <b>990</b> (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec (, unle n offic ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(15) LIANA WATSON	50 00				х			163,616	0	29,574
CHIEF GOVERNANCE & EXTERNAL AFFAIRS OFFICER	12 00				,			103,010		25,571
(16) VICTOR LEON	50 00				.,			450.076		10.500
CHIEF INFORMATION OFFICER	1 00				X			159,276	0	19,682
(17) CHRISTINE LUNG	50 00									
VP OF STATE ADVOCACY AND GOVT RELATIONS EFF 3/2015	0 00					X		141,737	0	28,457
(18) KEVIN POWERS	50 00									
DIRECTOR OF EDUCATION	0 00					X		126,333	0	28,265
(19) MARK RYERSON	50 00									
VP MARKETING & BUSINESS DEVELOPMENT	1 00					X		134,259	0	21,745
(20) JANET MCEWEN	50 00									
DIRECTOR OF CORP RELATIONS	1 00					X		116,535	0	22,562
(21) MARK HOOVER	0 00									
FORMER CFO - TERM 9/2014	0 00						X	122,861	0	24,517
(22) BARBARA WHITEFIELD	50 00									
FORMER DIRECTOR OF CONTINUING EDUCATION	0 00						Х	114,807	0	23,230

1b	Sub-Total	4			
c	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	Þ	2,166,485	0	463,951

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►19

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	( <b>B</b> ) Description of services	(C) Compensation
PACIFIC STUDIO 5311 SHILSHOLE AVE NW SEATTLE, WA 98107	MUSEUM FABRICATION	910,035
PUBLISHERS PRESS 100 FRANK E SIMON AVE SHEPARDSVILLE, KY 40165	JOURNAL/PERIODICALS- PRINT SERVICES	872,763
USPS 11716 S PRESTON HWY LEBANON JUNCTION, KY 40150	JOURNAL/PERIODICALS - POSTAGE	580,526
RICHARD LEWIS MEDIA 70 COOLIDGE HILL RD WATERTOWN, MA 02472	MUSEUM MEDIA	402,588
BBI ENGINEERING 241 QUINT ST SAN FRANCISCO, CA 94124	MUSEUM AUDIO/VISUAL FABRICATION	366,242
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	

sloop,000 of compensation from the organization 13

Part VIII Statement of Revenue								
		Check If Sched	ule O contains a respoi	nse or note to any lir I	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
(0	1a	Federated cam	paigns 1a					312 311
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	ıes <b>1b</b>					
Gra mo	c	Fundraising ev	ents <b>1c</b>	-				
ξĀ	d	_	zations 1d					
E E		Government grant						
ns, Sim	е	_				ļ		ļ
atio er:	f	All other contribute similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above					
Contributions, and Other Sim	g	Noncash contributi 1a-1f \$	ons included in lines			į		İ
ont	h	Total. Add line:	s 1 a - 1 f					
		rotun Add inic.	314 11	🕨				
E e	2a	MEMBERSHIP DUE	C AND FEEC	Business Code 611430	17.000 500	17.000 500		
Program Serwce Revenue	b		CATION EVALUATION F	541900	17,966,596 594,326	17,966,596 594,326		
or GE	C	ADVERTISING	CATION EVALUATION I	541800	577,775	394,320	577,775	
7 M C	d	CONFERENCES AN	ID MEETINGS	611430	118,250		377,773	118,250
S.	e	MAGAZINE SUBSCI	_	511120	48,188	48,188		110,230
<u> </u>	f		am service revenue	311123	10,100	.0,100		
နို *								
	g 3		s 2a-2f		19,305,135			
			ar amounts)		908,407			908,407
	4	Income from inves	stment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties .		•	268,222			268,222
	62	Gross rents	(ı) Real	(II) Personal				
	ь	Less rental						
	_	expenses Rental income						
	ہ ا	or (loss)	me or (loss)					
	d	Net Telltal IIICo	(i) Securities	(II) O ther				
	7a	Gross amount		(II) O their				
		from sales of assets other	14,810,589					
	ь	than inventory Less cost or						
		other basis and sales expenses	12,877,054					
	С	Gaın or (loss)	1,933,535					
	d		ss)		1,933,535			1,933,535
une	8a	Gross income from fundraising events (not including \$						
Other Revenue								
Ā	 	1000	apenses b					
₹	c		(loss) from fundraising	events 🛌				
		Gross income f	from gaming activities					
	.		a					
	b c		penses <b>b</b> (loss) from gaming acti	vities -				
		Gross sales of returns and allo	ınventory, less	vides i i i				
			a	1,651,551				
		=	oods sold <b>b</b>	39,847				
	С		(loss) from sales of inv		1,611,704	1,534,602	77,102	
	11a	Miscellaneou		Business Code 900099	434,689	434,689		
	b	COST SHARIN	-	900099	60,733	60,733		
		NON MTG COI		900099	1,000	1,000		
	d	All other reven			13,736	5,431	8,305	
	e	Total. Add line:		🕨	,	*	·	
	12		See Instructions .		510,158			
	]			• • • • •	24,537,161	20,645,565	663,182	3,228,414

# Part IX Statement of Functional Expenses

	\	^ \ \ - \ \ - \ - \ - \ - \ - \ - \ - \
Section Sulfclistand Sulfcli4	i organizations milst complete all collimns	All other organizations must complete collima (A.)
	, organizations mast complete an columns	All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX							
Do no 7b, 8l	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	( <b>B</b> ) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	365,158					
2	Grants and other assistance to domestic individuals See Part IV, line 22						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	1,807,275					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$						
7	Other salaries and wages	7,363,883					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	749,532					
9	Other employee benefits	924,327					
10	Payroll taxes	737,150					
11	Fees for services (non-employees)						
а	Management						
b	Legal	78,891					
c	Accounting	41,223					
d	Lobbying	166,571					
e	Professional fundraising services See Part IV, line 17						
f	Investment management fees	174,060					
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	191,716					
12	Advertising and promotion	183,076					
13	Office expenses	376,044					
14	Information technology	700,586					
15	Royalties						
16	Occupancy	595,682					
17	Travel	666,642					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	128,396					
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	1,176,404					
23	Insurance	144,124					
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)						
а	PUBLICATIONS COST	1,364,971					
b	OTHER MEMBERSHIP COST	939,491					
c	OTHER GENERAL OPERATION	643,717					
d	OTHER STRATEGIC PROJECT	197,281					
е	All other expenses	799					
25	Total functional expenses. Add lines 1 through 24e	19,716,999					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)						

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X .			· · ·
			( <b>A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments	2,259,942	2	5,376,739
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	451,737	4	431,463
	5	Loans and other receivables from current and former officers, directors, trusted employees, and highest compensated employees. Complete Part II of Schedule L	es, key	5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing empand sponsoring organizations of section $501(c)(9)$ voluntary employees' beneforganizations (see instructions) Complete Part II of Schedule L	ployers	6	
% %	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use	57,010		20,905
	9	Prepaid expenses and deferred charges	907,592	H	819,403
	10a	Land, buildings, and equipment cost or other basis Complete	2,242,724		
	ь	Less accumulated depreciation 10b	3,182,840 13,789,575	10c	14,059,884
	11	Investments—publicly traded securities	27,637,891	11	24,283,941
	12	Investments—other securities See Part IV, line 11		12	<u> </u>
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	289,874		519,147
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	45,511,482
	17	Accounts payable and accrued expenses	2,639,082		2,697,484
	18	Grants payable	2,555,552	18	2,007,401
	19	Deferred revenue	10,565,490		10,640,499
	20	Tax-exempt bond liabilities	10,300,400	20	10,040,400
		Escrow or custodial account liability Complete Part IV of Schedule D		21	
68	21	, · · ·		21	
Liabiliti	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>.e</u>		persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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		25	
	26	Total liabilities. Add lines 17 through 25	13,204,572	26	13,337,983
— s		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.	:		
ğ	27	Unrestricted net assets	32,189,049	27	32,173,499
Fund Balance	28	Temporarily restricted net assets		28	<u> </u>
	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
or F		complete lines 30 through 34.			
0 5	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	_
AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	32,189,049	33	32,173,499
Ź			· · ·		45,511,482
	34	Total liabilities and net assets/fund balances	45,393,621	34	45,511,

Par	Reconcilliation 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		24,!	537,161
2	Total expenses (must equal Part IX, column (A), line 25)	2		19,7	716,999
3	Revenue less expenses Subtract line 2 from line 1	3		4,8	320,162
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		32,	189,049
5	Net unrealized gains (losses) on investments	5		-3,2	229,523
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8 -1,606,1			506,189
9	Other changes in net assets or fund balances (explain in Schedule O)	9			C
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		32,1	173,499
Par	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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **Additional Data**

Software ID: Software Version:

**EIN:** 39-0128765

Name: AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS

#### Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

THE ASRT PRESERVES THE RICH HISTORY OF THE PROFESSION THROUGH THE OPERATION AND MAINTENANCE OF A MUSEUM WITH THE GOALS OF DEEPENING THE APPRECIATION AND UNDERSTANDING OF THE RADIOLOGIC TECHNOLOGY PROFESSION AND TO INSPIRE FURTHER LEARNING THROUGH INTERACTIVE DISPLAYS AND EDUCATIONAL EXHIBITS, THE MUSEUM TRACES THE PROGRESS OF MEDICAL IMAGING AND RADIATION THERAPY PROFESSIONALS FROM THE DISCOVERY OF THE X-RAY TO TODAY IT TRACES THE PROFOUND DISCOVERIES AND DEDICATED INDIVIDUALS --PIONEERS, MARTYRS, VISIONARIES AND COMMITTED TECHNOLOGISTS THAT PERMEATE THE PROFESSION'S LEGACY WHILE EXPLORING THE INVENTIONS AND INNOVATORS THAT NURTURED RADIOLOGY'S TRANSFORMATION FROM 19TH-CENTURY NOVELTY TO 21ST-CENTURY MEDICAL NECESSITY

DLN: 93493207010756

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

	ame of the organization MERICAN SOCIETY OF RADIOLOGIC TEC	Employer ide	Employer identification number					
				39-0128765				
Pa	rt I-A Complete if the o	ganization is exempt unde	er section 501(	c) or is a section 52	7 organization.			
1	Provide a description of the o	ganızatıon's dırect and ındırect pol	ıtıcal campaıgn act	ivities in Part IV				
2	Political expenditures			<b>+</b>	\$0			
3	Volunteer hours							
Pa	rt I-B Complete if the o	ganization is exempt unde	r section 501(	c)(3).				
1		e tax incurred by the organization i			\$			
2	Enter the amount of any excis	e tax incurred by organization man	agers under sectioi	n 4955 🕨	\$			
3	If the organization incurred a	section 4955 tax, did it file Form 4	720 for this year?		┌ Yes ┌ No			
4a	Was a correction made?				┌ Yes ┌ No			
b	•							
Pa	rt I-C Complete if the o	ganization is exempt unde	r section 501(	c), except section 50	01(c)(3).			
1	Enter the amount directly exp	ended by the filing organization for	section 527 exemp	ot function activities 🕨	\$			
2	Enter the amount of the filing exempt function activities	organization's funds contributed to	other organizations	s for section 527 ►	\$			
3	Total exempt function expend	itures Add lines 1 and 2 Enter hei	re and on Form 112	0-POL, line 17b ►	\$			
4	Did the filing organization file	Form 1120-POL for this year?			☐ Yes ☐ No			
5	organization made payments amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly and political action committee (PAC)	the amount paid fro d directly delivered	om the filing organization's to a separate political org	funds Also enter the anization, such as a ation in Part IV			
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-			
	Daniel Da	ee the instructions for Form 990 or 9						

5 c	hedule C (Form 990 or 990-EZ) 2014					Page <b>2</b>
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	( <b>d)</b> 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

	and "Was" was a section of a through 4. below, many days Doub TV and about a day awake a feb labby was	(;	a)		(b)
-or e activ	ach "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	Aı	nount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?			1	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?			<u> </u>	
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			<u> </u>	
:	Other activities? Total Add lines 1c through 1:				
j !a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		ı		
.a b	If "Yes," enter the amount of any tax incurred under section 4912			┨	
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		I		
	t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c	)(5) (	or se	ction
G.	501(c)(6).	301(0	,,,,	J. 3C.	CCIOII
			_	,	Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	No
ar	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1		1	7,966,59
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			172,39
b	Carryover from last year	2b			
C	Total	2c			172,39
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			718,66
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			-546,26
Pa	art IV Supplemental Information				
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gr see instructions), and Part II-B, line 1 Also, complete this part for any additional information	oup list),	Part II	:-A, lın	es 1 and
	Return Reference Explanation				

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493207010756

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

# **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 <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public

mal Revenue Service	Information about Schedule D (Form	n 990) and its instructions is at <u>www.ii</u>	rs.gov/	<u>form 990</u> .	Inspecti	on
Name of the organization AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS			Emp	oloyer identifica	tion number	-
AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS			39-	0128765		
	anizations Maintaining Donor Adv		unds	or Accounts	. Complete	e if th
orga	anization answered "Yes" to Form 990	•	<u> </u>	<b>(L)</b> Fdd	- <b>-  </b>	-1-
Total numbe	er at end of year	(a) Donor advised funds		(b) Funds and	otner accour	its
	ralue of contributions to (during year)					
	value of grants from (during year)					
	value at end of year					
	anization inform all donors and donor advise	L	nor adv	ısed		
funds are th	ne organization's property, subject to the or	ganization's exclusive legal control?			☐ Yes	┌ No
used only fo	anization inform all grantees, donors, and d or charitable purposes and not for the benei mpermissible private benefit?				┌ Yes	┌ No
	servation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part I\	/, line 7.	
Preserv Protecti Preserv	of conservation easements held by the org ation of land for public use (e g , recreation on of natural habitat ation of open space nes 2a through 2d if the organization held a	or education)  Preservation of a Preservation of a	certifie	d historic struc	ture	
	n the last day of the tax year	qualified conservation contribution in	the loth	ii oi a conseiva	cion	
				Held at the	End of the	Year
Total numb	er of conservation easements		2a			
Total acrea	ge restricted by conservation easements		2b			
Number of c	conservation easements on a certified histo	oric structure included in (a)	2c			
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register		2d			
Number of o	conservation easements modified, transferi	red, released, extinguished, or terminat	ed by th	ne organization	during	
the tax yea	r <b>&gt;</b>					
Number of s	states where property subject to conservat	ion easement is located ►				
	ganization have a written policy regarding to the conservation easements it holds?	the periodic monitoring, inspection, hai	ndling of	f violations, and	┌ Yes	┌ No
Staff and vo	olunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ements o	during the year		
	expenses incurred in monitoring, inspecting	g, and enforcing conservation easemen	ts durin	g the year		
Does each	conservation easement reported on line 2(of 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ection 17	70(h)(4)(B)(ı)	☐ Yes	┌ No
balance she	(, describe how the organization reports col eet, and include, if applicable, the text of th ation's accounting for conservation easeme	e footnote to the organization's financia				
	anizations Maintaining Collection plete if the organization answered "Y		or Ot	her Similar	Assets.	
If the organ works of art	ization elected, as permitted under SFAS 1 , historical treasures, or other similar asse ovide, in Part XIII, the text of the footnote t	.16 (ASC 958), not to report in its reve its held for public exhibition, education	, or rese	earch in furthera		с
If the organ works of art	ızatıon elected, as permitted under SFAS 1 , historical treasures, or other similar asse ovide the following amounts relating to thes	.16 (ASC 958), to report in its revenue its held for public exhibition, education	statem	nent and balanc		С
(i) Revenue	e included in Form 990, Part VIII, line 1			<b>►</b> \$		
	included in Form 990, Part X					
If the organ	ization received or held works of art, histor nounts required to be reported under SFAS					
Revenue inc	cluded in Form 990, Part VIII, line 1			<b>►</b> \$		
Assets incl	uded in Form 990, Part X			<b>-</b> ⇒		

Par	Organizations Maintaining Co	<u>llections of Art,</u>	His	<u>torica</u>	Trea	<u>sures, or O</u>	<u>the</u>	<u>r Similar Ass</u>	ets (co	ntinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ls, ch	neck any	of the f	following that a	re a	significant use	of its	
а	Public exhibition		d		oan or e	xchange progr	ams			
b	Scholarly research		e	Г о	ther					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n hov	v they fu	rther th	e organization	's ex	empt purpose in		
5	During the year, did the organization solicit	or receive donations	ofar	t, hıstor	ıcal trea	asures or othe	rsım		_	
	assets to be sold to raise funds rather than t	· · · · · · · · · · · · · · · · · · ·						<u> </u>	Yes	✓ No
Par	Part IV, line 9, or reported an an					ion answere	d "Y	es" to Form 99	<del></del>	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	diary	for cont	ribution	ns or other ass	ets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the f	follov	vıng tabl	e	_				
						-		Ame	ount	
C	Beginning balance					_	<b>1</b> c			
d	Additions during the year					_	1d			
е	Distributions during the year					_	1e			
f	Ending balance					L	<b>1</b> f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21,	for escr	ow or cu	istodial accou	nt Iıa	bility? [	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anation	nas bee	n provided in F	art :	XIII		Γ
Pa	rt V Endowment Funds. Complete									
		(a)Current year	(b)	Prior year			_		<b>(e)</b> Four y	ears back
1a	Beginning of year balance	1,847,097		1,596		1,119,208	-	639,078		666,066
b	Contributions	478,951		229	,118	505,000	1	491,185		
С	Net investment earnings, gains, and losses	-76,926		68	,525	-9,692	2	906		5,512
d	Grants or scholarships	52,250		47	,084	18,158	3	11,961		32,500
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	2,196,872		1,847	,097	1,596,358	3	1,119,208		639,078
2	Provide the estimated percentage of the cur	rent year end balanc	e (lın	e 1g, co	lumn (a	)) held as				
а	Board designated or quasi-endowment ►									
b	Permanent endowment ► 100 000 %									
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posses	ssion of the organiza	tion t	that are	held an	d administered	d for	the		
	organization by								Yes	No
	(i) unrelated organizations						•	3a(i		No
L	(ii) related organizations If "Yes" to 3a(ii), are the related organization						•	3a(ii	<del></del>	<u> </u>
ь 4	Describe in Part XIII the intended uses of the	•					•	3b	Yes	<u> </u>
	t VI Land, Buildings, and Equipme					swered 'Yes	' to	Form 990 Par	t IV li	ne
	11a. See Form 990, Part X, line			rgamza	tion ar	15176164 165		101111 330, 1 41		
	Description of property				st or othe ovestmen			(c) Accumulated depreciation	<b>(d)</b> Bo	ok value
1a	Land					696	,687			696,687
b	Buildings					17,132	,042	5,349,289	1	1,782,753
c	Leasehold improvements							•		
d	Equipment					4,317	,053	2,833,551		1,483,502
e	Other					96	,942			96,942
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part X	, colu	mn (B),	line 10(d	c).)		🕨	1	4,059,884
								Schedule D		

Part VII Investments—Other Securities. Co	mplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>	
Part VIII Investments—Program Related. C	Complete if the organizati	on 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
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
		90, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15)	
Part X Other Liabilities. Complete if the org		-
Form 990, Part X, line 25.		, , ,
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		7
		-
		-
		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>F</b>	
2 Linkship for an arrange to a position of the Doub VIII manage	do the tayt of the feet - t-	************************************

FORM 990, SCHEDULE D, PART V

Part		evenue per Audited Financial Statements ered 'Yes' to Form 990, Part IV, line 12a.	s With Revenue p	er R	eturn Complete If
1		support per audited financial statements		1	21,347,485
2	Amounts included on line 1 bu	not on Form 990, Part VIII, line 12	•		
a	Net unrealized gains (losses) o	n investments 2a	-3,229,523		
b	Donated services and use of fa	cilities 2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII )		39,847		
e	Add lines 2a through 2d .	<del></del>		2e	-3,189,676
3	Subtract line ${f 2e}$ from line ${f 1}$ .			3	24,537,161
4	Amounts included on Form 99	), Part VIII, line 12, but not on line 1			
a	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIII )	4b			
c	Add lines <b>4a</b> and <b>4b</b>			<b>4</b> c	0
5		<b>4c.</b> (This must equal Form 990, Part I, line 12) .		5	24,537,161
Part		<b>openses per Audited Financial Statement</b> Swered 'Yes' to Form 990, Part IV, line 12a.	ts With Expenses	per	Return. Complete
1		audited financial statements		1	19,756,846
2	Amounts included on line 1 bu	not on Form 990, Part IX, line 25			
a	Donated services and use of fa	cilities			
b	Prior year adjustments	2b			
С	Other losses				
d			39,847		
e				2e	39,847
3				3	19,716,999
4		), Part IX, line 25, but not on line 1:			
a		ded on Form 990, Part VIII, line 7b   4a			
b		4b			
c				4c	0
5		d <b>4c.</b> (This must equal Form 990, Part I, line 18)	ļ	5	19,716,999
	Supplemental Inf				19,710,999
PART :	Return Reference	Explanation THE COLLECTION CONSISTS OF ARTIFACTS AN THE X-RAY AND OTHER IMAGING TECHNIQUES			
		MUSEUM OR BE AVAILABLE AS PART OF THE MUTO PRESERVING AND SHARING THE RADIOLOG HISTORY	USEUM ARCHIVES T	HEM	USEUM IS DEVOTED
PART	V, LINE 4	ASRT UTILIZES THE FUNDS HELD BY ASRT FOU EDUCATIONAL PROGRAMS INCOME FROM THE SCHOLARSHIPS			
PART	X, LINE 2	ASRT IS AN EXEMPT ORGANIZATION FOR FEDE SECTION 501(C)(6) OF THE INTERNAL REVENUE PROVISION FOR FEDERAL INCOME TAXES EXCEBUSINESS INCOME THE INTERNAL REVENUE SORGANIZATION THAT IS NOT A PRIVATE FOUN EXEMPT PURPOSE ARE TAXABLE THE INTERNAL INCOME RECEIVED FROM ADVERTISING, SALE AND AFFINITY SERVICE FEE RELATIONSHIPS A DURING FISCAL YEARS 2015, A REFUND WAS REIN 2014, INCOME TAXES WERE PAID TO THE STAX WAS PAID DUE TO UNUSED FEDERAL OPER APPROXIMATELY \$2,021,477 THAT EXPIRE IN ATTHOUGH 2027 ASRT HAS ADOPTED ACCOUNTHE UNITED STATES OF AMERICA, AS THEY RE INTEREST AND PENALTIES RECOGNIZED ASSOCLASSIFIED AS CURRENT IN ASRT'S FINANCIA AND 2014 TAX YEARS ARE OPEN AND SUBJECT REVENUE SERVICE AND NEW MEXICO TAXATIO ASRT IS NOT CURRENTLY UNDER AUDIT NOR HURISDICTIONS MANAGEMENT BELIEVES THAT THEIR TAX-EXEMPT PURPOSE WITH THE EXCEP	E CODE AND, THERE EPT AS NOTED BELO ERVICE HAS CLASS NDATION ACTIVITI L REVENUE SERVIC OF NON-EDUCATIO S UNRELATED BUSI ECEIVED FROM THE TATE OF NEW MEXIC RATING LOSS CARRY VARIOUS AMOUNTS TING PRINCIPLES G LATE TO UNCERTAI CIATED WITH A TAX L STATEMENTS CUF TO EXAMINATION ION AND REVENUE DE AS ASRT BEEN CONT	FORE WFO IFIED ES UN E COI N REI NESS STAT O NO FORV IN YI ENER N TAX C POS RRENT TACT OF AS	E, HAS NO R UNRELATED ASRT AS AN NRELATED TO ASRT'S NSIDERS NET LATED MATERIALS, TAXABLE INCOME TE OF NEW MEXICO OFEDERAL INCOME VARDS OF EARS FROM 2018 ALLY ACCEPTED IN X POSITIONS ANY SITION ARE TLY, THE 2012, 2013 E INTERNAL TMENT HOWEVER, ED BY ANY OF THESE SET ARE WITHIN
	XI, LINE 2D - OTHER	AND THAT THERE ARE NO UNCERTAIN TAX POS COST OF GOODS SOLD 39,847	SITIONS		
	XII, LINE 2D - OTHER TMENTS	COST OF GOODS SOLD 39,847			
	DULE D, PART III, LINE 1A	THE COLLECTIONS, WHICH HAVE BEEN ACQUIT CONTRIBUTIONS SINCE THE MUSEUM'S INCEPTHE STATEMENT OF FINANCIAL POSITION PURECORDED AS DECREASES IN UNRESTRICTED ITEMS ARE ACQUIRED, OR AS DECREASES IN THE ASSETS USED TO PURCHASE THE ITEMS A COLLECTION ITEMS ARE NOT REFLECTED ON THE ASSETS AND ARE REFLECTED AS INCIDENTAL SERVICE OF ASSETS.	TION, ARE NOT REC RCHASES OF COLLE NET ASSETS IN THE EMPORARILY RESTF RE RESTRICTED BY THE FINANCIAL STA REASES IN THE APP	OGNI CTIO YEAF RICTE DONO TEME ROPR	ZED AS ASSETS ON N ITEMS ARE R IN WHICH THE D NET ASSETS IF DRS CONTRIBUTED NTS PROCEEDS

DESCRIPTION OF CHANGE IN BALANCES PRIOR YEAR ENDOWMENT BALANCES WERE UPDATED TO ACCURATELY REFLECT CONTRIBUTIONS AND RELEASES FROM RESTRICTION

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990.

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

OMB No 1545-0047

DLN: 93493207010756

Open to Public **Inspection** 

Employer identification number

AMERICAN SOCIETY OF RADI	OLOGIC TECHNOLO	GISTS				39-0128765	
Part I General Inform	nation on Grants a	nd Assistance				l .	
Does the organization main the selection criteria used Describe in Part IV the org	to award the grants or	assistance?					ר Yes רו
					Complete if the orgolicated if additional s		"Yes" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ASRT FOUNDATION 15000 CENTRAL AVE SE ALBUQUERQUE,NM 87123	85-0323021	501(C)(3)	350,000		CASH		GENERAL OPERATIONS AND SCHOLARSHIPS
(2) AMERICAN RED CROSS - NEW MEXICO 7445 PAN AMERICAN WEST FREEWAY NE ALBUQUERQUE,NM 87109	53-0196605	501(C)(3)	10,000		CASH		AID FOR VICTIMS OF NATURAL DISASTERS

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	<b>&gt;</b>	2
3	Enter total number of other organizations listed in the line 1 table	•	

Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Ir	formation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
· · · · · · · · · · · · · · · · · · ·	ASRT MONITORS THE USE OF GRANT FUNDS THROUGH ITS CONTROL OF THE ASRT FOUNDATION AND THROUGH ITS CLOSE ORGANIZATIONAL RELATIONSHIP WITH THE AMERICAN RED CROSS - NEW MEXICO

Schedule I (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493207010756

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

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

**Compensation Information** 

► Complete if the organization answered "Yes" to 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.

Open to Public Inspection

Name of the organization **Employer identification number** AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS 39-0128765

Pa	rt I Questions Regarding Compensation	•			
				Yes	No
1a	Check the appropriate box(es) if the organization provided any 990, Part VII, Section A, line 1a Complete Part III to provide				
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organizatio reimbursement or provision of all of the expenses described a		1b		
2	Did the organization require substantiation prior to reimbursii directors, trustees, officers, including the CEO/Executive Dir		2		
		, ,			
3	Indicate which, if any, of the following the filing organization u organization's CEO/Executive Director Check all that apply used by a related organization to establish compensation of t	Do not check any boxes for methods			
	Compensation committee	Written employment contract			
	☐ Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, or a related organization	Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment	?	4a		No
b	Participate in, or receive payment from, a supplemental nonq	ualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based com	npensation arrangement?	<b>4</b> c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the	applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations mus	st complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, compensation contingent on the revenues of				
а	The organization?		5a		
	Any related organization?	•			
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, compensation contingent on the net earnings of	did the organization pay or accrue any			
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, payments not described in lines 5 and 6? If "Yes," describe i		7		
8	Were any amounts reported in Form 990, Part VII, paid or ac	cured pursuant to a contract that was			
	subject to the initial contract exception described in Regulati	ions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III		8		
9	If "Yes" to line 8, did the organization also follow the rebuttal section 53 4958-6(c)?	ble presumption procedure described in Regulations	9		

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

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)(1)-(111) 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

(A) Name and Title	<b>(B)</b> Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

### Part III Supplemental Information

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

- ties semples till partiel all) aan	are the time time are to
Return Reference	Explanation
PART I, LINE 1A	ALL CONTINUOUS FLIGHTS ON ASRT BUSINESS THAT ARE OVER FIVE HOURS MAY BE UPGRADED FROM THE MOST COST-EFFECTIVE AIRFARE TO THE NEXT AVAILABLE FARE IF A MEMBER OF THE BOARD OF DIRECTORS IS TRAVELING ON A CONTINUOUS FLIGHT OVER FIVE HOURS IN DURATION AND CHOOSES NOT TO UPGRADE TO NEXT AVAILABLE FARE, HE OR SHE MAY REQUEST A COMPANION COACH TICKET IF THE COST OF THE TICKET IS LESS THAN THE COST OF THE UPGRADE THE COMPANION AIRFARE COST COVERED BY THE ASRT IS REPORTED ON THE IRS FORM 1099 MISC AT YEAR END, ASRT STAFF AND OTHER VOLUNTEERS DO NOT HAVE THIS BENEFIT NO DIRECTORS UTILIZED THIS BENEFIT IN FISCAL YEAR 2015
PART I, LINE 4B	GREG MORRISON, CHIEF OPERATING OFFICER SAL MARTINO, CHIEF EXECUTIVE OFFICER BOTH OFFICERS PARTICIPATED IN A 457F PLAN, WHICH IS OPEN TO THE SENIOR VICE PRESIDENT AND HIGHER NEITHER ONE OF THE TWO PARTICIPATING OFFICERS RECEIVED PAYMENTS FROM THE PLAN DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2015

Schedule J (Form 990) 2014

### **Additional Data**

Software ID: Software Version:

**EIN:** 39-0128765

Name: AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS

(F) Compensation in

# Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns

		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred in prior Form 990
SAL MARTINO, CHIEF EXECUTIVE OFFICER	(1) (11)		100	17,498 0	128,904	9,020	581,077 0	0
GREG MORRISON, CHIEF OPERATING OFFICER	(1) (11)		100	17,498 0	53,344 0	8,930 0	301,925 0	0
CEELA MCELVENY, CHIEF COMMUNICATIONS & MEMBERSHIP OF	(I) (II)		10,100	0	26,466 0	8,644 0	224,012	0 0
MICHAEL KUDLAS, CHIEF LEARNING AND MEMBERSHIP OFFICE	(I) (II)		10,100	0	21,015 0	8,492 0	204,677 0	0 0
LIANA WATSON, CHIEF GOVERNANCE & EXTERNAL AFFAIRS	(I) (II)		10,100	0 0	21,015 0	8,559 0	193,190 0	0
VICTOR LEON, CHIEF INFORMATION OFFICER	(1) (11)		10,100 0	0	11,210 0	8,472 0	178,958 0	0 0
CHRISTINE LUNG, VP OF STATE ADVOCACY AND GOVT RELATI	(I) (II)		3,100	0	20,131 0	8,326 0	170,194 0	0 0
KEVIN POWERS, DIRECTOR OF EDUCATION	(1) (11)		1,100 0	0	19,638 0	8,627 0	154,598 0	0
MARK RYERSON, VP MARKETING & BUSINESS DEVELOPMENT	(I) (II)		5,100 0	0	13,469 0	8,276 0	156,004 0	0
MARK HOOVER, FORMER CFO - TERM 9/2014	(I) (II)		0	0	17,434 0	7,083 0	147,378 0	0
BARBARA WHITEFIELD, FORMER DIRECTOR OF CONTINUING EDUCAT	(I) (II)		0	0 0	14,488 0	8,742 0	138,037 0	0
1								

DLN: 93493207010756

OMB No 1545-0047

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

	rganization TY OF RADIOLOGIC TECH	INOLOGISTS					E	Employ	er ident	ificatio	n numbe	er
TERICAN SOCIE	TI OF RADIOLOGIC FECT	INOLOGISTS					3	39-01	28765			
rt I Exc	ess Benefit Trai	nsactions	(section	501(c)(3),	section 501(c	)(4), and 501				only)		
	plete if the organizat											
<b>1 (a)</b> Nam	ne of disqualified per	son <b>(b)</b> F		np between o		<b>(c)</b> Desc	ription	of tra	nsaction	՝	<b>(d)</b> Cor	rected?
			person	and organiza	ation						Yes	No
4958 .	amount of tax incurr				ısqualıfıed per • • • • the organızatı		he year	r unde	rsectior \$ \$ \$ \$	n		
art III oans to a	nd/or From Inte	erested P	ersons.			or Form 990, I	Part IV	, line	<u>'</u>	the org	anızatıo	n
art III Loans to a Complete if th	nd/or From Intelligence organization answ mount on Form 990,	erested P	Persons. on Form 9 5, 6, or 2 (d) Loan	90-EZ, Part 2 n to the		or Form 990, l ( <b>f)</b> Balance due	art IV <b>(g)</b> defai	In	26, or if  (h) Appro	ved rd or	anızatıo (i)Wr agreer	ıtten
oans to a omplete if the ported an air	nd/or From Intelligence organization answ mount on Form 990,	erested Pered "Yes" (Part X, line	Persons. on Form 9 5, 6, or 2  (d) Loan or from t	90-EZ, Part 2 n to the	(e)Original	<b>(f)</b> Balance	(g)	In	26, or if (h) Appro	ved rd or	(i)Wr	ıtten
.oans to a complete if the eported an air	nd/or From Intelligence organization answ mount on Form 990,	erested Pered "Yes" (Part X, line	Persons. on Form 9 5, 6, or 2  (d) Loan or from t organizati	90-EZ, Part 2 n to the ion?	(e)Original	<b>(f)</b> Balance	<b>(g)</b> defa	In ult?	26, or if  (h) Appro by boal	ved rd or	(i)Wr agreer	itten nent?
art III  Loans to a  Complete if the ported an ail  a) Name of interested person	nd/or From Interest or ganization answers or Assistar mplete if the organization	erested Pered "Yes" of Part X, line  (c) Purpose of loan	Persons. on Form 9 5, 6, or 2  (d) Loan or from t organizati  To  fiting In nswered	90-EZ, Part 2  n to the ion?  From  terested "Yes" on F	(e)Original principal amount	( <b>f)</b> Balance due art IV, line 2	(g) defail Yes	In ult?	26, or if  (h) Appro by boal commit Yes	ved rd or rtee? No	(i)Wr agreer	ntten ment?

Complete if the organizatio			e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?	
				Yes	No
(1) PAUL MARTINO	CLOSE FAMILY MEMBER	42,758	EMPLOYMENT		No
(2) DONNA LONG	FORMER BOARD MEMBER	48,000	CONTRACT WORK		No

Part V	Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493207010756

OMB No 1545-0047

Open to Public

Inspection

### **SCHEDULE M** (Form 990)

Department of the Treasury

**Noncash Contributions** 

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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

Internal Revenue Service Name of the organization AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS

**Employer identification number** 

					<u> 39-0</u>	128/65			
Pa	Types of Property								
		(a) Check If applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n	<b>(d</b> Method of do oncash contrib	etermı	_	ts
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded .								
	Securities—Closely held stock								
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic								
14	structures Q ualified conservation								
	contribution—Other								
	Real estate—Residential .								
	Real estate—Commercial								
	Real estate—Other								
	Collectibles								
	Food inventory								
	Drugs and medical supplies .								
	Taxidermy								
	Historical artifacts	X	10		N/A				
	Scientific specimens								
	Archeological artifacts				-				
	Other ► ()								
	O ther ► ()								
	Other ► () Other ► ( )								
	Number of Forms 8283 received	by the orga	lunization during the tay yea	r for contributions					
29	for which the organization comple				29				0
	·		,					Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1 thr	ough 28, that			
	ıt must hold for at least three ye	ars from the	e date of the initial contribu	ıtıon, and which is not requi	red to	be used			
	for exempt purposes for the enti	re holding p	period?				30a		Νo
b	If "Yes," describe the arrangem	ent in Part 1	II						
31	Does the organization have a gif	ft acceptano	ce policy that requires the i	review of any non-standard	contr	ibutions?	31	Yes	
32a	Does the organization hire or us	e third parti	ies or related organizations	to solicit, process, or sell i	nonca	sh			
	contributions?						32a		No
b	If "Yes," describe in Part II								
	If the organization did not report	t an amount	in column (c) for a type of	property for which column (	a)ıs (	checked,			
	describe in Part II								

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

The state of the s				
Return Reference	Explanation			
PART I, COLUMN (B)	10 HISTORICAL ARTIFACT ITEMS WERE RECEIVED BY THE ORGANIZATION			
,	ASRT DOES NOT RECEIVE A VALUATION OF THE HISTORICAL ARTIFACT ITEMS CONTRIBUTED, AND THEREFORE DOES NOT ASSESS A VALUE OF THESE ITEMS CONTRIBUTED HISTORICAL ARTIFACT ITEMS ARE NOT REFLECTED ON THE ORGANIZATION'S FINANCIAL STATEMENTS			

Schedule M (Form 990) (2014)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493207010756

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 SOCIETY OF RADIOLOGIC TECHNOLOGISTS	Employer identification number		
	39-0128765		

Return Reference	Explanation
FORM 990, PART III, LINE 2	THE ASRT PRESERVES THE RICH HISTORY OF THE PROFESSION THROUGH THE OPERATION AND MAINTENANCE OF A MUSEUM WITH THE GOALS OF DEEPENING THE APPRECIATION AND UNDERSTANDING OF THE RADIOLOGIC TECHNOLOGY PROFESSION AND TO INSPIRE FURTHER LEARNING THROUGH INTERACTIVE DISPLAYS AND EDUCATIONAL EXHIBITS, THE MUSEUM TRACES THE PROGRESS OF MEDICAL IMAGING AND RADIATION THERAPY PROFESSIONALS FROM THE DISCOVERY OF THE X-RAY TO TODAY IT TRACES THE PROFOUND DISCOVERIES AND DEDICATED INDIVIDUALSPIONEERS, MARTYRS, VISIONARIES AND COMMITTED TECHNOLOGISTS THAT PERMEATE THE PROFESSION'S LEGACY WHILE EXPLORING THE INVENTIONS AND INNOVATORS THAT NURTURED RADIOLOGY'S TRANSFORMATION FROM 19TH-CENTURY NOVELTY TO 21ST-CENTURY MEDICAL NECESSITY

Reference	·
PART VI, SECTION A, LINE 6  P. TI A P. C IN	THE AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS (ASRT) HAS OVER 153,000 MEMBERS. THE MEMBERS ARE DIVIDED INTO THE FOLLOWING CATEGORIES. ACTIVE, GRADUATE BRIDGE, STUDENT, ASSOCIATE, RETIRED, LIMITED X-RAY MACHINE OPERATOR, RADIOLOGIST ASSISTANT, INTERNATIONAL, AND LIFE. MEMBERSHIP CATEGORIES ARE SEPARATED BY CERTAIN REQUIREMENTS INCLUDING BUT NOT LIMITED TO, OBTAINING CERTAIN CERTIFICATIONS FROM NATIONAL CERTIFICATION BODIES OR HOLDING A STATE LICENSE TO PRACTICE. THE FOLLOWING CATEGORIES OF MEMBERS PARTICIPATE IN GOVERNANCE OF THE ASRT BY BEING ELIGIBLE TO VOTE ON OFFICERS THAT CONSTITUTE A MAJORITY OF THE GOVERNING BOARD, HOLD ASRT OFFICE AND SERVE AS A DELEGATE AT THE ANNUAL ASRT HOUSE OF DELEGATES ACTIVE, GRADUATE BRIDGE, STUDENT, RADIOLOGIST ASSISTANT AND LIFE. THE RETIRED CATEGORY OF MEMBERS PARTICIPATE IN THE GOVERNANCE OF THE ASRT ONLY BY BEING ELIGIBLE TO VOTE ON OFFICERS. RETIRED MEMBERS CANNOT HOLD OFFICE OR SERVE AS A DELEGATE. THE REMAINDER OF THE MEMBERSHIP CATEGORIES ARE NOT INVOLVED IN THE GOVERNANCE OF THE ASRT. SEE THE NOTE FOR PART VI, SECTION A, LINE 7B FOR THE GOVERNANCE RESPONSIBILITIES, DUTIES, AND MAKEUP OF THE HOUSE OF DELEGATES.

Return Reference	Explanation		
FORM 990, PART VI, SECTION A, LINE 7A	THE ASRT'S MEMBERS DIRECTLY ELECT 5 OF THE BOARD MEMBERS THE OTHER 2 BOARD MEMBERS ARE ELECTED BY THE HOUSE OF DELEGATES		

Return Reference	Explanation
PART VI,	THE BY LAWS DESIGNATE THAT SOME BOARD DECISIONS MUST BE APPROVED BY THE HOUSE OF DELEGATES THE BY LAWS ALSO DELEGATE A NUMBER OF DECISIONS TO THE HOUSE OF DELEGATES ONE OF THE LARGEST OF THE DELEGATED DECISIONS IS BY LAW CHANGES THE HOUSE OF DELEGATES MEETS ANNUALLY AND IS MADE UP OF MEMBERS ALL THE ACTIVE AFFILIATE ORGANIZATIONS SEND REPRESENTATIVES TO THE HOUSE OF DELEGATES THIS IS ABOUT 2/3 OF THE DELEGATES THE REMAINDER OF THE DELEGATES ARE ELECTED BY THE MEMBERS IN A DIRECT VOTE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990, 990-T, AND RELATED SCHEDULES ARE PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE BOARD OF DIRECTORS AND LEGAL COUNSEL BEFORE FILING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICT OF INTEREST AT THE BEGINNING OF EVERY BOARD MEETING ANNUALLY, BOARD MEMBERS SIGN A FORM ACKNOWLEDGING THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY ALL VOLUNTEERS ARE REQUIRED TO ACKNOWLEDGE BY SIGNATURE THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY BEFORE THEY BEGIN THEIR DUTIES STAFF MUST ADHERE TO THE CONFLICT OF INTEREST POLICY BEFORE THEY BEGIN THEIR DUTIES STAFF MUST ADHERE TO THE CONFLICT OF INTEREST POLICY INCLUDED IN THE HR MANUAL WHICH REQUIRES STAFF TO AVOID ANY CONFLICTS OF INTEREST IF THEY ARE UNCERTAIN ABOUT A POTENTIAL CONFLICT, THEY CAN DISCUSS IT WITH THEIR SUPERVISOR OR HUMAN RESOURCES EACH EMPLOYEE ACKNOWLEDGES BY SIGNATURE WHEN HIRED THAT THEY HAVE RECEIVED THE HR MANUAL THE CURRENT HR MANUAL IS ALSO AVAILABLE ON THE ORGANIZATION'S INTRANET

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	DATA ON COMPENSATION FOR THE CEO AND OTHER C-LEVEL POSITIONS AT ORGANIZATIONS SIMILAR TO ASRT IS GATHERED FROM MULTIPLE SOURCES THESE SOURCES INCLUDE CEO UPDATE EXECUTIVE COMPENSATION IN ASSOCIATIONS SURVEY, THE AMERICAN NATIONAL RESEARCH COMPANY NATIONAL COMPENSATION STUDY AND THE ASSOCIATION COMPENSATION BENEFITS STUDY PRODUCED BY ASAE & THE CENTER FOR ASSOCIATION LEADERSHIP THIS DATA IS USED AS A STARTING POINT FOR AN EXTENSIVE REVIEW OF 990 INFORMATION ON 14 SIMILAR HEALTHCARE ORGANIZATIONS COMPARISONS USED ARE STAFF SIZE AND ORGANIZATIONAL BUDGET A REPORT ON THE INFORMATION ALONG WITH THE DATA IS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW THE BOARD OF DIRECTORS TAKES DIRECT COMPENSATION ACTION ON THE CEO THE CEO IS RESPONSIBLE FOR DIRECT COMPENSATION DECISIONS FOR THE OTHER C-LEVEL POSITIONS AND ALL OTHER EMPLOYEES FORMAL DOCUMENTATION OF THE DISCUSSIONS AND DECISIONS OF THE BOARD OF DIRECTORS IS MAINTAINED THE CHAIRMAN OF THE BOARD COMMUNICATES THE DECISION ON CEO COMPENSATION CHANGES TO THE COO WHO GENERATES COMPENSATION CHANGE DOCUMENTATION FOR THEIR SIGNATURE

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ASRT'S GOVERNING DOCUMENTS AND ANNUAL REPORT WHICH CONTAIN SUMMARY FINANCIAL INFORMATION ARE AVAILABLE ON THE ASRT'S WEBSITE. THE CONFLICT OF INTEREST POLICY AND FURTHER FINANCIAL INFORMATION ARE AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE SELECTION OF THE INDEPENDENT AUDITOR AND THE OVERSIGHT OF THE AUDIT IS PERFORMED BY THE BOARD

Return Reference	Explanation
FORM 990, PART XI, LINE 8	PRIOR PERIOD ADJUSTMENT - MANAGEMENT HAS DETERMINED THAT PREVIOUSLY CAPITALIZED AGGREGATED BUILDING IMPROVEMENTS WERE DEMOLISHED AND REPLACED BY RENOVATIONS IN 2013 AND SHOULD HAVE BEEN DISPOSED THE EFFECTS OF THIS RESTATEMENT AFFECTING THE YEAR ENDED SEPTEMBER 30, 2014 AND PRIOR ARE AS FOLLOWS PROPERTY AND EQUIPMENT, NET \$13,789,575 AS PREVIOUSLY REPORTED PROPERTY AND EQUIPMENT, NET \$12,183,386 AS RESTATED THE RESTATEMENT AMOUNT IS \$1,606,189

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493207010756

2014

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

## **SCHEDULE R** (Form 990)

**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.

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS

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

39-0128765 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity

Part II 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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g) Section 512(b (13) controlle entity?	
						Yes	No
15000 CENTRAL AVE SE	FUND EDUCATION & RESEARCH FOR RADIOLOGIC STUDENTS & PROFESSIONALS	NM	501(C)(3)	LINE 11A, I		Yes	

Part III	Identification of Related Organizations Taxable a	as a Partne	ership	Complete i	f the organiz	atıon ansv	ered "Ye	s" on Form	990, Part 1	[V, line 3	4	
	because it had one or more related organizations treated as a partnership during the tax year.											
											$^{-}$	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	)	(i)	Ü	)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Dispropr	rtionate	Code V-UBI	Gener	al or	Percentage
related organization		domicile	controlling	ıncome(related,	total income	lend-of-year	allocati	ions?	amount in box	mana	iging	ownership
-		(state or	entity	unrelated,		assets			20 of	partr	ner?	
		foreign		excluded from		1			Schedule K-1			
		country)		tax under		1			(Form 1065)			
				sections 512-		1						
		1 1		514)		1	L			L		
				,		1	Yes	No		Yes	No	
									ı			

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

(3) ASRT FOUNDATION

(4) ASRT FOUNDATION

(5) ASRT FOUNDATION

Part \	<b>Transactions With Related Organizations</b> Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	e 34, 35b, or 36.					
Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
1 Durin	g the tax year, did the orgranization engage in any of the following transactions with one or more r	elated organizations lis	sted in Parts II-IV?						
<b>a</b> Re	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No		
<b>b</b> Gif	ft, grant, or capital contribution to related organization(s)				1b	Yes			
<b>c</b> Gıf	t, grant, or capital contribution from related organization(s)				1c		No		
d Lo	ans or loan guarantees to or for related organization(s)				1d	Yes			
<b>e</b> Lo	ans or loan guarantees by related organization(s)				1e		No		
<b>f</b> Div	vidends from related organization(s)				1f		No		
<b>g</b> Sa	g Sale of assets to related organization(s)								
<b>h</b> Pu	h Purchase of assets from related organization(s)								
i Exc	i Exchange of assets with related organization(s)								
<b>j</b> Lea	ase of facilities, equipment, or other assets to related organization(s)				1j		No		
k Le	ase of facilities, equipment, or other assets from related organization(s)				1k		No		
<b>I</b> Per	formance of services or membership or fundraising solicitations for related organization(s)				11	Yes			
<b>m</b> Per	formance of services or membership or fundraising solicitations by related organization(s)				1m		No		
n Sha	aring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes			
o Sh	aring of paid employees with related organization(s)				10	Yes			
n Pa	imbursement paid to related organization(s) for expenses				1p		No		
-	imbursement paid by related organization(s) for expenses				1q		No		
<b>q</b> Re	inibulsement paid by related organization(s) for expenses								
r Otl	her transfer of cash or property to related organization(s)				1r		No		
<b>s</b> Ot	her transfer of cash or property from related organization(s)				1s		No		
<b>2</b> Ift	the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships	and transaction thresholds					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount ı	nvolved			
1) ASRT F	OUNDATION	В	370,000	CASH					
2) ASRT F	FOUNDATION	D	108,190	CASH					

0

0

130,170

304,519

111,357

CASH

CASH, SHARED STAFF

FAIR MARKET VALUE, EXECUTIVES

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) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	' '
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	, , , , , , , , , , , , , , , , , , ,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	$\neg$	,		<b>⊣</b> '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	<del>                                     </del>				_
1			<u> </u>			'				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5**