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Department of the Treasury
Internal Revenue Service

Short Form

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-EZ and its instructions is at www.irs.gov/form990ez.

OMB No. 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

| | |
|---|------------|
| C Name of organization AMERICAN BOARD OF POST-ACUTE AND LONG-TERM CARE MEDICINE INC | |
| Number and street (or P O box, if mail is not delivered to street address) 10500 LITTLE PATUXENT PKWY NO 210 | Room/suite |
| City or town, state or province, country, and ZIP or foreign postal code COLUMBIA, MD 21044 | |

| | |
|---|----------------|
| D Employer identification number | 52-1920740 |
| E Telephone number | (800) 876-2632 |
| F Group Exemption Number | |

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ►

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

I Website: ► WWW.ABPLM.ORG

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

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

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 151,717

| | |
|---------------|--|
| Part I | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) |
|---------------|--|

Check if the organization used Schedule O to respond to any question in this Part I ☒

| | | | | |
|----------|------------|--|---|---------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | |
| | 2 | Program service revenue including government fees and contracts | 2 | 137,614 |
| | 3 | Membership dues and assessments | 3 | 13,110 |
| | 4 | Investment income | 4 | 993 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | b | Less cost or other basis and sales expenses | 5b | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 | Gaming and fundraising events | | |
| | a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| | b | Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | |
| | c | Less direct expenses from gaming and fundraising events | 6c | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | |
| Expenses | b | Less cost of goods sold | 7b | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| | 8 | Other revenue (describe in Schedule O) | 8 | |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 9 | 151,717 |
| | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 86,932 |
| | 13 | Professional fees and other payments to independent contractors | 13 | 33,383 |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 391 |
| | 15 | Printing, publications, postage, and shipping | 15 | 526 |
| | 16 | Other expenses (describe in Schedule O) | 16 | 28,641 |
| | 17 | Total expenses. Add lines 10 through 16 ▶ | 17 | 149,873 |
| | Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 |
| 19 | | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 390,146 |
| 20 | | Other changes in net assets or fund balances (explain in Schedule O) | 20 | 0 |
| 21 | | Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 391,990 |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2017)

Part II

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☒

| | (A) Beginning of year | | (B) End of year |
|---|-----------------------|-----------|-----------------|
| 22 Cash, savings, and investments | 419,248 | 22 | 387,565 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | 9,327 | 24 | 5,879 |
| 25 Total assets | 428,575 | 25 | 393,444 |
| 26 Total liabilities (describe in Schedule O). | 38,429 | 26 | 1,454 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 390,146 | 27 | 391,990 |

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☒
What is the organization's primary exempt purpose?
THE ORGANIZATION OPERATES AS A CERTIFICATION BODY FOR PHYSICIANS SEEKING THE DESIGNATION OF "CERTIFIED MEDICAL DIRECTOR" OF POST-ACCUTE AND LONG-TERM CARE FACILITIES
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title
28
See Additional Data Table
(Grants \$) If this amount includes foreign grants, check here ☐
29
(Grants \$) If this amount includes foreign grants, check here ☐
30
(Grants \$) If this amount includes foreign grants, check here ☐
31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐
32 Total program service expenses (add lines 28a through 31a) **32**

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

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. ☒

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|--|--|---|--|
| ROBERT G KAPLAN MD FACP CMD CHAIR | 1 00 | 0 | 0 | 0 |
| LAURA J MORTON MD CMD VICE CHAIR | 1 00 | 0 | 0 | 0 |
| THOMAS EDMONDSON MD CMD IMMEDIATE PAST CHAIR | 1 00 | 0 | 0 | 0 |
| THOMAS S LEHNER MD CMD TREASURER | 1 00 | 0 | 0 | 0 |
| TERESA ALBRIGHT MD CMD DIRECTOR | 1 00 | 0 | 0 | 0 |
| PAT BACH PSYD RN DIRECTOR | 1 00 | 0 | 0 | 0 |
| RONALD J CROSSNO MD CMD DIRECTOR | 1 00 | 0 | 0 | 0 |
| TOCHUKWU ILOABUCHI MD CMD DIRECTOR | 1 00 | 0 | 0 | 0 |
| BILL KUBAT PUBLIC MEMBER | 1 00 | 0 | 0 | 0 |
| THOMAS E LAWRENCE MD CMD DIRECTOR | 1 00 | 0 | 0 | 0 |
| JILL KRUEGER PUBLIC MEMBER | 1 00 | 0 | 0 | 0 |
| PETER WINN MD CMD DIRECTOR | 1 00 | 0 | 0 | 0 |

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

| | Yes | No |
|---|------------|----|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | No |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | No |
| 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | No |
| b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | |
| c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | No |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | No |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 | | |
| b Did the organization file Form 1120-POL for this year? | 37b | |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | No |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | |
| 39 Section 501(c)(7) organizations Enter | | |
| a Initiation fees and capital contributions included on line 9 | 39a | |
| b Gross receipts, included on line 9, for public use of club facilities | 39b | |
| 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶ | | |
| b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | |
| c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ | | |
| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ | | |
| e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | No |
| 41 List the states with which a copy of this return is filed ▶ MD | | |
| 42a The organization's books are in care of ▶ DEBBIE ADDISON Telephone no ▶ (410) 992-3102 Located at ▶ 10500 LITTLE PATUXENT PKWY NO 210 COLUMBIA, MD ZIP + 4 ▶ 21044 | | |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | No |
| If "Yes," enter the name of the foreign country ▶ | | |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | |
| c At any time during the calendar year, did the organization maintain an office outside the U S ? | 42c | No |
| If "Yes," enter the name of the foreign country ▶ | | |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | | |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | No |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | No |
| c Did the organization receive any payments for indoor tanning services during the year? | 44c | No |
| d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | No |
| 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | |

| | | | |
|----|--|-----|----|
| | | Yes | No |
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | No |

Part VI

Section 501(c)(3) organizations only

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

| | | | |
|-----|--|-----|----|
| | | Yes | No |
| 47 | 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 | 47 | |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| 49b | If "Yes," was the related organization a section 527 organization? | 49b | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

d Total number of other independent contractors each receiving over \$100,000. ▶

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☐ No

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

| | | |
|-----------|---|--------------------|
| Sign Here | ***** Signature of officer | 2018-07-06 Date |
| | CHRISTOPHER LAXTON CAE EXECUTIVE DIRECTOR Type or print name and title | |

| | | | | | |
|------------------------|--|----------------------|------|---|-------------------------|
| Paid Preparer Use Only | Print/Type preparer's name DAVID JONES | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P01361002 |
| | Firm's name ▶ JONES MARESCA & MCQUADE PA | | | | Firm's EIN ▶ 52-1853933 |
| | Firm's address ▶ 10500 LITTLE PATUXENT PARKWAY SUITE 770 COLUMBIA, MD 21044 | | | | Phone no (410) 884-0220 |

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

Additional Data

Software ID:
Software Version:
EIN: 52-1920740
Name: AMERICAN BOARD OF POST-ACUTE AND
LONG-TERM CARE MEDICINE INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) | |
|---|--|--|---|
| <p>28</p> <p>ABPLM ADMINISTERS A CERTIFICATION PROGRAM WHEREBY PHYSICIAN MEDICAL DIRECTORS MAY APPLY FOR CERTIFICATION FROM THE ABPLM BOARD OF DIRECTORS TO RECEIVE THE DESIGNATION OF BECOMING AN AMERICAN BOARD OF POST-ACUTE AND LONG-TERM CARE MEDICINE CERTIFIED MEDICAL DIRECTOR, ("ABPLM CMD") MEDICAL DIRECTORS IN SETTINGS INCLUDING NURSING/SKILLED NURSING FACILITIES, ASSISTED LIVING, CONTINUING CARE RETIREMENT COMMUNITIES, POST-ACUTE CARE, HOME CARE, HOSPICE, PACE, AND VETERAN AFFAIRS ARE ELIGIBLE FOR CERTIFICATION ONCE AWARDED, THE CERTIFICATION IS VALID FOR SIX YEARS, AFTER WHICH RECERTIFICATION IS REQUIRED TO MAINTAIN ABPLM CMD STATUS THE ABPLM CMD IN POST-ACCUTE AND LONG TERM CARE PROGRAM WAS DEVELOPED BY AMDA IN 1991 AND WAS INCORPORATED IN 1996 UNDER ABPLM THE CERTIFIED MEDICAL DIRECTOR PROGRAM RECOGNIZES THE DUAL CLINICAL AND MANAGERIAL ROLES OF THE MEDICAL DIRECTOR CERTIFICATION REQUIRES INDICATORS OF COMPETENCE IN CLINICAL MEDICINE AND MEDICAL MANAGEMENT IN LONG-TERM CARE THE CERTIFICATION PROCESS IS BASED ON AN EXPERIMENTAL MODEL THAT INCORPORATES EXISTING MECHANISMS SUCH AS FELLOWSHIP PROGRAMS, BOARD CERTIFICATION, CONTINUING MEDICAL EDUCATION, CMD-APPROVED AND AMDA SPONSORED COURSES IN MEDICAL DIRECTION, AND OTHER CONTINUING EDUCATION PROGRAMS TO FULFILL CERTIFICATION REQUIREMENTS CURRENTLY, NO ADDITIONAL EXAMINATION OR TESTING IS REQUIRED SINCE THE PROGRAM'S INCEPTION, OVER 3,930 PHYSICIAN MEDICAL DIRECTORS HAVE RECEIVED THE ABPLM CMD DESIGNATION</p> <p>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | | 28a | 0 |

TY 2017 Transfers Personal Benefits Contracts Declaration

Name: AMERICAN BOARD OF POST-ACUTE AND
LONG-TERM CARE MEDICINE INC

EIN: 52-1920740

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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

2017

Open to Public Inspection

Name of the organization
AMERICAN BOARD OF POST-ACUTE AND
LONG-TERM CARE MEDICINE INC

Employer identification number

52-1920740

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME | DESCRIPTION INTEREST INCOME AMOUNT 993 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------------------|-------------------------------------|
| FORM 990- EZ, PART I, LINE 14 | DESCRIPTION DEPRECIATION AMOUNT 391 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION OFFICE SUPPLIES AND OTHER OFFICE EXPENSES AMOUNT 1,051 DESCRIPTION TRAVEL AMOUNT 4,006 DESCRIPTION ADMINISTRATIVE FEE PAID TO AMDA, AFFILIATED ORG AMOUNT 17,967 DESCRIPTION STAFF DEVELOPMENT AMOUNT 1,080 DESCRIPTION BOARD COMMITTEE MEETINGS AMOUNT 4,183 DESCRIPTION MEALS AND CATERING AMOUNT 45 DESCRIPTION ADVERTISING AMOUNT 309 TOTAL TO FORM 990-EZ, LINE 16 28,641 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS | DESCRIPTION DUE FROM AFFILIATES BEG OF YEAR AMOUNT 7,710 END OF YEAR AMOUNT 4,661 D ESCRPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 767 END OF YEAR AMOUNT 759 DESCRIPTI ON OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 850 END OF YEAR AMOUNT 459 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES | DESCRIPTION ACCRUED VACATION BEG OF YEAR AMOUNT 1,218 END OF YEAR AMOUNT 1,074 DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 37,211 END OF YEAR AMOUNT 380 |