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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www IRS gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

B Check if applicable
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS

Doing business as

Number and street (or P O box if mail is not delivered to street address) 15000 CENTRAL SE | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
ALBUQUERQUE, NM 87123

D Employer identification number 39-0128765

E Telephone number (505) 298-4500

G Gross receipts $ 40,133,039

F Name and address of principal officer
SAL MARTINO
15000 CENTRAL SE
ALBUQUERQUE, NM 87123

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 1051

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW ASRT ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1932 | **M** State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO ADVANCE THE MEDICAL IMAGING AND RADIATION THERAPY PROFESSION AND THE QUALITY OF PATIENT CARE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	137
6	Total number of volunteers (estimate if necessary)	6	554
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	646,641
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-124,059

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	0
	9	Program service revenue (Part VIII, line 2g)	19,305,135	20,583,271
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,841,942	970,462
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,390,084	2,593,600
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,537,161	24,147,333
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	365,158	396,140
	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 5–10)	11,582,167	11,265,852
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,769,674	9,045,182
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,716,999	20,707,174
	19	Revenue less expenses Subtract line 18 from line 12	4,820,162	3,440,159
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	45,511,482	50,035,195
	21	Total liabilities (Part X, line 26)	13,337,983	12,790,077
	22	Net assets or fund balances Subtract line 21 from line 20	32,173,499	37,245,118

Part II Signature Block

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

Sign Here

****** | 2017-07-19
Signature of officer | Date

SAL MARTINO CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JAMES M HAYNES	JAMES M HAYNES			P00075331

Firm's name ▶ PULAKOS CPAS PC | Firm's EIN ▶ 85-0219147

Firm's address ▶ 5921 JEFFERSON STREET NE ALBUQUERQUE, NM 87109 | Phone no (505) 338-1500

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . ☑

1 Briefly describe the organization's mission

THE MISSION OF THE AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS IS TO ADVANCE AND ELEVATE THE MEDICAL IMAGING AND RADIATION THERAPY PROFESSION AND ENHANCE THE QUALITY AND SAFETY OF PATIENT CARE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ including grants of $) (Revenue $)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

See Additional Data

4c (Code) (Expenses $ including grants of $) (Revenue $)

See Additional Data

See Additional Data

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶**

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		No
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*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	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? *If "Yes," complete Schedule D, Part 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? *If "Yes," complete Schedule D, Part III*	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? *If "Yes," complete Schedule D, Part IV*	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			
a	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		No
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
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	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? *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? *If "Yes," complete Schedule G, Part II*	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		

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 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? *If "Yes," complete Schedule J*	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)			
a	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	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
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? *If "Yes," complete Schedule N, Part II*	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? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

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 . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	65			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	137			
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	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			3a	Yes	
b	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?			5c		
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? . . .			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).**					
a	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	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	7d				
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		
h	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					
a	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	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
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	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	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 . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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	1a 8			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization'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 power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	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, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	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 or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

18 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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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) WILLIAM BRENNAN JR CHAIRMAN TO 6/16	2 00 1 00	X						5,294	0	0
(2) SANDRA HAYDEN PRESIDENT TO 6/16 CHAIRMAN FROM 7/16	2 00 1 00	X						5,000	0	0
(3) MIKE LATIMER PRESIDENT-ELECT TO 6/16 PRESIDENT FROM 7/16	2 00	X						2,500	0	0
(4) AMANDA GARLOCK VP TO 6/16 PRESIDENT-ELECT FROM 7/16	2 00	X						2,500	0	0
(5) DR MELISSA JACKOWSKI SECRETARY-TREASURER TO 6/16 VP FROM 7/16	2 00	X						3,833	0	0
(6) STEPHANIE JOHNSTON SECRETARY-TREASURER FROM 7/16	2 00	X						0	0	0
(7) MIKE ODGREN SPEAKER OF THE HOUSE	2 00	X						2,500	0	0
(8) BETH WEBER VICE SPEAKER OF THE HOUSE-	2 00	X						2,500	0	0
(9) SAL MARTINO CHIEF EXECUTIVE OFFICER	50 00 3 00			X				481,415	0	187,257
(10) LAURA NIEL CHIEF FINANCIAL OFFICER-HI	50 00 12 00			X				142,984	0	13,772
(11) GREG MORRISON CHIEF OPERATING OFFICER	50 00 1 00				X			249,451	0	79,234
(12) MICHAEL KUDLAS CHIEF LEARNING AND MEMBERS	50 00				X			188,039	0	30,684
(13) LIANA WATSON CHIEF GOVERNANCE & EXTERNA	50 00 12 00				X			176,946	0	30,751
(14) CHRISTINE LUNG VP OF STATE ADVOCACY AND G	50 00					X		148,636	0	28,837

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(15) MARK RYERSON VP MARKETING & BUSINESS DE	50 00 1 00					X		143,580	0	23,664
(16) JANET MCEWEN DIRECTOR OF CORP RELATIONS	50 00 5 00					X		121,741	0	22,458
(17) LISA DETEMPLE VP OF HUMAN RESOURCES	50 00 1 00					X		117,056	0	22,300
(18) PETER CONLIN CHIEF INFORMATION OFFICER	50 00 1 00					X		121,234	0	21,827
(19) CEELA MCELVENY FORMER CHIEF COMM&MEMBERSHIP OFFICER-TO 10/31/2015	50 00 1 00						X	189,769	0	7,194
(20) VICTOR LEON FORMER CHIEF INFO OFFICER - TO 7/15	50 00 1 00						X	111,722	0	4,701
(21) KEVIN POWERS FORMER DIRECTOR OF EDUCATION - TO 9/15	50 00						X	147,012	0	6,147

		(D)	(E)	(F)
1b	**Sub-Total** . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . ▶			
d	**Total (add lines 1b and 1c)** . . . ▶	2,363,712	0	478,826

2 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 **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . .	**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 J for such individual* . . .	**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? *If "Yes," complete Schedule J for such person* . . .	**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) 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 listed above) who received more than $100,000 of compensation from the organization ▶ 13

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶					
Program Service Revenue			Business Code				
	2a	MEMBERSHIP DUES AND FEES	611430	18,042,687	18,042,687		
	b	CONFERENCES AND MEETINGS	611430	1,228,157			1,228,157
	c	ADVERTISING	541800	639,854		639,854	
	d	CONTINUING EDUCATION EVALUATION F	541900	626,499	626,499		
	e	MAGAZINE SUBSCRIPTIONS	511120	46,074	46,074		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		20,583,271			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		911,853			911,853
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶		262,461			262,461
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	(i) 16,011,768				
	b	Less cost or other basis and sales expenses	(i) 15,953,159				
	c	Gain or (loss)	(i) 58,609				
	d	Net gain or (loss) . . . . ▶		58,609	58,609		
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a	1,926,959				
	b	Less cost of goods sold . . b	32,547				
	c	Net income or (loss) from sales of inventory . . ▶		1,894,412	1,894,312	100	
		Miscellaneous Revenue	Business Code				
	11a	COST SHARING FEES	900099	337,549	337,549		
	b	PROCESSING FEES	900099	72,127	72,127		
	c	OTHER REVENUE	900099	27,051	20,364	6,687	
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . . ▶		436,727			
	12	**Total revenue.** See Instructions . . . . . ▶		24,147,333	21,098,221	646,641	2,402,471

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . ☐

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	396,140			
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	1,895,480			
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	7,026,051			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	688,458			
9	Other employee benefits	955,292			
10	Payroll taxes	700,571			
11	Fees for services (non-employees)				
a	Management				
b	Legal	77,179			
c	Accounting	43,492			
d	Lobbying	69,421			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	200,486			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	441,154			
12	Advertising and promotion	379,312			
13	Office expenses	116,371			
14	Information technology	914,521			
15	Royalties . .				
16	Occupancy	566,160			
17	Travel	879,138			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	467,093			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,916,576			
23	Insurance	139,415			
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)				
a	PUBLICATIONS COST	1,074,098			
b	OTHER GENERAL OPERATION	837,658			
c	OTHER MEMBERSHIP COST	810,584			
d	OTHER STRATEGIC PROJECT	104,241			
e	All other expenses	8,283			
25	**Total functional expenses.** Add lines 1 through 24e	20,707,174			
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 . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash-non-interest-bearing			1	
	2	Savings and temporary cash investments		5,376,739	2	7,191,682
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		431,463	4	350,970
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		20,905	8	21,324
	9	Prepaid expenses and deferred charges		819,403	9	689,330
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 22,287,554			
	b	Less accumulated depreciation	10b 9,697,909	14,059,884	10c	12,589,645
	11	Investments—publicly traded securities		24,283,941	11	28,416,505
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		519,147	15	775,739
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		45,511,482	16	50,035,195
Liabilities	17	Accounts payable and accrued expenses		2,697,484	17	2,732,098
	18	Grants payable			18	
	19	Deferred revenue		10,640,499	19	10,057,979
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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		13,337,983	26	12,790,077
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		32,173,499	27	37,245,118
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		32,173,499	33	37,245,118
	34	Total liabilities and net assets/fund balances		45,511,482	34	50,035,195

Part XI 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	24,147,333
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,707,174
3	Revenue less expenses Subtract line 2 from line 1	3	3,440,159
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,173,499
5	Net unrealized gains (losses) on investments	5	1,631,460
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	37,245,118

Part 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 ☐ Cash ☑ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
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 reviewed on a separate basis, consolidated basis, or both ☐ 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 separate basis, consolidated basis, or both ☑ 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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 4a

4a (Code) (Expenses $ including grants of $) (Revenue $)

THE ASRT PUBLICATIONS AND COMMUNITIES PROVIDE INFORMATION THAT HELPS RADIOLOGIC TECHNOLOGISTS IMPROVE PATIENT CARE THE SCIENTIFIC JOURNALS "RADIOLOGIC TECHNOLOGY AND "RADIATION THERAPIST" ADD TO THE PROFESSION'S BODY OF KNOWLEDGE THESE JOURNALS PROVIDE EDUCATIONAL ARTICLES ON TOPICS SUCH AS NEW TECHNOLOGY, PATIENT CARE AND DISEASE PROCESSES ARTICLES IN THE "ASRT SCANNER" MAGAZINE ADDRESS ISSUES SUCH AS ETHICS, HEALTH CARE POLICY AND PROFESSIONAL STANDARDS THE ASRT COMMUNITIES PROVIDE RADIOLOGIC TECHNOLOGISTS A PLATFORM TO CONNECT WITH OTHER RADIOLOGIC TECHNOLOGISTS FOR COLLABORATIVE PROBLEM SOLVING THROUGH DISCUSSIONS, DOCUMENT SHARING AND NETWORKING OPPORTUNITIES

Form 990, Part III, Line 4b

4b (Code) (Expenses $ including grants of $) (Revenue $)

THE ASRT DEVELOPS EDUCATIONAL PRODUCTS AND ORGANIZES EDUCATIONAL CONFERENCES TO IMPROVE RADIOLOGIC TECHNOLOGISTS' KNOWLEDGE AND SKILLS, ENSURE THAT MEDICAL IMAGING AND RADIATION THERAPY ARE DELIVERED IN A SAFE, ACCURATE MANNER, AND ASSIST MEMBERS OF THE PROFESSION IN MEETING CONTINUING EDUCATION REQUIREMENTS TO REACH MEMBERS LOCATED ALL OVER THE COUNTRY WITH VARYING WORK SCHEDULES, ASRT HAS DEVELOPED ONLINE EDUCATION PROGRAMS THAT ARE AVAILABLE 24/7 THESE PROGRAMS ARE A LIFELINE TO THE RADIOLOGIC TECHNOLOGY COMMUNITY

Form 990, Part III, Line 4c

4c (Code) (Expenses $ including grants of $) (Revenue $)

THE ASRT DEVELOPS AND ADVOCATES FOR PROFESSIONAL STANDARDS FOR EXAMPLE, ASRT PRODUCES EDUCATIONAL CURRICULA, DEVELOPS PRACTICE STANDARDS AND SCOPES OF PRACTICE, PROMOTES A PROFESSIONAL CODE OF ETHICS, ISSUES POSITION STATEMENTS ON PRACTICE-RELATED ISSUES, AND WORKS WITH ACCREDITORS, CERTIFICATION BODIES, REGULATORY AGENCIES, AND STATE AND FEDERAL LAWMAKERS TO ENSURE THAT RADIOLOGIC TECHNOLOGISTS ARE EDUCATIONALLY PREPARED AND CLINICALLY COMPETENT

Form 990, Part III - 4 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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493215014597

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*.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ 0

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying Expenditures **(The term "expenditures" means amounts paid or incurred.)**	**(a) Filing organization's totals**	**(b) Affiliated group totals**
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

		(a)	(b)
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a If zero or less, enter -0-		
i	Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2012	**(b)** 2013	**(c)** 2014	**(d)** 2015	**(e)** Total
2a Lobbying nontaxable amount					
b 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))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	No	(b) Amount
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			
a	Volunteers?			
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?			
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?			
i	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	18,042,687
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).**		
a	Current year	2a	71,345
b	Carryover from last year	2b	-546,269
c	Total	2c	-474,924
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	721,707
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	-1,196,631

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493215014597

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS

Employer identification number
39-0128765

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶______

4 Number of states where property subject to conservation easement is located ▶______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶______

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☑ Public exhibition
b ☑ Scholarly research
c ☑ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

		Amount
b If "Yes," explain the arrangement in Part XIII and complete the following table		
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,827,643	1,477,868	1,262,757	873,273	393,143
b Contributions	98,150	478,951	229,118	505,000	491,185
c Net investment earnings, gains, and losses	161,183	-76,926	33,077	-97,358	906
d Grants or scholarships	55,670	52,250	47,084	18,158	11,961
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,031,306	1,827,643	1,477,868	1,262,757	873,273

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 100 000 %

c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		696,687		696,687
b Buildings		17,247,501	6,360,283	10,887,218
c Leasehold improvements				
d Equipment		4,218,127	3,337,626	880,501
e Other		125,239		125,239
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				12,589,645

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . ▶	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	25,811,340
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	1,631,460		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	32,547		
e	Add lines **2a** through **2d**			2e	1,664,007
3	Subtract line **2e** from line **1**			3	24,147,333
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	24,147,333

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	20,739,721
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	32,547		
e	Add lines **2a** through **2d**			2e	32,547
3	Subtract line **2e** from line **1**			3	20,707,174
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	20,707,174

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 39-0128765

Name: AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS

Supplemental Information

Return Reference	Explanation
PART III, LINE 4	THE COLLECTION CONSISTS OF ARTIFACTS AND EQUIPMENT RELATED TO THE HISTORY OF THE X-RAY AND OTHER IMAGING TECHNIQUES THAT WILL BE DISPLAYED IN THE ASRT'S MUSEUM OR BE AVAILABLE AS P ART OF THE MUSEUM ARCHIVES THE MUSEUM IS DEVOTED TO PRESERVING AND SHARING THE RADIOLOGIC TECHNOLOGY'S PROFESSIONS RICH HISTORY

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	ASRT UTILIZES THE FUNDS HELD BY ASRT FOUNDATION FOR THE PURPOSE OF ASRT'S EDUCATIONAL PROG RAMS INCOME FROM THE ENDOWMENT IS TO BE USED FOR PROGRAM SCHOLARSHIPS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	ASRT IS AN EXEMPT ORGANIZATION FOR FEDERAL INCOME TAX PURPOSES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE AND, THEREFORE, HAS NO PROVISION FOR FEDERAL INCOME TAXES EXCEPT AS NOTED BELOW FOR UNRELATED BUSINESS INCOME ACTIVITIES UNRELATED TO ASRT'S EXEMPT PURPOSE ARE TAXABLE THE INTERNAL REVENUE SERVICE CONSIDERS NET INCOME RECEIVED FROM ADVERTISING, SALE OF NON-EDUCATION RELATED MATERIALS, AND AFFINITY SERVICE FEE RELATIONSHIPS AS UNRELATED BUSINESS TAXABLE INCOME DURING FISCAL YEAR 2016 AND 2015, A REFUND WAS RECEIVED FROM THE STATE OF NEW MEXICO NO FEDERAL INCOME TAX WAS PAID DUE TO UNUSED FEDERAL OPERATING LOSS CARRYFORWARDS OF APPROXIMATELY $2,014,911 THAT EXPIRE IN VARIOUS AMOUNTS IN YEARS FROM 2018 THROUGH 2027 ASRT HAS ADOPTED ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA, AS THEY RELATE TO UNCERTAIN TAX POSITIONS ANY INTEREST AND PENALTIES RECOGNIZED ASSOCIATED WITH A TAX POSITION ARE CLASSIFIED AS CURRENT IN ASRT'S FINANCIAL STATEMENTS CURRENTLY, THE 2013, 2014 AND 2015 TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND NEW MEXICO TAXATION AND REVENUE DEPARTMENT HOWEVER, ASRT IS NOT CURRENTLY UNDER AUDIT NOR HAS ASRT BEEN CONTACTED BY ANY OF THESE JURISDICTIONS MANAGEMENT BELIEVES THAT THE ACTIVITIES OF ASRT ARE WITHIN THEIR TAX-EXEMPT PURPOSE WITH THE EXCEPTIONS NOTED IN THE PRIOR PARAGRAPH, AND THAT THERE ARE NO UNCERTAIN TAX POSITIONS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 32,547

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 32,547

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 1A	THE COLLECTIONS, WHICH HAVE BEEN ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE MU SEUM'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION PUR CHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEA R IN WHICH THE ITEMS ARE ACQUIRED, OR AS DECREASES IN TEMPORARILY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS CONTRIBUTED COLLECTION IT EMS ARE NOT REFLECTED ON THE FINANCIAL STATEMENTS PROCEEDS FROM DEACCESSIONS ARE REFLECTE D AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES, AND ARE DESIGNATED FOR COLLECTION ACQ UISITION AND CARE

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART V	DESCRIPTION OF CHANGE IN BALANCES PRIOR YEAR ENDOWMENT BALANCES WERE UPDATED TO ACCURATEL Y REFLECT CONTRIBUTIONS AND RELEASES FROM RESTRICTION

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS

Employer identification number
39-0128765

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 2

3 Enter total number of other organizations listed in the line 1 table . . . . ▶

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

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	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

Additional Data

Software ID:
Software Version:
EIN: 39-0128765
Name: AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASRT FOUNDATION 15000 CENTRAL AVE SE ALBUQUERQUE,NM 87123	85-0323021	501(C)(3)	370,000				GENERAL OPERATIONS AND SCHOLARSHIPS
AMERICAN RED CROSS - NEW MEXICO 7445 PAN AMERICAN WEST FREEWAY NE ALBUQUERQUE,NM 87109	53-0196605	501(C)(3)	5,000				AID FOR VICTIMS OF NATURAL DISASTERS

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS

Employer identification number
39-0128765

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax 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 organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		No
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ 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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	**5b**		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III	**6b**		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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

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 ONE DIRECTOR UTILIZED THIS BENEFIT IN FISCAL YEAR 2016
PART I, LINES 4A-B	KEVIN POWERS, DIRECTOR OF EDUCATION KEVIN POWERS RECEIVED SEVERANCE PAYMENTS OF $32,398 IN CONNECTION WITH THE CULMINATION OF HIS EMPLOYMENT WITH ASRT 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, 2016

Additional Data

Software ID:
Software Version:
EIN: 39-0128765
Name: AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 SAL MARTINO CHIEF EXECUTIVE OFFICER	(i)	463,323	100	17,992	178,815	8,442	668,672	0
	(ii)	0	0	0	0	0	0	0
1 LAURA NIEL CHIEF FINANCIAL OFFICER-HI	(i)	137,884	5,100	0	5,901	7,871	156,756	0
	(ii)	0	0	0	0	0	0	0
2 GREG MORRISON CHIEF OPERATING OFFICER	(i)	231,351	100	18,000	70,882	8,352	328,685	0
	(ii)	0	0	0	0	0	0	0
3 MICHAEL KUDLAS CHIEF LEARNING AND MEMBERS	(i)	177,939	10,100	0	22,548	8,136	218,723	0
	(ii)	0	0	0	0	0	0	0
4 LIANA WATSON CHIEF GOVERNANCE & EXTERNA	(i)	166,846	10,100	0	22,548	8,203	207,697	0
	(ii)	0	0	0	0	0	0	0
5 CHRISTINE LUNG VP OF STATE ADVOCACY AND G	(i)	143,536	5,100	0	21,124	7,713	177,473	0
	(ii)	0	0	0	0	0	0	0
6 MARK RYERSON VP MARKETING & BUSINESS DE	(i)	138,480	5,100	0	15,824	7,840	167,244	0
	(ii)	0	0	0	0	0	0	0
7 CEELA MCELVENY FORMER CHIEF COMM&MEMBERSHIP OFFICER	(i)	189,769	0	0	0	7,194	196,963	0
	(ii)	0	0	0	0	0	0	0
8 VICTOR LEON FORMER CHIEF INFO OFFICER - TO 7/15	(i)	111,722	0	0	0	4,701	116,423	0
	(ii)	0	0	0	0	0	0	0
9 KEVIN POWERS FORMER DIRECTOR OF EDUCATION - TO 9/	(i)	147,012	0	0	0	6,147	153,159	0
	(ii)	0	0	0	0	0	0	0

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*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS

Employer identification number
39-0128765

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $										

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) PAUL MARTINO	CLOSE FAMILY MEMBER	41,774	EMPLOYMENT		No
(2) DONNA LONG	FORMER BOARD MEMBER	32,000	CONTRACT WORK		No

Part V **Supplemental Information**
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	**Explanation**

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

2015

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS (ASRT) HAS OVER 153,000 MEMBERS THE MEMB ERS 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 LI CENSE TO PRACTICE THE FOLLOWING CATEGORIES OF MEMBERS PARTICIPATE IN GOVERNANCE OF THE AS RT 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 RETI RED MEMBERS CANNOT HOLD OFFICE OR SERVE AS A DELEGATE THE REMAINDER OF THE MEMBERSHIP CAT EGORIES 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 DELEGAT ES

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE BYLAWS DESIGNATE THAT SOME BOARD DECISIONS MUST BE APPROVED BY THE HOUSE OF DELEGATES THE BYLAWS ALSO DELEGATE A NUMBER OF DECISIONS TO THE HOUSE OF DELEGATES ONE OF THE LARG EST OF THE DELEGATED DECISIONS IS BYLAW 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 AR E ELECTED BY THE MEMBERS IN A DIRECT VOTE.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICT OF INTERE ST AT THE BEGINNING OF EVERY BOARD MEETING ANNUALLY, BOARD MEMBERS SIGN A FORM ACKNOWLEDG ING THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY ALL VOLUNTEERS ARE REQUIRED TO AC KNOWLEDGE BY SIGNATURE THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY BEFORE THEY BEG IN THEIR DUTIES STAFF MUST ADHERE TO THE CONFLICT OF INTEREST POLICY BEFORE THEY BEGIN TH EIR 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 PO TENTIAL CONFLICT, THEY CAN DISCUSS IT WITH THEIR SUPERVISOR OR HUMAN RESOURCES EACH EMPLO YEE ACKNOWLEDGES BY SIGNATURE WHEN HIRED THAT THEY HAVE RECEIVED THE HR MANUAL THE CURREN T HR MANUAL IS ALSO AVAILABLE ON THE ORGANIZATION'S INTRANET

990 Schedule O, Supplemental Information

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 A SRT IS GATHERED FROM MULTIPLE SOURCES THESE SOURCES INCLUDE CEO UPDATE EXECUTIVE COMPENSA TION IN ASSOCIATIONS SURVEY , THE AMERICAN NATIONAL RESEARCH COMPANY NATIONAL COMPENSATION STUDY AND THE ASSOCIATION COMPENSATION BENEFITS STUDY PRODUCED BY ASAE & THE CENTER FOR AS SOCIATION 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 O RGANIZATIONAL BUDGET A REPORT ON THE INFORMATION ALONG WITH THE DATA IS PROVIDED TO THE B OARD OF DIRECTORS FOR THEIR REVIEW THE BOARD OF DIRECTORS TAKES DIRECT COMPENSATION ACTIO N ON THE CEO THE CEO IS RESPONSIBLE FOR DIRECT COMPENSATION DECISIONS FOR THE OTHER C-LEV EL POSITIONS AND ALL OTHER EMPLOYEES FORMAL DOCUMENTATION OF THE DISCUSSIONS AND DECISION S OF THE BOARD OF DIRECTORS IS MAINTAINED THE CHAIRMAN OF THE BOARD COMMUNICATES THE DECI SION ON CEO COMPENSATION CHANGES TO THE COO WHO GENERATES COMPENSATION CHANGE DOCUMENTATIO N FOR THEIR SIGNATURE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS

Employer identification number
39-0128765

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) ASRT FOUNDATION 15000 CENTRAL AVE SE ALBUQUERQUE, NM 87123 85-0323021	FUND EDUCATION & RESEARCH FOR RADIOLOGIC STUDENTS & PROFESSIONALS	NM	501(C)(3)	LINE 11A, I		Yes	

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

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

			Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . .	**1a**		No
b	Gift, grant, or capital contribution to related organization(s) . . .	**1b**	Yes	
c	Gift, grant, or capital contribution from related organization(s) . . .	**1c**		No
d	Loans or loan guarantees to or for related organization(s) . . .	**1d**	Yes	
e	Loans or loan guarantees by related organization(s) . . .	**1e**		No
f	Dividends from related organization(s) . . .	**1f**		No
g	Sale of assets to related organization(s) . . .	**1g**		No
h	Purchase of assets from related organization(s) . . .	**1h**		No
i	Exchange of assets with related organization(s) . . .	**1i**		No
j	Lease of facilities, equipment, or other assets to related organization(s) . . .	**1j**		No
k	Lease of facilities, equipment, or other assets from related organization(s) . . .	**1k**		No
l	Performance of services or membership or fundraising solicitations for related organization(s) . . .	**1l**	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s) . . .	**1m**	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . .	**1n**	Yes	
o	Sharing of paid employees with related organization(s) . . .	**1o**	Yes	
p	Reimbursement paid to related organization(s) for expenses . . .	**1p**		No
q	Reimbursement paid by related organization(s) for expenses . . .	**1q**	Yes	
r	Other transfer of cash or property to related organization(s) . . .	**1r**		No
s	Other transfer of cash or property from related organization(s) . . .	**1s**		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) ASRT FOUNDATION	B	370,000	CASH
(2) ASRT FOUNDATION	D	89,819	CASH
(3) ASRT FOUNDATION	L	109,448	CASH
(4) ASRT FOUNDATION	O	227,582	CASH, SHARED STAFF
(5) ASRT FOUNDATION	O	124,547	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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE R, PART V, LINE 2	AMOUNTS FOR TRANSACTION TYPE O ARE FOR SHARED STAFF AND EXECUTIVES BETWEEN ASRT AND ASRT FOUNDATION STAFF SALARIES ARE PAID OUT THROUGH ASRT FOR WORK BEING PERFORMED ON THE BEHALF OF THE ASRT FOUNDATION TIME SPENT BY EXECUTIVES ON ASRT FOUNDATION IS DONATED AND THE AMOUNT IS ESTIMATED BASED ON AN ALLOCATION OF WORK BEING PERFORMED ON BEHALF OF ASRT FOUNDATION