

Return of Organization Exempt From Income Tax

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2018** calendar year, or tax year beginning , **2018**, and ending , **20**

| | | | | | |
|--|--|--|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization AMERICAN BOARD OF MEDICAL SPECIALTIES | | | D Employer identification number 41-0847713 | |
| | Doing business as | | | E Telephone number (312) 436-2600 | |
| | Number and street (or P.O. box if mail is not delivered to street address) | | Room/suite | | |
| | 353 NORTH CLARK STREET | | 1400 | | |
| City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60654 | | | G Gross receipts \$ 18,572,000. | | |
| F Name and address of principal officer: RICHARD E. HAWKINS, MD SAME AS C ABOVE | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | If "No," attach a list. (see instructions) | | |
| I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no.) 4947(a)(1) or 527 | | | H(c) Group exemption number ▶ | | |
| J Website: WWW.ABMS.ORG | | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 1935 M State of legal domicile: IL | | |

Part I Summary

| | | | | | |
|---|--|---------------------------|-------------|--------------|-------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: ABMS SERVES THE PUBLIC AND THE MEDICAL PROFESSION BY IMPROVING THE QUALITY OF HEALTH CARE THROUGH SETTING PROFESSIONAL STANDARDS FOR LIFELONG CERTIFICATION WITH MEMBER BOARDS. | | | | |
| | 2 Check this box <input type="checkbox"/> 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 | 33. | | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 30. | | |
| | 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 84. | | |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 156. | | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 3,000. | | |
| b Net unrelated business taxable income from Form 990-T, line 38 | 7b | 76,513. | | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | 0. | Current Year | 0. |
| | 9 Program service revenue (Part VIII, line 2g) | 18,181,136. | | 18,980,323. | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,462,405. | | -464,422. | |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | | 51,701. | |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 19,643,541. | | 18,567,602. | |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 635,000. | | 557,000. | |
| | 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) | 11,332,086. | | 11,196,190. | |
| | 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) | 8,787,059. | | 8,984,678. | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 20,754,145. | | 20,737,868. | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -1,110,604. | | -2,170,266. | | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | 23,627,851. | End of Year | 21,628,159. |
| | 21 Total liabilities (Part X, line 26) | | 8,136,885. | | 8,307,459. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20. | | 15,490,966. | | 13,320,700. |

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 | Signature of officer | | Date | | |
| | RICHARD E. HAWKINS, MD Type or print name and title | | PRESIDENT & CEO | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | BRIDGET T ROCHE | | | | P00666837 |
| | Firm's name ▶ GRANT THORNTON LLP | Firm's EIN ▶ 36-6055558 | | | |
| Firm's address ▶ 171 N. CLARK ST, SUITE 200 CHICAGO, IL 60601 | Phone no. 312-856-0200 | | | | |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or print | Enter filer's identifying number, see instructions | |
|--|---|---|
| | Name of exempt organization or other filer, see instructions. AMERICAN BOARD OF MEDICAL SPECIALTIES | Employer identification number (EIN) or 41-0847713 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 353 NORTH CLARK STREET, SUITE 1400 | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60654 | |

Enter the Return Code for the return that this application is for (file a separate application for each return)

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

JENNIFER BAYER

• The books are in the care of ▶ 353 NORTH CLARK STREET, SUITE 1400 CHICAGO IL 60654

Telephone No. ▶ 312 436-2694 Fax No. ▶ 312 436-2700

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2018 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | |
|---|--------------|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 \$)

ABMS IS A LEADER IN SETTING STANDARDS FOR BOARD CERTIFICATION AND MAINTENANCE OF CERTIFICATION ACROSS 39 SPECIALTIES AND 86 SUBSPECIALTIES. ABMS ASSISTS ITS 24 MEMBER BOARDS IN THEIR EFFORTS TO DEVELOP AND IMPLEMENT EDUCATIONAL AND PROFESSIONAL STANDARDS FOR THE EVALUATION, ASSESSMENT AND CERTIFICATION OF PHYSICIAN SPECIALISTS. IN THE US, ABMS MEMBER BOARDS CERTIFY MORE THAN 880,000 PHYSICIANS AND SCIENTISTS.

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

INTERNATIONALLY, ABMS ASSISTS IN DEVELOPING AND MAINTAINING A PROGRAM OF PHYSICIAN CERTIFICATION AND ASSESSMENT FOR SINGAPORE'S MEDICAL SPECIALISTS, AS WELL AS CONSULTS WITH OTHER COUNTRIES AND COMMUNITIES ACROSS THE WORLD SEEKING TO EXPLORE OR ESTABLISH PHYSICIAN CERTIFICATION AND ASSESSMENT PROGRAMS.

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

ABMS CONVENES LEADERS AND STAKEHOLDERS FROM ACROSS THE BOARDS AND GREATER HEALTH CARE COMMUNITIES TO DISCUSS CURRENT AND EMERGING ISSUES IN TODAY'S HEALTH CARE SYSTEM, SEEKING TO UNDERSTAND WAYS IN WHICH THE ABMS AND ITS MEMBER BOARDS CAN ADDRESS THOSE ISSUES TO IMPROVE THE QUALITY OF CARE DELIVERED.

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and reporting requirements.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

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. []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

| | | Yes | No |
|------------|--|-----|----|
| 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 84 | | |
| 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 <i>e-file</i> (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | X | |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> | X | |
| 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)? | | X |
| 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? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 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? | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | |
| 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? | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 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? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 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? 13a Note. See the instructions for additional information the organization must report on Schedule O. | | |
| 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 | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. | | X |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (33), 1b (30), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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 Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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

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 X

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, and 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) | | | | | | (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 |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JOHN C. MOORHEAD, MD PAST CHAIR (THRU 6/30/18) | 10.00 1.00 | X | | X | | | | 11,364. | 1,136. | 0. |
| (2) BARRY S. SMITH, MD CHAIR (BEG 7/1/18) | 10.00 2.00 | X | | X | | | | 20,834. | 4,166. | 0. |
| (3) RICHARD E. HAWKINS, MD PRESIDENT & CEO | 48.00 2.00 | X | | X | | | | 682,264. | 28,428. | 70,795. |
| (4) MIRIAM G. BLITZER, PHD DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (5) PAMELA J. BOYERS, PHD DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (6) KEITH E. BRANDT, MD DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (7) JO BUYSKE, MD DIRECTOR (BEG 7/1/18) | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (8) ANTHONY CHIODO, MD DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (9) RICHARD J. BARON, MD DIRECTOR (BEG 7/1/18) | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (10) DANIEL J. COLE, MD DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (11) E. SANDER CONNOLLY JR., MD DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (12) LARRY R. FAULKNER, MD DIRECTOR (BEG 7/1/18) | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (13) LARRY A. GREEN, MD CHAIR-ELECT | 5.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (14) THOMAS W. HESS, JD DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |

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) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) ANNE-MARIE IRANI, MD SECRETARY-TREASURER | 3.00 0. | X | | X | | | | 25,000. | 0. | 0. |
| (16) VALERIE P. JACKSON, MD DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (17) GERALD H. JORDAN, MD DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (18) JAMES G. LIFTON, MBA DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (19) WALTER H. MERRILL, MD DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (20) EVE M. KURTIN, PHARM D DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (21) RANDALL K. ROENIGK, MD DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (22) BARBARA WACHSMAN, MPH DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (23) GEORGE B. BARTLEY, MD DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (24) THEODORE M. FREEMAN, MD DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (25) GEORGE D. WENDEL, JR., MD DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 714,462. | 33,730. | 70,795. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 3,872,817. | 377,346. | 585,801. |
| d Total (add lines 1b and 1c) | | | | | | | | 4,587,279. | 411,076. | 656,596. |

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 **▶** 41

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

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 |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 2 | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 9

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) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (26) DAVID F. MARTIN, MD ----- DIRECTOR (BEG 7/1/18) | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (27) DAVID G. NICHOLS, MD ----- DIRECTOR (BEG 7/1/18) | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (28) BRIAN NUSSENBAUM, MD ----- DIRECTOR (BEG 7/1/18) | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (29) CHRISTOPHER J. ONDRULA, JD ----- DIRECTOR (BEG 7/1/18) | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (30) GARY W. PROCOP, MD ----- DIRECTOR (BEG 7/1/18) | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (31) JAMES C. PUFFER, MD ----- DIRECTOR (BEG 7/1/18) | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (32) EARL J. REISDORFF, MD ----- DIRECTOR (BEG 7/1/18) | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (33) GEORGE M. SEGALL, MD ----- DIRECTOR (BEG 7/1/18) | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (34) BRUCE G. WOLFF, MD ----- DIRECTOR (BEG 7/1/18) | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (35) VALERIE M. PARISI, MD ----- I.P CHAIR (THRU 6/30/18) | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| (36) MICHAEL L. CARIUS, MD ----- DIRECTOR (THRU 6/30/18) | 1.00 ----- 0. | X | | | | | 0. | 0. | 0. | |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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 **▶** 41

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

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 |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

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) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (37) JOANNA R. FAIR, MD ----- DIRECTOR (THRU 6/30/18) | 1.00 ----- 0. | X | | | | | | 0. | 0. | 0. |
| (38) REBECCA L. JOHNSON, MD ----- DIRECTOR (THRU 6/30/18) | 1.00 ----- 0. | X | | | | | | 0. | 0. | 0. |
| (39) CATHERINE R. LUCEY, MD ----- DIRECTOR (THRU 6/30/18) | 1.00 ----- 0. | X | | | | | | 0. | 0. | 0. |
| (40) BARBARA S. SCHNEIDMAN, MD ----- DIRECTOR (THRU 6/30/18) | 1.00 ----- 0. | X | | | | | | 0. | 0. | 0. |
| (41) DAVID J. SCHOETZ JR, MD ----- DIRECTOR (THRU 6/30/18) | 1.00 ----- 0. | X | | | | | | 0. | 0. | 0. |
| (42) LAURA SKARNULIS ----- COO | 48.00 ----- 2.00 | | | X | | | | 409,541. | 17,064. | 66,398. |
| (43) JENNIFER FRONEK ----- VP OF FINANCE | 47.00 ----- 3.00 | | | X | | | | 184,541. | 11,779. | 22,923. |
| (44) MIRA IRONS, MD ----- SVP ACADEMIC AFFAIRS | 50.00 ----- 0. | | | | X | | | 449,892. | 0. | 46,940. |
| (45) KATHLEEN RUFF ----- CHIEF OF STAFF | 50.00 ----- 0. | | | | X | | | 393,186. | 0. | 36,100. |
| (46) JOHN MANDELBAUM ----- CHIEF LEGAL OFFICER | 46.00 ----- 4.00 | | | | X | | | 285,554. | 24,830. | 78,333. |
| (47) THOMAS GRANATIR ----- SVP POLICY & EXT. RELATIONS | 50.00 ----- 0. | | | | X | | | 300,967. | 0. | 60,026. |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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 ► 41

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

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 |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (48) JENNIFER MICHAEL CHIEF INFORMATION OFFICER | 49.00 1.00 | | | | X | | | 232,989. | 4,755. | 52,797. |
| (49) KRISTA ALLBEE VP INTERNATIONAL PROGRAMS | 50.00 0. | | | | X | | | 218,601. | 0. | 22,791. |
| (50) DAVID SWANSON, PHD VP ACADEMIC PROGRAMS & SVCS | 50.00 0. | | | | | X | | 319,471. | 0. | 39,222. |
| (51) DAVID W. PRICE, MD SVP ABMS, EXEC. DIR. MSPAPO | 10.00 40.00 | | | | | X | | 74,284. | 297,135. | 52,383. |
| (52) RICHARD WATERS VP MARKETING & COMMUNICATIONS | 46.00 4.00 | | | | | X | | 207,325. | 18,028. | 16,408. |
| (53) DORIA LESS ACCOUNT EXECUTIVE | 50.00 0. | | | | | X | | 191,701. | 0. | 19,843. |
| (54) KATHLEEN HOLTZMAN DIR OF ASSESSMENT AND INTL OPS | 49.00 1.00 | | | | | X | | 183,987. | 3,755. | 43,485. |
| (55) LOIS MARGARET NORA MD PRE. & CEO | 0. 0. | | | | | | X | 395,778. | 0. | 28,152. |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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 **▶** 41

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

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 |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

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 ▶ | | | 0. | | | | |
| Program Service Revenue | | | | Business Code | | | | |
| | 2a MEMBERSHIP DUES | | 900099 | 7,258,010. | 7,258,010. | | | |
| | b SUBSCRIPTIONS AND DATA SERVICES | | 900099 | 5,405,837. | 5,405,837. | | | |
| | c INTERNATIONAL PROGRAMS | | 900099 | 3,912,104. | 3,912,104. | | | |
| | d LICENSE FEES | | 900099 | 1,933,847. | 1,933,847. | | | |
| | e PROGRAM AND SPONSORSHIP FEES | | 900099 | 443,987. | 443,987. | | | |
| | f All other program service revenue | | | 26,538. | 26,538. | | | |
| g Total. Add lines 2a-2f ▶ | | | 18,980,323. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts). ▶ | | | -464,422. | | | -464,422. | |
| | 4 Income from investment of tax-exempt bond proceeds . ▶ | | | 0. | | | | |
| | 5 Royalties ▶ | | | 0. | | | | |
| | 6a Gross rents | (i) Real | 56,099. | | | | | |
| | | (ii) Personal | | | | | | |
| | | b Less: rental expenses | | 4,398. | | | | |
| | | c Rental income or (loss) | | 51,701. | | | | |
| | d Net rental income or (loss) ▶ | | | | 51,701. | 3,000. | 48,701. | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | | | |
| | | (ii) Other | | | | | | |
| | | b Less: cost or other basis and sales expenses | | | | | | |
| | | c Gain or (loss) | | | | | | |
| | d Net gain or (loss) ▶ | | | | 0. | | | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a | | | | 0. | | | |
| | | b Less: direct expenses b | | | 0. | | | |
| c Net income or (loss) from fundraising events ▶ | | | | 0. | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 a | | | | 0. | | | | |
| | b Less: direct expenses b | | | 0. | | | | |
| | c Net income or (loss) from gaming activities ▶ | | | 0. | | | | |
| 10a Gross sales of inventory, less returns and allowances a | | | | 0. | | | | |
| | b Less: cost of goods sold b | | | 0. | | | | |
| | c Net income or (loss) from sales of inventory ▶ | | | 0. | | | | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| 11a _____ | | | | | | | | |
| | b _____ | | | | | | | |
| | c _____ | | | | | | | |
| | d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d ▶ | | | | 0. | | | | |
| 12 Total revenue. See instructions. ▶ | | | | 18,567,602. | 18,980,323. | 3,000. | -415,721. | |

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 | 557,000. | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 0. | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0. | | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 4,651,636. | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 5,317,143. | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 309,871. | | | |
| 9 Other employee benefits | 380,877. | | | |
| 10 Payroll taxes | 536,663. | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 413,776. | | | |
| b Legal | 222,733. | | | |
| c Accounting | 99,637. | | | |
| d Lobbying | 318,331. | | | |
| e Professional fundraising services. See Part IV, line 17. | 0. | | | |
| f Investment management fees | 68,192. | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 1,500,056. | | | |
| 12 Advertising and promotion | 802,638. | | | |
| 13 Office expenses | 253,836. | | | |
| 14 Information technology | 1,189,682. | | | |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 935,477. | | | |
| 17 Travel | 597,896. | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 1,750,296. | | | |
| 20 Interest | 0. | | | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 376,644. | | | |
| 23 Insurance | 219,886. | | | |
| 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 TAXES | 235,598. | | | |
| b _____ | | | | |
| c _____ | | | | |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 20,737,868. | | | |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0. | | | |

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 | 2,962,163. | 1 | 3,826,814. |
| | 2 Savings and temporary cash investments | 0. | 2 | 0. |
| | 3 Pledges and grants receivable, net | 0. | 3 | 0. |
| | 4 Accounts receivable, net | 1,753,714. | 4 | 1,793,832. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0. | 5 | 0. |
| | 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 | 0. | 6 | 0. |
| | 7 Notes and loans receivable, net | 0. | 7 | 0. |
| | 8 Inventories for sale or use | 0. | 8 | 0. |
| | 9 Prepaid expenses and deferred charges | 657,051. | 9 | 601,182. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 3,589,387. | | |
| | b Less: accumulated depreciation | 10b 2,571,035. | 1,083,630. | 10c 1,018,352. |
| | 11 Investments - publicly traded securities | 14,398,874. | 11 | 11,054,900. |
| | 12 Investments - other securities. See Part IV, line 11 | 0. | 12 | 0. |
| | 13 Investments - program-related. See Part IV, line 11 | 0. | 13 | 0. |
| | 14 Intangible assets | 796,836. | 14 | 796,836. |
| | 15 Other assets. See Part IV, line 11 | 1,975,583. | 15 | 2,536,243. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 23,627,851. | 16 | 21,628,159. | |
| Liabilities | 17 Accounts payable and accrued expenses | 3,729,647. | 17 | 3,412,936. |
| | 18 Grants payable | 0. | 18 | 0. |
| | 19 Deferred revenue | 3,524,699. | 19 | 4,007,711. |
| | 20 Tax-exempt bond liabilities | 0. | 20 | 0. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0. | 21 | 0. |
| | 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 | 0. | 22 | 0. |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 0. |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. |
| | 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 | 882,539. | 25 | 886,812. |
| | 26 Total liabilities. Add lines 17 through 25 | 8,136,885. | 26 | 8,307,459. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 15,490,966. | 27 | 13,320,700. |
| | 28 Temporarily restricted net assets | 0. | 28 | 0. |
| | 29 Permanently restricted net assets | 0. | 29 | 0. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 | 15,490,966. | 33 | 13,320,700. | |
| 34 Total liabilities and net assets/fund balances | 23,627,851. | 34 | 21,628,159. | |

Part XI Reconciliation 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 | 18,567,602. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 20,737,868. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -2,170,266. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 15,490,966. |
| 5 | Net unrealized gains (losses) on investments | 5 | 0. |
| 6 | Donated services and use of facilities | 6 | 0. |
| 7 | Investment expenses | 7 | 0. |
| 8 | Prior period adjustments | 8 | 0. |
| 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 | 13,320,700. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 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?
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?
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? 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?
- 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.

| | Yes | No |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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 organization AMERICAN BOARD OF MEDICAL SPECIALTIES | Employer identification number 41-0847713 |
|---|--|

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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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-. |
|----------|-------------|---------|---|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

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. | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | 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. | | |
| 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. | | | | | | | | | | | | | | |
| 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? | | | <input type="checkbox"/> Yes <input type="checkbox"/> 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (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) | | (b) |
|---|-----|----|--------|
| | Yes | No | 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? | | X |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | X |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | X | |

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 | 7,258,010. |
| 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 | 829,280. |
| b Carryover from last year. | 2b | |
| c Total | 2c | 829,280. |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. | 3 | 829,591. |
| 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 | 0. |

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.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Name of the organization

AMERICAN BOARD OF MEDICAL SPECIALTIES

Employer identification number

41-0847713

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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.

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting requirements for art and historical treasures.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

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**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| 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 on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 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 ▶ _____ %
 - 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) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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" on 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 | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 527,711. | 193,180. | 334,531. |
| d Equipment | | 3,061,676. | 2,377,855. | 683,821. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 1,018,352. |

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 _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| 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 |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| 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 |
|---|----------------|
| (1) DUE FROM RELATED AFFILIATE | 2,160,636. |
| (2) DEFERRED COMPENSATION PLAN | 372,322. |
| (3) SECURITY DEPOSIT | 3,285. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 2,536,243. |

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 | |
|---|----------------|--|
| (1) Federal income taxes | | |
| (2) DEFERRED RENT | 836,812. | |
| (3) DEPOSITS HELD | 50,000. | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► | 886,812. | |

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

FIN 48 FOOTNOTE

SCHEDULE D, PART X, LINE 2

ABMS, ABMS-REF AND MSPAPO HAVE RECEIVED FAVORABLE DETERMINATION LETTERS FROM THE INTERNAL REVENUE SERVICE STATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501(A) OF THE INTERNAL REVENUE CODE OF 1986 (IRC) AS ORGANIZATIONS DESCRIBED IN SECTIONS 501(C)(6) FOR THE ABMS AND 501(C)(3) FOR ABMS-REF AND MSPAPO, EXCEPT FROM INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME. ABMS-REF AND MSPAPO ARE AFFILIATES OF ABMS AND ARE NOT INCLUDED IN THIS RETURN. ABMS INTERNATIONAL, LLC AND ABMS SOLUTIONS, LLC, BOTH SUBSIDIARIES OF ABMS, ARE LIMITED LIABILITY COMPANIES UNDER THE IRC.

ABMS SINGAPORE, LLC, A WHOLLY-OWNED SUBSIDIARY OF ABMS INTERNATIONAL, LLC, IS SUBJECT TO SINGAPORE CORPORATE INCOME TAX AND GOODS AND SERVICES TAX (GST) BASED ON THE CONTRACT INCOME EARNED IN SINGAPORE. THE TAXES ARE ACCOUNTED FOR UNDER THE ASSET AND LIABILITY METHOD, WHICH REQUIRES THE RECOGNITION OF TAX ASSETS AND LIABILITIES FOR THE EXPECTED FUTURE TAX CONSEQUENCES OF EVENTS THAT HAVE BEEN INCLUDED IN THE FINANCIAL STATEMENTS FOR ABMS SINGAPORE, LLC. UNCERTAIN TAX POSITIONS ARE RECORDED IF THE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED ON THE BASIS OF THE TECHNICAL MERITS OF THE POSITIONS.

ABMS IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, NO AUDITS ARE CURRENTLY IN PROGRESS FOR ANY TAX PERIODS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

AMERICAN BOARD OF MEDICAL SPECIALTIES

Employer identification number

41-0847713

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) EAST ASIA AND THE PACIFIC | 0. | 0. | PROGRAM SERVICES | SPCLTY CERTIFICATION | 3,135,654. |
| (2) MIDDLE EAST AND NORTH AFRICA | 0. | 0. | PROGRAM SERVICES | EDUCATION | 12,362. |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | | | | | 3,148,016. |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | 3,148,016. |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2018

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ACTIVITIES PER REGION

SCHEDULE F, PART I, LINE 3

THE ORGANIZATION USES THE ACCRUAL METHOD TO ACCOUNT FOR EXPENDITURES.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

AMERICAN BOARD OF MEDICAL SPECIALTIES

Employer identification number

41-0847713

Part I General Information on Grants and Assistance

- 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
- 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.

| 1 (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 noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) ABMS RESEARCH AND EDUCATION FOUNDATION 353 N CLARK ST. SUITE 1400 | 23-7304902 | 501(C)(3) | 557,000. | | | | RESEARCH & EDUCATION |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

GRANTS

SCHEDULE I, PART I, LINE 2

ABMS, WITH REVIEW AND APPROVAL BY THE FINANCE COMMITTEE AND THE ABMS

BOARD OF DIRECTORS, PERIODICALLY PROVIDES FUNDING SUPPORT IN THE FORM OF

A GRANT TO THE ABMS RESEARCH AND EDUCATION FOUNDATION. FUNDING SUPPORT

WAS PROVIDED IN 2018 FOR \$557,000. IN 2017, FUNDING OF \$635,000 WAS

PROVIDED.

**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.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

AMERICAN BOARD OF MEDICAL SPECIALTIES

Employer identification number

41-0847713

Part I Questions Regarding Compensation

1a Check the appropriate 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.

- | | |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - 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.

Only section 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?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued 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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1a | X | |
| 2 | X | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | |
| 5b | | |
| 6a | | |
| 6b | | |
| 7 | | |
| 8 | | |
| 9 | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

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 aren't 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 | | | | | |
| 1 | RICHARD E. HAWKINS, MD PRESIDENT & CEO | (i) | 617,464. | 64,800. | 0. | 47,937. | 20,027. | 750,228. | 0. |
| | | (ii) | 25,728. | 2,700. | 0. | 1,997. | 834. | 31,259. | 0. |
| 2 | LAURA SKARNULIS COO | (i) | 324,329. | 85,212. | 0. | 34,656. | 29,087. | 473,284. | 0. |
| | | (ii) | 13,514. | 3,550. | 0. | 1,444. | 1,211. | 19,719. | 0. |
| 3 | JENNIFER FRONEK VP OF FINANCE | (i) | 178,666. | 5,875. | 0. | 13,635. | 7,910. | 206,086. | 0. |
| | | (ii) | 11,404. | 375. | 0. | 870. | 508. | 13,157. | 0. |
| 4 | MIRA IRONS, MD SVP ACADEMIC AFFAIRS | (i) | 358,912. | 90,980. | 0. | 36,100. | 10,840. | 496,832. | 0. |
| | | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 | KATHLEEN RUFF CHIEF OF STAFF | (i) | 293,630. | 74,556. | 25,000. | 36,100. | 0. | 429,286. | 0. |
| | | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 6 | JOHN MANDELBAUM CHIEF LEGAL OFFICER | (i) | 225,277. | 60,277. | 0. | 49,295. | 22,772. | 357,621. | 0. |
| | | (ii) | 19,589. | 5,241. | 0. | 4,286. | 1,980. | 31,096. | 0. |
| 7 | THOMAS GRANATIR SVP POLICY & EXT. RELATIONS | (i) | 237,694. | 63,273. | 0. | 36,100. | 23,926. | 360,993. | 0. |
| | | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 | JENNIFER MICHAEL CHIEF INFORMATION OFFICER | (i) | 223,238. | 9,751. | 0. | 18,040. | 33,701. | 284,730. | 0. |
| | | (ii) | 4,556. | 199. | 0. | 368. | 688. | 5,811. | 0. |
| 9 | KRISTA ALLBEE VP INTERNATIONAL PROGRAMS | (i) | 211,051. | 7,550. | 0. | 16,318. | 6,473. | 241,392. | 0. |
| | | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 10 | DAVID SWANSON, PHD VP ACADEMIC PROGRAMS & SVCS | (i) | 288,121. | 6,350. | 25,000. | 19,938. | 19,284. | 358,693. | 0. |
| | | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 11 | DAVID W. PRICE, MD SVP ABMS, EXEC. DIR. MSPAPO | (i) | 57,512. | 11,772. | 5,000. | 10,477. | 0. | 84,761. | 0. |
| | | (ii) | 230,047. | 47,088. | 20,000. | 41,906. | 0. | 339,041. | 0. |
| 12 | RICHARD WATERS VP MARKETING & COMMUNICATIONS | (i) | 199,045. | 8,280. | 0. | 15,095. | 0. | 222,420. | 0. |
| | | (ii) | 17,308. | 720. | 0. | 1,313. | 0. | 19,341. | 0. |
| 13 | DORIA LESS ACCOUNT EXECUTIVE | (i) | 51,501. | 130,986. | 9,214. | 8,085. | 11,758. | 211,544. | 0. |
| | | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 14 | KATHLEEN HOLTZMAN DIR OF ASSESSMENT AND INTL OPS | (i) | 177,617. | 6,370. | 0. | 14,140. | 28,489. | 226,616. | 0. |
| | | (ii) | 3,625. | 130. | 0. | 283. | 573. | 4,611. | 0. |
| 15 | LOIS MARGARET NORA MD PRE. & CEO | (i) | 290,075. | 105,703. | 0. | 8,650. | 19,502. | 423,930. | 0. |
| | | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 16 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |

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.

FIRST-CLASS OR CHARTER TRAVEL

SCHEDULE J, PART I, LINE 1A

PER THE TERMS OF THE EMPLOYMENT CONTRACT, THE PRESIDENT AND CEO IS PERMITTED TO FLY FIRST CLASS FOR ORGANIZATION-RELATED BUSINESS ON FLIGHTS THAT ARE THREE HOURS IN DURATION OR LONGER. THIS BENEFIT IS NOT TAXABLE AS COMPENSATION.

HEALTH OR SOCIAL CLUB DUES

SCHEDULE J, PART I, LINE 1A

ABMS OFFERS ONE OFFICER, TWO KEY EMPLOYEES AND ONE HIGHLY COMPENSATED EMPLOYEE LOCATED IN THE CHICAGO OFFICE HEALTH CLUB SUBSIDIES, WHICH ARE REPORTED AS TAXABLE COMPENSATION TO THE RECIPIENT EMPLOYEES. ALL EMPLOYEES IN THE CHICAGO OFFICE ARE ELIGIBLE TO RECEIVE THIS BENEFIT.

DISCRETIONARY SPENDING

SCHEDULE J, PART I, LINE 1A

PER THE TERMS OF THEIR OFFER LETTERS, ONE KEY EMPLOYEE AND TWO HIGHLY COMPENSATED EMPLOYEES RECEIVE TRAVEL ALLOWANCES. THE TRAVEL ALLOWANCES ARE TAXABLE TO THEM AS COMPENSATION.

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.

FORMER OFFICER COMPENSATION

WITH THE APPROVAL OF THE BOARD OF DIRECTORS, LOIS MARGARET NORA, MD,

ELECTED TO RECEIVE ACCRUED PAID TIME OFF OVER THE 18 MONTHS

FOLLOWING HER DEPARTURE. THE EXPENSE WAS RECOGNIZED IN THE YEARS THAT THE

LEAVE WAS EARNED.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN BOARD OF MEDICAL SPECIALTIES

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

2018

**Open to Public
Inspection**

Employer identification number

41-0847713

UNRELATED BUSINESS INCOME

FORM 990, PART I, LINE 7B

THE ORGANIZATION'S UNRELATED BUSINESS TAXABLE INCOME FOR THE FISCAL YEAR ENDED JUNE 30, 2018 WAS FROM INCOME CREATED UNDER IRC 512(A)(7) RELATED TO QUALIFIED TRANSPORTATION FRINGE BENEFITS. AS SUCH, IS NOT REFLECTED ON FORM 990, PART VIII, STATEMENT OF REVENUE.

OTHER PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4D

ADVOCACY - ABMS COMMUNICATES INFORMATION ABOUT AND ADVOCATES THE IMPORTANCE OF BOARD CERTIFICATION, MAINTENANCE OF CERTIFICATION, AND ITS RELATED STANDARDS TO MEMBER BOARDS, PHYSICIAN DIPLOMATES, MEDICAL PROFESSIONALS, ORGANIZATIONS AND THE GENERAL PUBLIC. THESE COMMUNICATIONS PROVIDE PATIENTS AND HEALTH CARE PROVIDERS AND INSTITUTIONS IMPORTANT INFORMATION ABOUT THE KNOWLEDGE, SKILLS AND JUDGEMENT OF CERTIFIED PHYSICIANS AND SCIENTISTS WHO HOLD THE ABMS BOARD CERTIFICATION CREDENTIAL. CERTIFICATIONMATTERS.ORG, AN ABMS WEBSITE, ALSO PROVIDES INFORMATION ABOUT BOARD CERTIFICATION. ANYONE CAN ACCESS THIS SITE TO DETERMINE IF A PHYSICIAN IS BOARD-CERTIFIED BY AN ABMS MEMBER BOARD.

RESEARCH AND PROFESSIONAL DEVELOPMENT - ABMS AND ITS MEMBER BOARDS ACTIVELY STUDY AND/OR SUPPORT RESEARCH INTO THE IMPACT THAT BOARD CERTIFICATION, ITS STANDARDS AND CONTINUING CERTIFICATION PROGRAMS HAVE ON BOTH THE PROFESSION OF MEDICINE AS WELL AS IMPROVING PATIENT SAFETY

| | |
|---|--|
| Name of the organization AMERICAN BOARD OF MEDICAL SPECIALTIES | Employer identification number 41-0847713 |
|---|--|

AND CARE. ABMS IS ALSO COMMITTED TO THE PHYSICIAN PROFESSIONAL DEVELOPMENT INCLUDING CONTINUING MEDICAL EDUCATION AND QUALITY AND MEDICAL PRACTICE IMPROVEMENT ACTIVITIES AS PART OF ITS CONTINUING CERTIFICATION PROGRAMS.

DELEGATION OF AUTHORITY

FORM 990, SECTION A, PART VI, LINE 1A

WITH RESPECT TO "MATERIAL DIFFERENCES IN VOTING RIGHTS AMONG MEMBERS OF THE GOVERNING BODY,":

ABMS'S BOARD OF DIRECTORS IS COMPRISED OF 35 VOTING MEMBERS: THE CHAIR, CHAIR-ELECT, IMMEDIATE PAST CHAIR, SECRETARY-TREASURER AND PRESIDENT AND CEO, EACH OF WHICH HAS 1 VOTE; 6 PUBLIC MEMBERS, EACH OF WHICH HAS 1 VOTE; AND 24 MEMBER BOARD EMPOWERED REPRESENTATIVES (MBERS), EACH OF WHICH HAS EITHER 1 VOTE OR AN ALLOCATED PORTION OF 100 VOTES (PROPORTIONAL VOTING), DEPENDING ON THE SUBJECT MATTER OF THE RESOLUTION AT ISSUE. IN THE CASE OF PROPORTIONAL VOTING, EACH MBER HAS A BASE OF 2 VOTES AND THE REMAINDER OF THE 100 VOTES IS DIVIDED AMONG THE MBERS IN ACCORDANCE WITH A FORMULA BASED ON THE NUMBER OF DIPLOMATES CERTIFIED BY THE MEMBER BOARD REPRESENTED BY THAT MBER DURING THE PREVIOUS FIVE-YEAR PERIOD.

WITH RESPECT TO THE GOVERNING BOARD DELEGATING "BROAD AUTHORITY" TO AN EXECUTIVE COMMITTEE:

ABMS'S EXECUTIVE COMMITTEE IS A STANDING COMMITTEE OF THE BOARD OF DIRECTORS WITH CORPORATE AUTHORITY, RESPONSIBLE FOR OVERSEEING THE CORPORATION AND WITH FULL AUTHORITY TO ACT ON BEHALF OF THE CORPORATION

| | |
|---|--|
| Name of the organization AMERICAN BOARD OF MEDICAL SPECIALTIES | Employer identification number 41-0847713 |
|---|--|

IN THE INTERIM BETWEEN MEETINGS OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE IS REQUIRED TO COMMUNICATE TO THE FULL BOARD OF DIRECTORS IN A TIMELY FASHION ALL IF ITS ACTIONS TAKEN ON BEHALF OF THE CORPORATION.

THE EXECUTIVE COMMITTEE IS COMPRISED OF THE CHAIR, CHAIR-ELECT, IMMEDIATE PAST CHAIR, SECRETARY-TREASURER, PRESIDENT AND CEO, 3 MBERS, AND 1 PUBLIC MEMBER.

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, SECTION A, LINE 6

THERE ARE 3 CLASSES OF MEMBERS, NAMELY: REGULAR MEMBERS, ASSOCIATE MEMBERS AND PUBLIC MEMBERS. EACH CLASS SHALL HAVE ONLY THE RIGHTS AND POWERS SET FORTH BELOW.

REGULAR MEMBERS SHALL BE ALL THE PRIMARY AND CONJOINT MEDICAL SPECIALTY BOARDS (CURRENTLY 24) WHICH HAVE BEEN APPROVED BY THIS CORPORATION IN ACCORDANCE WITH THE CRITERIA STIPULATED IN THE "ESSENTIALS FOR APPROVAL OF EXAMINING BOARDS IN MEDICAL SPECIALTIES", AS ESTABLISHED BY THIS CORPORATION FROM TIME TO TIME.

ASSOCIATE MEMBERS SHALL BE LIMITED TO SUCH ORGANIZATIONS INTERESTED IN MEDICAL EDUCATION OR THE STANDARDS OF MEDICAL PRACTICE AS, IN THE SOLE OPINION OF THIS CORPORATION, CAN ASSIST IT SIGNIFICANTLY IN THE ATTAINMENT OF ITS PURPOSES.

PUBLIC MEMBERS ARE PERSONS ELECTED BY THE BOARD OF DIRECTORS TO BRING

| | |
|---|--|
| Name of the organization AMERICAN BOARD OF MEDICAL SPECIALTIES | Employer identification number 41-0847713 |
|---|--|

VIEWPOINTS FROM THE PUBLIC TO THE DELIBERATIONS OF THE CORPORATION.

PUBLIC MEMBERS SHALL BE VOTING MEMBERS OF THE BOARD OF DIRECTORS, WITH ALL THE RIGHTS AND RESPONSIBILITIES HEREIN.

MEMBERS OR STOCKHOLDERS WHO MAY ELECT

FORM 990, PART VI, SECTION A, LINES 7A

PER THE ABMS BYLAWS, CANDIDATES FOR OPEN MEMBER BOARD EMPOWERED

REPRESENTATIVE (MBER) POSITIONS ARE RECOMMENDED BY THE RESPECTIVE MEMBER

BOARD TO THE GOVERNANCE COMMITTEE. CANDIDATES FOR PUBLIC MEMBER POSITIONS

MAY BE RECOMMENDED TO THE GOVERNANCE COMMITTEE BY ANY MEMBER OF THE ABMS

BOARD OF DIRECTORS, MEMBER BOARD EXECUTIVES, OR ASSOCIATE MEMBERS. THE

GOVERNANCE COMMITTEE REVIEWS THE CRITERIA AND QUALIFICATIONS OF

PROSPECTIVE CANDIDATES BEFORE NOMINATING THEM TO THE ABMS BOARD OF

DIRECTORS. NEW MEMBERS OF THE ABMS BOARD OF DIRECTORS ARE ELECTED BY A

REPRESENTATIONAL SUPERMAJORITY VOTE OF THE EXISTING MEMBERS OF ABMS BOARD

OF DIRECTORS.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 11

THE BOARD RETAINED THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE

ABMS FORM 990. THE INDEPENDENT CPA FIRM PRESENTED THE FORM 990 TO THE

AUDIT COMMITTEE WHICH APPROVED IT IN AUGUST 2019. THE AUDIT COMMITTEE

THEN FORWARDED THE FORM 990 TO THE EXECUTIVE COMMITTEE OF THE ABMS BOARD

OF DIRECTORS FOR ITS CONSIDERATION AND APPROVAL. AFTERWARDS, A COMPLETE

COPY OF THE FORM 990 WAS PROVIDED TO THE FULL BOARD OF DIRECTORS.

| | |
|---|--|
| Name of the organization AMERICAN BOARD OF MEDICAL SPECIALTIES | Employer identification number 41-0847713 |
|---|--|

WRITTEN CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

THE ABMS CONFLICT OF INTEREST POLICY COVERS ALL DIRECTORS, OFFICERS, COUNCIL, COMMITTEE, AND BOARD MEMBERS, IDENTIFIED KEY AGENTS, AND EMPLOYEES. ON AN ANNUAL BASIS, BOARD AND COMMITTEE MEMBERS ARE REQUIRED TO DISCLOSE CONFLICTS AND DUALITIES OF INTEREST IN WRITING.

AT THE BEGINNING OF ALL BOARD AND BOARD COMMITTEE MEETINGS, DIRECTORS ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST AND DUALITIES OF INTEREST. THE MINUTES OF ALL BOARD AND ALL BOARD COMMITTEES SHALL CONTAIN THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POTENTIAL CONFLICT OR DUALITY OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OR DUALITY OF INTEREST WAS PRESENT, AND THE BOARD'S OR COMMITTEE'S DETERMINATION AS TO WHETHER A CONFLICT OR DUALITY OR INTEREST IN FACT EXISTED.

PROCESS OF DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15A & 15B

FOR THE ABMS PRESIDENT AND CEO'S COMPENSATION, THE PROCESS IS AS FOLLOWS:

1. COMPARABILITY DATA FROM SIMILAR NOT FOR PROFIT HEALTH CARE ORGANIZATIONS AND INSTITUTIONS IS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE ABMS BOARD OF DIRECTORS.
2. AN OUTSIDE COMPENSATION CONSULTING FIRM WILL PERIODICALLY ADVISE THE EXECUTIVE COMMITTEE OF THE ABMS BOARD OF DIRECTORS REGARDING APPROPRIATE

| | |
|---|--|
| Name of the organization AMERICAN BOARD OF MEDICAL SPECIALTIES | Employer identification number 41-0847713 |
|---|--|

COMPENSATION AND BENEFITS FOR THE PRESIDENT AND CEO.

3. MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, WHO ARE INDEPENDENT, SET THE COMPENSATION FOR THE PRESIDENT AND CEO.

FOR KEY EMPLOYEES, THE PROCESS IS AS FOLLOWS:

COMPENSATION FOR KEY EMPLOYEES (AS DEFINED IN PART VII) OF ABMS IS SET BY THE PRESIDENT AND CEO. WHEN SETTING COMPENSATION, THE PRESIDENT AND CEO TAKES INTO ACCOUNT COMPARABILITY DATA REGARDING COMPENSATION AS WELL AS THE PERIODIC ADVICE OF AN OUTSIDE COMPENSATION CONSULTING FIRM.

THE COMPENSATION OF THE PRESIDENT AND CEO WAS LAST REVIEWED IN 2017. THE COMPENSATION OF KEY EMPLOYEES WAS LAST REVIEWED IN 2018.

GOVERNING DOCUMENTS MADE AVAILABLE TO THE PUBLIC
FORM 990, PART VI, SECTION C, LINE 19

THE ARTICLES OF INCORPORATION ARE AVAILABLE THROUGH THE ILLINOIS SECRETARY OF STATE; THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION.

RELATED ORGANIZATION COMPENSATION

THE COMPENSATION REPORTED IN PART VII IS THE COMPENSATION PAID BY ABMS FOR A FULL-TIME POSITION. HOWEVER, A PORTION OF THE VARIOUS INDIVIDUALS' TIME IS DEVOTED TO RELATED ORGANIZATIONS, THE AMERICAN BOARD OF MEDICAL SPECIALTIES RESEARCH AND EDUCATION FOUNDATION (REF) AND THE MULTI-SPECIALTY PORTFOLIO APPROVAL PROGRAM ORGANIZATION (MSPAPO). ABMS IS

| | |
|---|--|
| Name of the organization AMERICAN BOARD OF MEDICAL SPECIALTIES | Employer identification number 41-0847713 |
|---|--|

REIMBURSED BY THE REF AND THE MSPAPO.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE AMERICAN BOARD OF MEDICAL SPECIALTIES (ABMS) COLLABORATES WITH ITS 24 SPECIALTY MEMBER BOARDS TO IMPROVE THE QUALITY OF HEALTH CARE TO PATIENTS, FAMILIES, AND COMMUNITIES THROUGH A SYSTEM OF HIGH QUALITY SPECIALTY CERTIFICATION. ABMS AND ITS MEMBER BOARDS ESTABLISH THE STANDARDS FOR BOTH INITIAL CERTIFICATION AND CONTINUING CERTIFICATION THAT ASSIST PHYSICIANS AND OTHER CERTIFICATE HOLDERS IN PROVIDING HIGH QUALITY PATIENT CARE, OFFERING A RIGOROUS AND RELEVANT SYSTEM OF CONTINUOUS PROFESSIONAL DEVELOPMENT IN EACH RESPECTIVE AREA OF SPECIALTY MEDICINE.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| NCS PEARSON, INC. 13036 COLLECTION CENTER DRIVE CHICAGO, IL 60693 | EXAM SERVICES | 517,525. |
| MCCABE MESSAGE PARTNERS 1825 CONNECTICUT AVENUE NW WASHINGTON, DC 20009 | CONSULTING SERVICES | 507,445. |
| FIGMD, INC. 6952 ROTE ROAD ROCKFORD, IL 61107 | SOFTWARE DEVELOPMENT | 421,328. |
| ABO+G INTERNATIONAL, INC. 2915 VINE STREET DALLAS, TX 75204 | TEST DEVELOPMENT | 219,500. |
| THE RIVER GROUP, INC. | CONSULTING SERVICES | 194,266. |

| | |
|---|--|
| Name of the organization AMERICAN BOARD OF MEDICAL SPECIALTIES | Employer identification number 41-0847713 |
|---|--|

ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| P.O. BOX 812010 WELLESLEY, MA 02482 | | |

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN BOARD OF MEDICAL SPECIALTIES

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

41-0847713

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) ABMS INTERNATIONAL, LLC 353 N CLARK ST, SUITE 1400 CHICAGO, IL 60654 27-4201101 | CERTIFICATION | IL | 3,912,104. | 7,409,488. | ABMS |
| (2) ABMS SINGAPORE, LLC 353 N CLARK ST, SUITE 1400 CHICAGO, IL 60654 27-4201326 | CERTIFICATION | IL | 0. | 0. | ABMS INTL. |
| (3) ABMS SOLUTIONS LLC 353 N CLARK ST, SUITE 1400 CHICAGO, IL 60654 45-3952583 | DATA SERVICES | IL | 5,405,837. | 20,193,850. | ABMS |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

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) ABMS RESEARCH AND EDUCATION FOUNDATION 353 N CLARK ST, SUITE 1400 CHICAGO, IL 60654 23-7304902 | SUPPORTING | IL | 501(C)(3) | 12A | ABMS | X | |
| (2) MULTI-SPECIALTY PORTFOLIO APPROVAL PRGM 353 N CLARK ST, SUITE 1400 CHICAGO, IL 60654 46-5431221 | PROMOTING | IL | 501(C)(3) | 10 | ABMS | X | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

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) Disproportionate 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 | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

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 | No |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|--|-----|----|
| 1 During the tax year, did the organization 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 | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | X | |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

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) ABMS RESEARCH AND EDUCATION FOUNDATION | B | 557,000. | FMV |
| (2) ABMS RESEARCH AND EDUCATION FOUNDATION | D | 680,574. | FMV |
| (3) MULTISPECIALTY PORTFOLIO APPROVAL PROGRAM ORG | D | 1,480,062. | FMV |
| (4) ABMS RESEARCH AND EDUCATION FOUNDATION | N | 85,718. | FMV |
| (5) MULTISPECIALTY PORTFOLIO APPROVAL PROGRAM ORG | N | 103,021. | FMV |
| (6) ABMS RESEARCH AND EDUCATION FOUNDATION | O | 507,151. | FMV |

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|--|-----------|----|
| 1 During the tax year, did the organization 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 | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | |
| d Loans or loan guarantees to or for related organization(s) | 1d | |
| e Loans or loan guarantees by related organization(s) | 1e | |
| f Dividends from related organization(s) | 1f | |
| g Sale of assets to related organization(s) | 1g | |
| h Purchase of assets from related organization(s) | 1h | |
| i Exchange of assets with related organization(s) | 1i | |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | |
| o Sharing of paid employees with related organization(s) | 1o | |
| p Reimbursement paid to related organization(s) for expenses. | 1p | |
| q Reimbursement paid by related organization(s) for expenses | 1q | |
| r Other transfer of cash or property to related organization(s) | 1r | |
| s Other transfer of cash or property from related organization(s) | 1s | |

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) MULTISPECIALTY PORTFOLIO APPROVAL PROGRAM ORG | O | 539,952. | FMV |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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) Disproportionate 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 | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
