		l
Form	990-EZ	

Short Form

OMB No. 1545-1150

2014

Return of Organization Exempt From Income Tax

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

Pintormation about Form 990-E2 and its instructions is at www.lrs.gov/lorm990. 20 14 B Orek traditation			Do not enter social security numbers on this form as it n	nay be made pu	blic.	Open to Public
B Creek registrate: B Creek registrate: Advanced works Society for Participatory Medicine Number and street (or P.O. Doc, if mail is not delivered to street address) Prof. Number and street (or P.O. Doc, if mail is not delivered to street address) Prof. Number and street (or P.O. Doc, if mail is not delivered to street address) Prof. Number and street (or P.O. Doc, if mail is not delivered to street address) Prof. Number and street (or P.O. Doc, if mail is not delivered to street address) Prof. Number and street (or P.O. Doc, if mail is not delivered to street address) Prof. Number and street (or P.O. Doc, if mail is not delivered to street address) Prof. Number and Street (or P.O. Doc, if mail is not delivered to street address) Prof. Number and Street (or P.O. Doc, if mail is not delivered to street address) Prof. Number and Street (or P.O. Doc, if mail is not delivered to street address) Prof. Number and Street (or P.O. Doc, if mail is not delivered to street address) Prof. Number and Street (or P.O. Doc, if mail is not delivered to street address) Prof. Number and Street (or P.O. Doc, if mail is not delivered to street address) Prof. Number and Street (or P.O. Doc, if mail is not delivered to street address) Prof. Number and Street address (or P.O. Doc, if mail is not delivered to street address) Prof. Number and Street address (or P.O. Doc, if mail is announts received . 1 Contributions gifts, grants, and similar amounts received . 2 Doc and street address street than inventory . 5 a Grass anount from sale of assets other than inventory (Subtract line Sto from line Sg) . 5 c 0 6 Gaming and fundraising events (not including S of contributions 5 c 0 6 Gaming and fundraising events (not including S of contributions 5 c 0 6 Gaming and fundraising events (not including S of contributions 5 c 0 6 Cross succes from gaming and fundraising events (add lines 6 and 6b and subtract 1 line 6c) . 7 c 0 8 Other evenue (address in schedule O) . 1 Benderite paul to conteness of magning ad				www.irs.gov/for	m990.	Inspection
Autors conside Society for Participatory Medicine 27048287 In thirds of the POL box, if mail is not delivered to street address) Pol model Formalization Pol model	AF	For the		4, and ending	Dec 3	, 20 14
Immer entropy Humber and street (or P.O. Doc, if mail is not delivered to street astress) Poortfuitie E Telephone number Pior diruminemiated Arended minut P.O. Box 1183. Provide the street of P.O. Doc, if mail is not delivered to street astress) PD of the street of P.O. Doc, if mail is not delivered to street astress) PD of the street of P.O. Doc, if mail is not delivered to street astress) PT of the street of P.O. Doc, if mail is not delivered to street astress) PT of the street of P.O. Doc, if mail is not delivered to street astress) PT of the street of P.O. Doc, if mail is not delivered to street astress) PT of the street of P.O. Doc, if mail is not delivered to street astress) PT of the street of P.O. Doc, if mail is not delivered to street astress) PT of the street of P.O. Doc, if mail is not delivered to street astress) PT of the street of P.O. Doc, if mail is not delivered to street astress) PT of the street of P.O. Doc, if mail is not delivered to street astress) PT of the street of P.O. Doc, if mail is not delivered to street astress) PT of the street of P.O. Doc, if mail is not delivered to street astress) PT of the street of P.O. Doc, if mail is not delivered to street astress, if the organization is not free organization asteed free model to street astress, if the organization is not free organization is not free organization asteed free model for modelin model for model for model for model for model for model for	B	Check if ap			D Employer	
Image: Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-						
Pierd intrustation product 0, Box 1183 10, 20, Box 1183 10, 20, Box 1183 Amproductions produce Divide of the set of				Room/suite		
Immediate return City or town, state or provines, outry, and ZP or foreign postal code F Cracup Examplian Augustation provides City or town, state or provines, outry, and ZP or foreign postal code F Cracup Examplian Verbalation City or town, state or provines, outry, and ZP or foreign postal code F Cracup Examplian Verbalation City of the organization: Cancel Composition The organization is not required to attach Schedule D (City) If the organization: Corporation Thus Association City of the organization is not required to attach Schedule D (City or goos receipts, 11 (Ci			P.O. DOX 1163		9	78-476-9765
G Accounting Method: □ Cash ☑ Account Other (specify) If the organization is not required to attach Schedule B I Webste: participatory medicine.org If the organization is not required to attach Schedule B I Webste: Corporation □ Trust □ Assecting task (sheek div) or goes cecifys. If gross receifys.			City or town, state or province, country, and ZIP or foreign postal code		F Group Ex	emption
I Website: ▶ participatorymedicine org required to attach Schedule B J Tax-exempt status (check only one) ► 301(c)(3 ≤ 001(c) ▲ (insert no.) 4947(a)(1) or 1527 required to attach Schedule B Form of organization: ► Corporation □ Trust Association □ Other Form of organization: ► Corporation □ Trust Association □ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total assets \$ 21,176 Part II, column (b) below) are \$500,000 or more, if life form \$900 instaed of Form \$100 instaed form \$100 instaed of Form \$10		Applicatio	ion pending Newburyport, MA 01950		Number	►
J Tax-exempt status (check only one) - 2 501(c)(3 501(c) 4 (mset no.) 4947(a)(1) or 1527 (Form 990, 990-EZ, or 990-PF). K Form of organization: Corporation Trust Association Other L Add lines 50, cand 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets \$ 21,176 Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule 0 to respond to any question in this Part I	G /	Account	nting Method: 🗌 Cash 🗹 Accrual Other (specify) 🕨	Н	Check 🕨 🗌] if the organization is not
K Form of organization: Carporation Tist: Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total assets Part II, column (B) below) are \$300,000 or more, file Form 990 instead of Form 990 F27. Image: Sono 200 or more, file Form 990 instead of Form 990 F27. Image: Sono 200 or more, file Form 990 instead of Form 990 F27. Image: Sono 200 or more, file Form 990 instead of Form 990 F27. Image: Sono 200 or more, file Form 990 instead of Form 990 F27. Image: Sono 200 or more, file Form 990 instead of Form 990 F27. Image: Sono 200 or more, file Form 990 instead of Form 990 F27. Image: Sono 200 or more, file Form 990 instead of Form 990 F27. Image: Sono 200 or more, file Form 990 instead of Form 990 F27. Image: Sono 200 or more, file Form 990 instead of Form 990 F27. Image: Sono 200 or more, file Form 990 instead of Form 990 F27. Image: Sono 200 or more, file Form 990 instead of Form 990 F27. Image: Sono 200 or more, file Form 990 F27. Image: Sono 200 or more, file Form 990 instead of Form 990 F27. Image: Sono 200 or more, file Form 990 F27. Image: Sono 200 or more, file Form 990 F27. Image: Sono 200 or more, file Form 990 F27. Image: Sono 200 or more, file Form 990 F27. Image: Sono 200 or more, file Form 990 F27. Image: Sono 200 or more, file Form 990 F27. Image: Sono 200 or more, file Form 990 F27. Image: Sono 200 or more, file Form 990 F27. Image: Sono 200 or more, file Form 990 F27. Image: Sono 200 or more, file Form 990 F27. Image: Sono 200 or more, file Form 990 F27. Image: Sono 200 or more, Form 110 or more, sono 110 or form 110 or form 110 or					required to a	ttach Schedule B
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	JT	'ax-exen	empt status (check only one) – 🗹 501(c)(3) 🗌 501(c) () ◀ (insert no.) 🗌 4947(a)(1)) or 527	(Form 990, 9	90-EZ, or 990-PF).
(Part II. column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ § 21,176 Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule 0 to respond to any question in this Part I ✓ 1 Contributions, gifts, grants, and similar amounts received. 1 1 00 2 Program service revenue including government fees and contracts 2 0 3 Membership dues and assessments 3 21,176 4 Investment income 4 00 5a Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 0 6 Gaming and fundraising events	ΚF	orm of	of organization: 🗹 Corporation 🗌 Trust 🗌 Association 🗌 Other			
Part1 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 .					l assets	
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 00 3 Membership dues and assessments 4 00 5a Gross amount from sale of assets other than inventory 5a Gross anount from sale of assets other than inventory 6 Gaming and fundraising events a Gross income from fundraising events a Gross income from fundraising events (not including \$ a Gross nincome from fundraising events (not including \$ c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) b Less: cost of goods sold c Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) b Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	_				🕨	\$ 21, 176
1 Contributions, gifts, grants, and similar amounts received . 1 0 2 Program service revenue including government fees and contracts . 2 0 3 Membership dues and assessments . 3 21,176 4 Investment income . 3 21,176 5 Gross amount from sale of assets other than inventory . 5a 5b 5 C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c 0 6 Garning and fundraising events 6a of contributions 5c 0 a Gross income from gaming (attact Schedule G if greater than sti,000) . . 6a of contributions 5c 0 b Gross income from fundraising events (not including \$ of contributions 6b 6d 0 c Less: cost of goods sold . . . 7a 7b 6d 0 c Gross sales of inventory, less returns and allowances . . . 7a 7c 0 d Net income or (loss) from sales of inventory (Subtract line 7b from line 7a) . . 7c 0 d	Ρ	art I		•		,
2 Program service revenue including government fees and contracts 2 0 3 Membership dues and assessments 3 21,176 4 Investment income 3 21,176 5a Gross amount from sale of assets other than inventory 5a 5b 0 5a Gross income from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 0 6 Gaming and fundraising events a Gross income from fundraising events (not including \$ of contributions for for fundraising events (not including \$ of contributions for for fundraising events (not including \$ of do the for such gross income and contributions exceeds \$15,000) 6b c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) fd 0 a Gross sales of inventory, less returns and allowances 7a 7b fd b Less: cost of goods sold ft ft ft fd a Other revenue (describe in Schedule O) ft fd fd			Check if the organization used Schedule O to respond to any questio	n in this Part I		
3 Membership dues and assessments 3 21,176 4 Investment income 4 0 5a Gross amount from sale of assets other than inventory 5a 5b b Less: cost or other basis and sales expenses 5b 5c c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 0 6 Gaming and fundraising events 6a 5c 0 a Gross income from gaming (attach Schedule G if greater than st15.000) 5c 0 b Gross income from fundraising events (not including \$ or contributions for from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15.000) 6b 6d 0 7a Gross sales of inventory, less returns and allowances 7a 7c 0 8 Other revenue (describe in Schedule O) 10 0 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 21,176 10 Grants and similar amounts paid (list in Schedule O) 11 6a1 0 11 Grants and similar amounts paid (list		1	Contributions, gifts, grants, and similar amounts received		1	0
4 Investment income 4 0 5a Gross amount from sale of assets other than inventory 5a 5b b Less: cost or other basis and sales expenses 5b 5c 0 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 5c 0 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) 6d 6d 0 c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 0 c Gross sales of inventory, less returns and allowances 7a 7a 6d 0 d Gross solft or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 11 631 11 631 10 Grants and similar amounts paid (list in Schedule O) 10 0 11 631 11 Barles, other compensation, and employee benefits 11 631 13 45,960 14 0 <td></td> <td>2</td> <td>Program service revenue including government fees and contracts</td> <td></td> <td> 2</td> <td>0</td>		2	Program service revenue including government fees and contracts		2	0
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 0 Gaming and fundraising events 6a 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) 6d c Less: direct expenses from gaming and fundraising events 6d d Net income or (loss) from sales of inventory, (Subtract line 7b from line 7a) 7c b Less: cost of goods sold 7a c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 Net income or funding (sit in Schedule O) 10 10 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 9 21,176 10 10 11 Gain 11 6a 12 O 11 6a 13 Professional fees and other payment		3	Membership dues and assessments		3	21,176
b Less: cost or other basis and sales expenses		4			4	0
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5a		a		
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 \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7c c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 Total revenue. (describe in Schedule 0) 8 00 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 0 10 Grants and similar amounts paid (list in Schedule 0) 10 00 11 Bearlis paid to or for members 11 6a 12 Salaries, other compensation, and employee benefits 13 45,960 13 Professional fees and other payments to independent contractors 13 45,960 14 Occupancy, rent, utilities, and maintenance 17 15		b	Less: cost or other basis and sales expenses 5	b		
9 \$15,000) 6a b Gross income from fundraising events (not including \$of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 8 00 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 21,176 10 Grants and similar amounts paid (list in Schedule 0) 10 0 11 Benefits paid to or for members 11 631 12 Salaries, other compensation, and employee benefits 12 0 13 Professional fees and other payments to independent contractors 13 45,960 14 Ocupancy, rent, utilities, and maintenance 14 0 15 0 15 0 16 Other expe				n line 5a)	5 c	0
sum of such gross income and contributions exceeds \$15,000)	ne			a		
sum of such gross income and contributions exceeds \$15,000)	/en	b	Gross income from fundraising events (not including \$	of contribution	ns	
sum of such gross income and contributions exceeds \$15,000)	Be		from fundraising events reported on line 1) (attach Schedule G if the	-		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 0 7a Gross sales of inventory, less returns and allowances 7a 6d 0 b Less: cost of goods sold 7b 7c 0 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 21,176 10 Grants and similar amounts paid (list in Schedule 0) 10 0 11 Benefits paid to or for members 11 631 12 Salaries, other compensation, and employee benefits 12 0 13 Professional fees and other payments to independent contractors 13 45,960 14 Occupancy, rent, utilities, and maintenance 14 0 15 Printing, publications, postage, and shipping 15 0 16 Other expenses (describe in Schedule 0) 18 (32,482) 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 112,609 19 Net assets or fund ba	_		sum of such gross income and contributions exceeds \$15,000) 6	b		
line 6c) 6d 0 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 Other revenue (describe in Schedule 0) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 18 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) 19 112,609 0 0 0 20 Other changes in net assets or fund balances (explain in Sch		c	Less: direct expenses from gaming and fundraising events	c		
7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7c c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 Other revenue (describe in Schedule O) 7c 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 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 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 15 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 18 19 Net assets or fund balances at end of year. Combine lines 18 through 20 20 20 Other changes in net assets or fund balances (explain in Schedule O) 21 <td></td> <td>d</td> <td>Net income or (loss) from gaming and fundraising events (add lines $6\overline{a}$</td> <td>and 6b and sul</td> <td>btract</td> <td></td>		d	Net income or (loss) from gaming and fundraising events (add lines $6\overline{a}$	and 6b and sul	btract	
b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 8 Other revenue (describe in Schedule O) 8 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 21,176 10 Grants and similar amounts paid (list in Schedule O) 10 0 11 Benefits paid to or for members 11 631 12 Salaries, other compensation, and employee benefits 12 0 13 Professional fees and other payments to independent contractors 13 45,960 14 Occupancy, rent, utilities, and maintenance 15 0 15 Printing, publications, postage, and shipping 15 0 16 Other expenses (describe in Schedule O) 17 53,658 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (32,482) 19 112,609 10 10 10 19 112,609 20 0 20 0 20 0 20 Other changes in net assets or fund balances at end of year. Combine lines 18 t			line 6c)		· · 6d	0
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 8 Other revenue (describe in Schedule O) 8 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 21,176 10 Grants and similar amounts paid (list in Schedule O) 10 0 11 Benefits paid to or for members 10 0 12 Salaries, other compensation, and employee benefits 12 0 13 Professional fees and other payments to independent contractors 13 45,960 14 Occupancy, rent, utilities, and maintenance 15 0 15 Printing, publications, postage, and shipping 15 0 16 Other expenses (describe in Schedule O) 16 7,067 17 Total expenses. Add lines 10 through 16 18 (32,482) 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) 19 112,609 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0 21 80,127		7a	Gross sales of inventory, less returns and allowances	a		
8 Other revenue (describe in Schedule O) 8 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 21,176 10 Grants and similar amounts paid (list in Schedule O) 10 0 11 Benefits paid to or for members 10 0 12 Salaries, other compensation, and employee benefits 12 0 13 Professional fees and other payments to independent contractors 13 45,960 14 Occupancy, rent, utilities, and maintenance 14 0 15 Printing, publications, postage, and shipping 15 0 16 Other expenses (describe in Schedule O) 16 7,067 17 Total expenses. Add lines 10 through 16 17 53,658 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (32,482) 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) 19 112,609 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0 21 80,127		b	Less: cost of goods sold	b		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		с	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c	0
10Grants and similar amounts paid (list in Schedule O)10011Benefits paid to or for members1163112Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors1345,96014Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping15016Other expenses (describe in Schedule O)15017Total expenses. Add lines 10 through 16167,06718Excess or (deficit) for the year (Subtract line 17 from line 9)18(32,482)19Net 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)19112,60920Other changes in net assets or fund balances (explain in Schedule O)20021Net assets or fund balances at end of year. Combine lines 18 through 202180,127		8	Other revenue (describe in Schedule O)		8	0
11Benefits paid to or for members1163112Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors1345,96014Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping15016Other expenses (describe in Schedule O)15017Total expenses. Add lines 10 through 161753,65818Excess or (deficit) for the year (Subtract line 17 from line 9)18(32,482)19Net 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)19112,60920Other changes in net assets or fund balances (explain in Schedule O)20021Net assets or fund balances at end of year. Combine lines 18 through 20180,127		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. 🕨 9	21,176
Section12Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors1345,96014Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping15016Other expenses (describe in Schedule O)15017Total expenses. Add lines 10 through 16167,06718Excess or (deficit) for the year (Subtract line 17 from line 9)18(32,482)19Net 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)19112,60920Other changes in net assets or fund balances (explain in Schedule O)20021Net assets or fund balances at end of year. Combine lines 18 through 20180,127		10	,			0
Yer13Professional fees and other payments to independent contractors1345,96014Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping151416Other expenses (describe in Schedule O)151617Total expenses. Add lines 10 through 16161718Excess or (deficit) for the year (Subtract line 17 from line 9)181819Net 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)19112,60920Other changes in net assets or fund balances (explain in Schedule O)200021Net assets or fund balances at end of year. Combine lines 18 through 20180,127		11				631
16 Other expenses (describe in Schedule O) 16 7,067 17 Total expenses. Add lines 10 through 16 17 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 17 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) 19 112,609 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 1 21	es	12				0
16 Other expenses (describe in Schedule O) 16 7,067 17 Total expenses. Add lines 10 through 16 17 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 17 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) 19 112,609 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 1 21	sue	13				45,960
16 Other expenses (describe in Schedule O) 16 7,067 17 Total expenses. Add lines 10 through 16 17 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 17 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) 19 112,609 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 1 21	ğ	14	Occupancy, rent, utilities, and maintenance		14	0
17Total expenses. Add lines 10 through 161753,65838Excess or (deficit) for the year (Subtract line 17 from line 9)1818(32,482)19Net 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)19112,60920Other changes in net assets or fund balances (explain in Schedule O)20021Net assets or fund balances at end of year. Combine lines 18 through 202180,127	ш	15				0
18Excess or (deficit) for the year (Subtract line 17 from line 9)118(32,482)19Net 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)1919112,60920Other changes in net assets or fund balances (explain in Schedule O)200021Net assets or fund balances at end of year. Combine lines 18 through 2012180,127		16				7,067
18Excess or (deficit) for the year (Subtract line 17 from line 9)118(32,482)19Net 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)1919112,60920Other changes in net assets or fund balances (explain in Schedule O)200021Net assets or fund balances at end of year. Combine lines 18 through 2012180,127		-	Total expenses. Add lines 10 through 16		. 🕨 17	53,658
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 80,127	Ŋ		Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(32,482)
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 80,127	sei	19				
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 80,127	As					112,609
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 80,127	let					0
		21	Net assets or fund balances at end of year. Combine lines 18 through 20		. 🕨 🛛 21	80,127

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2014)

Form	990-EZ (2014)					Page 2
Pa	rt II Balance Sheets (see the instructions t					_
	Check if the organization used Schedule	O to respond to a	• .			<u> []</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			112,609	_	80,127
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			112,609	25	80,127
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	112,609	27	80,127
Par	t III Statement of Program Service Accom	plishments (see th	e instructions for P	art III)		
	Check if the organization used Schedule	O to respond to a	ny question in this I	Part III 🗹		Expenses
Wha	t is the organization's primary exempt purpose?	See Schedule O				quired for section
			f ito three largest p			(c)(3) and 501(c)(4) anizations; optional for
	cribe the organization's program service accompli- neasured by expenses. In a clear and concise m				•	ers.)
	ons benefited, and other relevant information for ea		e services provided			,
28	Journal of Participatory Medicine - a peer-reviewed,		with the mission to a	dvance the		
20	understanding and practice of participatory medicine					
		e aniony nearth care	professionals and pa			
		· · · · · · ·			•••	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	· · · ► 🗋	28a	a 24,960
29						
	(Grants \$) If this amount	includes foreign gra	ints, check here .	🕨 🗌	29a	a
30						
	(Grants \$) If this amount	includes foreign gra	ints, check here .	🕨 🗌	30a	a
31	Other program services (describe in Schedule O)					
		includes foreign gra		▶ □	31a	a
32	Total program service expenses (add lines 28a f				32	
Par						
i ai	Check if the organization used Schedule				Stru	
	Check in the organization used benedule	· · ·	(c) Reportable	(d) Health benefits.	· ·	
	(a) Name and title	(b) Average hours per week	compensation	contributions to employe		
		devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
		-	(ii not paid, enter -o-)	deletted compensation		
	Dawson	5				
	ident	_	0		0	0
	ithan Wald	5				
	ident-Elect		0		0	0
Josh	ı Seidman	5				
Past	President		0		0	0
Johr	n Grohol	5				
Trea	surer		0		0	0
Nand	cy Finn	5				
	etary	-	0		0	0
	r Elias	2			-	
	ber at Large	-	0		0	0
	-	2	•		-	<u>U</u>
	gy Zuckerman	2				
	ber at Large	_	0		0	0
	h Krug	5				
Dire			0		0	0
Danr	ny Sands	5				
Co-C	Chair		0		0	0
Dave	edeBronkhart	5				
Co-C	Chair]	0		0	0
	Bobinet	2			\top	
Dire		1	0		0	0
	na Cryer	2			-	
2011	-	-	0		0	0
Dire	ctor					

Form 99	90-EZ (2014)		P	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this		V	
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	Yes	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		~
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		~
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		~ ~
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		~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 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		~
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 39b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
	section 4911 ► ; section 4912 ► ; section 4955 ► 0			
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 d	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			
е	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		~
41	List the states with which a copy of this return is filed New York			
42a		978-47		5
h	Located at ► 55 Pleasant Street, Newburyport, MA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	019		
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	42b	Yes	No V
с	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		~
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here	120		
40	and enter the amount of tax-exempt interest received or accrued during the tax year \ldots \therefore 43		Yes	No
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	163	NO V
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		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		、 、 、
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	45a		~
	Form 990-EZ (see instructions)	45b		~

Form	990-EZ	(2014)
------	--------	--------

Form 9	990-EZ (2014)		F	age 4
			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		~
Part	VI Section 501(c)(3) organizations only			
	All section 501(c)(3) organizations must answer guestions 47-49b and 52, and complete the tab	oles f	or lin	es
	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		~
				v
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		~

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key 50 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
None				
f Total number of other employees paid ov	er \$100.000	. 🕨 0		

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

Complete this table for the organization's five highest compensated independent contractors who each received more than 51 \$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
None		
d Total number of other independent contractors each receiving	over \$100,000 ... ►	0
52 Did the organization complete Schedule A? Note. All se	ction 501(c)(3) organizations n	nust attach a

. Yes 🗌 No completed Schedule A

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 John M. Grohol, Treasurer			Date			
	Type or print name and title						
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
Use Only	Firm's name		Firm's EIN ►				
				Phone no.			
May the IRS discuss this return with the preparer shown above? See instructions							