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# Short Form Return of Organization Exempt From Income Tax

2020

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.

Open to Public Inspection

		► Go to www.irs.gov/Form990EZ		information.		
Α	For the 2020 cale	ndar year, or tax year beginning	, 2020, and ending		, 20	
В				D Employer iden	tification number	
				E Telephone nun	nber	
				F Group Exempt	ion	
				Number Number		
G	Accounting Metho	d: Cash Accrual Other (specify) ►		H Check ► if th	e organization is <b>not</b>	
I I	Website: 🕨			required to attach S	Schedule B	
J	Tax-exempt state	us (check only one) -		(Form 990, 990-EZ	, or 990-PF).	
κ	Form of organizat	ion: Corporation Trust Asso	ciation Other	·		
L.	Add lines 5b, 6c, a	and 7b to line 9 to determine gross receipts. If gross rece	eipts are \$200,000 or more, or if	total assets		
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		nue, Expenses, and Changes in Net Asso				Ū
		k if the organization used Schedule O to respond			Π	
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<b></b>		untion Act Nation and the compared instructions				

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-E					Page <b>2</b>
Part II	Balance Sheets (see the instructions for Pa	,			_
	Check if the organization used Schedule O	to respond to any qu	lestion in this Part I		
22 Cook	opuings, and investments			(A) Beginning of year	(B) End of year
	savings, and investments				23
	assets (describe in Schedule O)				24
	assets				25
26 Total	liabilities (describe in Schedule O)				26
	sets or fund balances (line 27 of column (B) must				27
Part III		•			Expenses
M/hatia tha	Check if the organization used Schedule C	to respond to any q	uestion in this Part	III <u> </u>	(Required for section
	e organization's primary exempt purpose?				501(c)(3) and 501(c)(4)
	he organization's program service accomplishments the organization's program service accomplishments the organization of the o			3	organizations; optional for
	endited, and other relevant information for each progr		ded, the number of		others.)
28	· · · · · · · · · · · · · · · · · · ·				
(Grant	s \$ ) If this am	ount includes foreign gra	ants, check here .	▶ []	28a
29					
(Grant	s\$) If this am	ount includes foreign gra	ants, check here	► 🗖	29a
30	· /	0.0			
(Grant		ount includes foreign gra		▶ []	30a
	5	••••••••••••••••••••••••••••••••••••••		• • • • • • • • •	24.5
(Grant 32 Total	program service expenses (add lines 28a through	ount includes foreign gra			31a 32
Part IV	List of Officers, Directors, Trustees, and Key				-
	Check if the organization used Schedule O to re-				· _
		(b) Average	(c) Reportable	(d) Health benefits,	(e) Estimated amount of
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employed benefit plans, and	other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	



Form	990-EZ (2020)	F	Page 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		
Pa	t 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	<sup>.</sup> 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		

	0			<i>i</i> <b>i</b>
49a	Did the organization make any tra	ansfers to an exempt n	on-charitable relate	d organization?

b If "Yes," was the related organization a section 527 organization?

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
f Total number of other employees haid over \$100.00				

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
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		Date	3	
	Type or print name and title				
Paid	Print/Type preparer's name				
Preparer	►			•	1
Use Only	•				
May the IRS	discuss this return with the prepare	er shown above? See instructions		•	Yes No

49a

49b

List of Officers, Directors, Trustees, and Key Employees 1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.

1 List all officers, directors, trustees, and key employees for the	year even if they wer	e not compensated.		
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and	(e) Estimated amount of other compensation
MIUANAD EI DACUTDI MD		(if not paid, enter -0-)	deferred compensation	
MUHAMAD ELRASHIDI, MD DIRECTOR	1.00	o c	0	0
PATRICK HADORN, MD	1.00	, .		U
DIRECTOR	1.00	o c	0	0
ROSEMARY QUIRK, MD	1.00	,	,	<b>U</b>
DIRECTOR	1.00	o c	o o	0
MELISSA PLESAC, MD				
DIRECTOR	1.00	c c	0	0
CARRIE THOMPSON, MD				
DIRECTOR	1.00	o c	0	0
MICHAEL AYLWARD, MD				
DIRECTOR	1.00	) C	0	0
DEEPTI PANDITA, MD	_			
DIRECTOR	1.00	c c	0	0
LEAH MISCHE, MD	-			
DIRECTOR	1.00		0	0
SAGAR DUGANI, MD	-			
DIRECTOR	1.00		0	0
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membership fees received. (Do not include any "unusual grants.")   2   Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   3   The value of services or facilities trunished by a governmental unit to the organization without charge   4   Total. Add lines 1 through 3   5   The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount of the addition of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount of total contributions the dot person (other than a governmental contribution) total contributions the dot person (other than a governmental contribut			(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
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		COLLEGE OF				52-1289388	Page 3
Pa	rt III Support Schedule for Organiz						
	(Complete only if you checked t	he box on line	e 10 of Part I	or if the orgai	nization failed	to qualify unde	er Part II.
	If the organization fails to qualify	/ under the te	sts listed belo	ow, please co	mplete Part I	l.)	
See	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)►	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	54,150	59,203	60,600	61,275	63,777	299,005
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	51,676	49,048	56,104	59,393	23,692	239,913
3	Gross receipts from activities that are not an		-	-	-	-	
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	105,826	108,251	116,704	120,668	87,469	538,918
	Amounts included on lines 1, 2, and 3					.,	
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from						
Ũ	line 6.)						538,918
Sec	ction B. Total Support						
_	endar year (or fiscal year beginning in)►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
		105,826	108,251	116,704	120,668	87,469	538,918
	Gross income from interest, dividends,	1057020	1007251	1107/01	1207000	0//105	
	payments received on securities loans, rents,						
	royalties, and income from similar sources	120	4,246	2,851	7,983	15,753	30,953
h	Unrelated business taxable income (less	140	1,210	2,051	7,505	13,755	
Ň	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	120	4,246	2,851	7,983	15,753	30,953
	Net income from unrelated business	120	1,210	2,051	7,903	13,733	
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
12	<b>Total support.</b> (Add lines 9, 10c, 11,						
13	and 12.)	105 046	110 400	110 555	100 651	103 000	560 081
11	<b>First 5 years.</b> If the Form 990 is for the orga	105,946	112,497	119,555 fourth or fifth t	128,651	103,222	569,871
14					-		• □
50	organization, check this box and stop here				•••••	•••••	· · · • 🗋
	ction C. Computation of Public Suppor			(f)		46	
	Public support percentage for 2020 (line 8, c					15	94.57 %
	Public support percentage from 2019 Sched			•••••		16	97.23 %
	ction D. Computation of Investment Ind				(4))	47	
17	Investment income percentage for <b>2020</b> (line					17	5.00 %
	Investment income percentage from <b>2019</b> So					18	3.00 %
19a	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box	-	-	-		• •	
b	33 1/3% support tests - 2019. If the organiz						
	line 18 is not more than 33 1/3%, check this	pox and stop h	iere. The orda	nization dualiti	es as a publich	/ supported ordal	nization 🕨 💷

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . .

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12cmplete Sections A eowecmp

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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Section A - Adjusted Net Income			
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Section B - Minimum Asset Amount			
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	Ile A (Form 990 or 990-EZ) 2020 AMERICAN COLLEGE OF PHYSI				9388 Page 7	
Par	t V Type III Non-Functionally Integrated 509(a)(3)	) Supporting Organia	zations (continue	ed)		
Sec	Section D - Distributions					
1	1 Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions	З		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required) - pr	rovide details in <b>Part VI</b> )		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7						
8	Distributions to attentive supported organizations to which the	organization is respons	ive			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2020					
a	From 2015					
b	From 2016					
С	From 2017					
d	From 2018					
	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from					
	Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
0	and 4c. Breakdown of line 7:					
8						
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
EEA				Sche	dule A (Form 990 or 990-EZ) 2020	

Part VI	Supplemental Information.

# 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.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 2020

**Open to Public** Inspection

Employer identification number

Internal Revenue Service Name of the organization

Department of the Treasury

#### AMERICAN COLLEGE OF PHYSICIANS MN CHAPTER

52-1289388

01. Description of other expenses (Par	t I, line 16)	
DESCRIPTION	AMOUNT	
COMMUNITY SERVICE AWARD	1,000	
ANNUAL MEETING EXPENSES	9,900	
ASSOCIATE ACTIVITIES	874	
ACP AWARD TRAVEL	1,200	
ACP LEADERSHIP DAY TRAVEL	25	
OTHER EXPENSES	1,790	
OFFICE EXPENSES	1,343	
		, 