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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 11-01-2010 and ending 10-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

AMERICAN BOARD OF PEDIATRICS INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

111 SILVER CEDAR COURT

Room/suite

City or town, state or country, and ZIP + 4

CHAPEL HILL, NC 27514

F Name and address of principal officer

ANN E HAZINSKI CPA MBA

111 SILVER CEDAR COURT

CHAPEL HILL, NC 27514

D Employer identification number

23-1417504

E Telephone number

(919) 929-0461

G Gross receipts \$ 45,894,751

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (6) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

HTTP //WWW.ABP.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1933

M State of legal domicile

NC

Part I	Summary																								
Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE AMERICAN BOARD OF PEDIATRICS (ABP) CERTIFIES GENERAL PEDIATRICIANS AND PEDIATRIC SUBSPECIALISTS BASED ON STANDARDS OF EXCELLENCE THAT LEAD TO HIGH QUALITY HEALTH CARE FOR INFANTS, CHILDREN, AND ADOLESCENTS ABP CERTIFICATION PROVIDES ASSURANCE TO THE PUBLIC THAT A GENERAL PEDIATRICIAN OR PEDIATRIC SUBSPECIALIST HAS SUCCESSFULLY COMPLETED ACCREDITED TRAINING AND FULFILLS THE CONTINUOUS EVALUATION REQUIREMENTS THAT ENCOMPASS THE SIX CORE COMPETENCIES PATIENT CARE, MEDICAL KNOWLEDGE, PRACTICE-BASED LEARNING AND IMPROVEMENT, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM, AND SYSTEMS-BASED PRACTICE THE ABP'S QUEST FOR EXCELLENCE IS EVIDENT IN ITS RIGOROUS EVALUATION PROCESS AND IN NEW INITIATIVES UNDERTAKEN THAT NOT ONLY CONTINUALLY IMPROVE THE STANDARDS OF ITS CERTIFICATION BUT ALSO ADVANCE THE SCIENCE, EDUCATION, STUDY, AND PRACTICE OF PEDIATRICS																								
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																								
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>17</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>15</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2010 (Part V, line 2a)</td><td>104</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>250</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	17	4	Number of independent voting members of the governing body (Part VI, line 1b)	15	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	104	6	Total number of volunteers (estimate if necessary)	250	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	7b	Net unrelated business taxable income from Form 990-T, line 34	0						
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Expenses	<table><tr><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>0</td></tr><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>11,787,827</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td></tr><tr><td>b</td><td>Total fundraising expenses (Part IX, column (D), line 25) ☐ 0</td><td></td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)</td><td>8,948,866</td></tr><tr><td>18</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>20,736,693</td></tr><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>-516,024</td></tr></table>	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,787,827	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	b	Total fundraising expenses (Part IX, column (D), line 25) ☐ 0		17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	8,948,866	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	20,736,693	19	Revenue less expenses Subtract line 18 from line 12	-516,024
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Net Assets or Fund Balances	<table><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>72,420,069</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>28,904,255</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>43,515,814</td></tr></table>		Beginning of Current Year	End of Year	20	Total assets (Part X, line 16)	72,420,069	21	Total liabilities (Part X, line 26)	28,904,255	22	Net assets or fund balances Subtract line 21 from line 20	43,515,814												
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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

2012-03-02

Date

ANN A HAZINSKI CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

ANDREA WOODELL EASON

Preparer's signature

ANDREA WOODELL EASON

Date

Check if self-employed ☐

PTIN

Firm's name

BLACKMAN & SLOOP CPAS PA

Firm's EIN

Firm's address

1414 RALEIGH RD SUITE 300

CHAPEL HILL, NC 27517

Phone no

(919) 942-8700

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part IIISTatement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐

☒

1

Briefly describe the organization’s mission

THE AMERICAN BOARD OF PEDIATRICS (ABP) CERTIFIES GENERAL PEDIATRICIANS AND PEDIATRIC SUBSPECIALISTS BASED ON STANDARDS OF EXCELLENCE THAT LEAD TO HIGH QUALITY HEALTH CARE FOR INFANTS, CHILDREN, AND ADOLESCENTS ABP CERTIFICATION PROVIDES ASSURANCE TO THE PUBLIC THAT A GENERAL PEDIATRICIAN OR PEDIATRIC SUBSPECIALIST HAS SUCCESSFULLY COMPLETED ACCREDITED TRAINING AND FULFILLS THE CONTINUOUS EVALUATION REQUIREMENTS THAT ENCOMPASS THE SIX CORE COMPETENCIES PATIENT CARE, MEDICAL KNOWLEDGE, PRACTICE-BASED LEARNING AND IMPROVEMENT, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM, AND SYSTEMS-BASED PRACTICE THE ABP’S QUEST FOR EXCELLENCE IS EVIDENT IN ITS RIGOROUS EVALUATION PROCESS AND IN NEW INITIATIVES UNDERTAKEN THAT NOT ONLY CONTINUALLY IMPROVE THE STANDARDS OF ITS CERTIFICATION BUT ALSO ADVANCE THE SCIENCE, EDUCATION, STUDY, AND PRACTICE OF PEDIATRICS

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 exempt purpose achievements for each of the organization’s three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$)

EXAMINATIONS WERE ADMINISTERED TO PEDIATRICIANS TO CERTIFY OR RECERTIFY IN GENERAL PEDIATRICS AND PEDIATRIC SUBSPECIALTIES IN ADDITION, ABP ADMINISTERED MAINTENANCE OF CERTIFICATION

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses \$

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☐ Yes ☒ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	308	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
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	104
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	17		
b	Enter the number of voting members included in line 1a, above, who are independent	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☒ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ANN E HAZINSKI CPA MBA CFO 111 SILVER CEDAR COURT CHAPEL HILL, NC 27514 (919) 929-0461

Check if Schedule O contains a response to any question in this Part VII ☐

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2010)

Part VII

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,978,383	2,500	513,284

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶13

		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>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
PROMETRIC INC PO BOX 223608 PITTSBURG, PA 15251	EXAMINATION PROCTORING	682,326
TEKSYSTEMS INC PO BOX 198568 ATLANTA, GA 30384	COMPUTER PROGRAMMING	514,920
HOWERY LLP 1299 PENNSYLVANIA AVE NW WASHINGTON, DC 20004	LEGAL SERVICES	162,514
JOEL KOPER 204 MELVILLE LOOP 5 CHAPEL HILL, NC 27514	IT CONSULTING	134,935
EXAM DESIGN INC 6 PAGEMORE COURT DURHAM, NC 27703	EXAM ITEM BANKING SOFTWARE USE	134,700
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 ▶6		

Part VIII

Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . . 1a						
	b Membership dues 1b						
	c Fundraising events 1c						
	d Related organizations 1d						
	e Government grants (contributions) 1e						
	f All other contributions, gifts, grants, and similar amounts not included above 1f						
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f						
	Program Service Revenue	2a GENERAL WRITTEN EXAMS		900099	11,773,045	11,773,045	
b SUBSPECIALTY EXAMS		900099	4,272,305	4,272,305			
c MAINTENANCE OF CERTIFI		900099	4,164,751	4,164,751			
d STRATEGIC INITIATIVE		900099	62,450	62,450			
e ABMS INTERNATIONAL		900099	50,660	50,660			
f All other program service revenue							
g Total. Add lines 2a-2f			20,323,211				
Other Revenue		3 Investment income (including dividends, interest and other similar amounts)			1,243,716		
	4 Income from investment of tax-exempt bond proceeds . .						
	5 Royalties						
	(i) Real (ii) Personal						
	6a Gross Rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	(i) Securities (ii) Other						
	7a Gross amount from sales of assets other than inventory		24,282,815	3,413			
	b Less cost or other basis and sales expenses		25,669,316	4,766			
	c Gain or (loss)		-1,386,501	-1,353			
	d Net gain or (loss)			-1,387,854			-1,387,854
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	a						
	b Less direct expenses b						
	c Net income or (loss) from fundraising events . .						
9a Gross income from gaming activities See Part IV, line 19 . a							
b Less direct expenses b							
c Net income or (loss) from gaming activities . .							
10a Gross sales of inventory, less returns and allowances .							
a							
b Less cost of goods sold . . b							
c Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS INCOME		900099	36,521	36,521			
b VERIFICATION LETTERS		900099	5,075	5,075			
c _____							
d All other revenue							
e Total. Add lines 11a-11d			41,596				
12 Total revenue. See Instructions			20,220,669	20,364,807	0	-144,138	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,650,190			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,732,537			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,255,132			
9	Other employee benefits	1,578,184			
10	Payroll taxes	571,784			
a	Fees for services (non-employees) Management				
b	Legal	208,963			
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	70,723			
g	Other	281,547			
12	Advertising and promotion				
13	Office expenses	679,337			
14	Information technology	36,201			
15	Royalties				
16	Occupancy	366,215			
17	Travel	108,974			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	655,005			
20	Interest				
21	Payments to affiliates	1,325,241			
22	Depreciation, depletion, and amortization	773,603			
23	Insurance	103,480			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SUBSPECIALTY EXAM DIREC	1,068,876			
b	MAINTENANCE OF GENERAL	1,066,327			
c	GENERAL WRITTEN EXAM DI	831,303			
d	DUES AND SUBSCRIPTIONS	761,168			
e	BANK & CREDIT CARD CHAR	373,094			
f	All other expenses	238,809			
25	Total functional expenses. Add lines 1 through 24f	20,736,693			
26	Joint costs. Check here ☒ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			50	1	50
	2	Savings and temporary cash investments			7,241,274	2	4,874,052
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			97,225	4	133,777
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	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) Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			259,487	9	202,678
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	17,226,316			
	b	Less: accumulated depreciation	10b	7,101,584	10,459,517	10c	10,124,732
	11	Investments—publicly traded securities			47,121,456	11	57,084,780
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			65,179,009	16	72,420,069	
Liabilities	17	Accounts payable and accrued expenses			2,483,335	17	1,959,308
	18	Grants payable				18	
	19	Deferred revenue			14,121,196	19	19,902,622
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			38,282	23	27,344
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			4,963,395	25	7,014,981
	26	Total liabilities. Add lines 17 through 25			21,606,208	26	28,904,255
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			43,572,801	27	43,515,814
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			43,572,801	33	43,515,814
34	Total liabilities and net assets/fund balances			65,179,009	34	72,420,069	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,220,669
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,736,693
3	Revenue less expenses Subtract line 2 from line 1	3	-516,024
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,572,801
5	Other changes in net assets or fund balances (explain in Schedule O)	5	459,037
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	43,515,814

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separated basis		
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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN BOARD OF PEDIATRICS INC

Employer identification number
23-1417504

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

2

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

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b

Assets included in Form 990, Part X ▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

Using the organization's 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 XIV

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" to 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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	Investment earnings or 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 year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

3a(ii)

3b

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,130,492		2,130,492
b Buildings		9,324,731	2,596,886	6,727,845
c Leasehold improvements				
d Equipment		5,293,423	4,368,552	924,871
e Other		477,670	136,146	341,524
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				10,124,732

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	20,220,669
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	20,736,693
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-516,024
4	Net unrealized gains (losses) on investments	4	2,185,226
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,726,189
9	Total adjustments (net) Add lines 4 - 8	9	459,037
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-56,987

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	22,405,895
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,185,226
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	2,185,226
3	Subtract line 2e from line 1	3	20,220,669
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	20,220,669

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	20,736,693
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	20,736,693
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	20,736,693

Part XIVSupplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION 740-10 ("ASC 740-10") ACCOUNTING FOR INCOME TAXES, THE ABP REFLECTS IN THE FINANCIAL STATEMENTS THE BENEFIT OF POSITIONS TAKEN IN A PREVIOUSLY FILED TAX RETURN OR EXPECTED TO BE TAKEN IN A FUTURE TAX RETURN ONLY WHEN IT IS CONSIDERED 'MORE-LIKELY-THAN-NOT' THAT THE POSITION TAKEN WILL BE SUSTAINED BY A TAXING AUTHORITY. THE ABP EVALUATES ITS UNCERTAIN TAX POSITIONS USING PROVISIONS OF ASC 450, CONTINGENCIES. ACCORDINGLY, A LOSS CONTINGENCY IS RECOGNIZED WHEN IT IS PROBABLE THAT A LIABILITY HAS BEEN INCURRED AS OF THE DATE OF THE FINANCIAL STATEMENTS AND THE AMOUNT OF THE LOSS CAN BE REASONABLY ESTIMATED. THE AMOUNT RECOGNIZED IS SUBJECT TO ESTIMATE AND MANAGEMENT JUDGMENT WITH RESPECT TO THE LIKELY OUTCOME OF EACH UNCERTAIN TAX POSITION. THE AMOUNT THAT IS ULTIMATELY SUSTAINED FOR AN INDIVIDUAL UNCERTAIN TAX POSITION OR FOR ALL UNCERTAIN TAX POSITIONS IN THE AGGREGATE COULD DIFFER FROM THE AMOUNT RECOGNIZED. IF APPLICABLE, PENALTIES AND INTEREST ASSESSED BY INCOME TAXING AUTHORITIES ARE INCLUDED IN GENERAL AND ADMINISTRATIVE EXPENSES UNDER THE STATUTE OF LIMITATIONS, THE TAX RETURNS OF THE ABP FOR 2008 THROUGH 2010 ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT EVALUATED TAX POSITIONS FOR THE 2008 THROUGH 2010 RETURNS, AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS AND BELIEVES THERE IS NO INCOME TAX EFFECT ON THE FINANCIAL STATEMENTS.
		PART XI, LINE 8 POST RETIREMENT BENEFIT ADJUSTMENT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
AMERICAN BOARD OF PEDIATRICS INC

Employer identification number
23-1417504

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☒ First-class or charter travel ☐ Housing allowance or residence for personal use ☒ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☒ Compensation committee ☐ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in 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 from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	
b	Any related organization?	5b	
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	
b	Any related organization?	6b	
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GAIL A MCGUINNESSMD	(i)	433,369	0	54,191	32,830	8,922	529,312	0
	(ii)	0	0	0	0	0	0	0
(2) JAMES A STOCKMANIIIMD	(i)	588,452	8,602	226,415	32,830	17,022	873,321	0
	(ii)	0	0	0	0	0	0	0
(3) LINDA A ALTHOUSEPHD	(i)	136,048	0	12,124	20,441	12,551	181,164	0
	(ii)	0	0	0	0	0	0	0
(4) HAROLD JAMES BROWNMD	(i)	334,699	0	15,733	32,830	20,351	403,613	0
	(ii)	0	0	0	0	0	0	0
(5) HAZEN P HAMPHD	(i)	194,584	0	22,111	29,483	20,231	266,409	0
	(ii)	0	0	0	0	0	0	0
(6) ANN E HAZINSKIMBACPA	(i)	260,000	0	13,984	32,830	19,910	326,724	0
	(ii)	0	0	0	0	0	0	0
(7) KATHERINE H LITTLECPA	(i)	298,735	9,854	142,852	32,830	16,325	500,596	0
	(ii)	0	0	0	0	0	0	0
(8) PAUL V MILESMD	(i)	385,732	0	41,514	32,830	22,835	482,911	0
	(ii)	0	0	0	0	0	0	0
(9) MICHELE J WALL	(i)	199,180	0	21,892	30,078	17,427	268,577	0
	(ii)	0	0	0	0	0	0	0
(10) CAROL L CARRACCIOMD	(i)	14,018	0	0	0	0	14,018	0
	(ii)	0	0	0	0	0	0	0
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE ABP PROVIDES THE OPTION OF FIRST CLASS TRAVEL TO THE PRESIDENT AND THE CHAIRMAN OF THE BOARD OF DIRECTORS. THESE FIRST CLASS TICKETS ARE OFTEN PURCHASED USING UPGRADES. IN ADDITION, ANY ABP STAFF MEMBER WHO TRAVELS IN EXCESS OF 25,000 AIR MILES PER YEAR HAS THE OPTION OF UPGRADING HIS/HER AIRLINE TICKET TO FIRST CLASS AND WILL BE REIMBURSED FOR THE UPGRADE. THE ABP COVERS THE COSTS OF SPOUSE AIRFARE FOR MEMBERS WHO ATTEND SELECTED ABP BUSINESS MEETINGS. IN ADDITION, THE ABP COVERS THE COST OF SENIOR MANAGEMENT SPOUSE AIRFARE FOR TRAVEL TO SELECTED ABP BUSINESS MEETINGS.
	PART I, LINE 4B	THE ABP PROVIDES A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FOR SOME SENIOR MANAGEMENT MEMBERS. THE FOLLOWING SUCH BENEFITS WERE PROVIDED IN THE CURRENT TAX YEAR: JAMES A. STOCKMAN - PRESIDENT \$132,645; PAUL V. MILES - VICE PRESIDENT \$8,300; GAIL A. MCGUINNESS - SR. VICE PRESIDENT \$6,500; KATHARINE H. LITTLE - VP & CFO (EMERITUS) \$850. *NEW LEGISLATION WAS PASSED IN 2006 THAT CHANGED THE RULES WITH REGARD TO INCOME RECOGNITION FOR NON-QUALIFIED DEFERRED COMPENSATION PLANS. SUCH AN AGREEMENT HAD BEEN PUT INTO PLACE BY ABP'S EXECUTIVE COMMITTEE WHEN DR. STOCKMAN WAS HIRED. WITH THE PASSAGE OF THE NEW LEGISLATION, DR. STOCKMAN WAS NO LONGER ABLE TO DEFER COMPENSATION PER THE TERMS OF THE AGREEMENT AND RECOGNIZE IT WHEN HE RETIRES. THEREFORE, IN 2007, HE WAS PAID ALL OF THE DEFERRED COMPENSATION THAT HAD BEEN ACCRUED PER THE AGREEMENT SINCE HIS HIRE IN 1990. THEREAFTER, EACH ANNUAL INSTALLMENT OF THE DEFERRED COMPENSATION IS PAID OUT TO DR. STOCKMAN AS ACCRUED AND INCOME IS IMMEDIATELY RECOGNIZED.
SUPPLEMENTAL INFORMATION	PART III	** KATHERINE LITTLE RETIRED FROM THE ABP ON DECEMBER 31, 2010. HER COMPENSATION FOR 2010 INCLUDED PAYOUTS FOR ACCRUED VACATION AND SICK LEAVE TOTALING \$121,086, AND SERVICE BONUSES FOR TWO YEARS TOTALING \$9,854.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

AMERICAN BOARD OF PEDIATRICS INC

Employer identification number

23-1417504

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		ABP POLICY PROVIDES THAT A PDF OF THE FORM 990 AND ATTACHED SCHEDULES IS TO BE EMAILED TO EACH BOARD MEMBER PRIOR TO THE IRS FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ABP HAS A CONFLICT OF INTEREST POLICY EVERY ABP MEMBER AND EMPLOYEE MUST REVIEW THE POLICY ANNUALLY AND DISCLOSE ANY POTENTIAL CONFLICT VIA A SIGNED FORM THE ABP HAS ESTABLISHED A PROFESSIONALISM AND ETHICS COMMITTEE THAT REVIEWS AND MONITORS ALL CONFLICT OF INTEREST ISSUES CONFLICTS OF MEMBERS ATTENDING MEETINGS WILL BE DISCLOSED IN THE AGENDA MATERIALS, BEGINNING IN THE SPRING OF 2012

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	EACH YEAR SINCE 1988, THE ABP HAS ENGAGED AN INDEPENDENT COMPENSATION AND BENEFIT CONSULTING FIRM TO ASSIST THE ABP IN DETERMINING COMPENSATION FOR ALL ABP STAFF FOR THE UPCOMING YEAR, INCLUDING THE PRESIDENT AND SENIOR MANAGEMENT THE COMPENSATION STRATEGY THAT THE CONSULTING FIRM HAS DESIGNED FOR ABP EMPHASIZES PAY FOR PERFORMANCE AND IS BASED UPON THE SYSTEMATIC SLOTTING OF EACH ABP STAFF POSITION ON A GRADED SCALE PAY FOR EACH OF THESE GRADES IS THEN DETERMINED BY COMPARING EACH OF THE POSITIONS TO A COMPARABLE POSITION IN THE APPROPRIATE MARKETPLACE, I E LOCAL, REGIONAL, OR NATIONAL DEPENDING UPON THE JOB'S RESPONSIBILITIES AND ITS HIERARCHY WITHIN THE ORGANIZATION A RANGE IS CREATED AROUND EACH GRADE AND PERFORMANCE DICTATES HOW QUICKLY STAFF ADVANCE THROUGH THE GRADE A FORMAL PRESENTATION IS MADE BY THE CONSULTANT TO THE EXECUTIVE COMMITTEE EACH YEAR DURING WHICH THE COMPENSATION STRATEGY IS REVIEWED, BENCHMARKS ARE REVIEWED AND UPDATED, AND STAFF SALARY RECOMMENDATIONS ARE MADE FOLLOWING THAT PRESENTATION, THE CONSULTANT MEETS IN CLOSED SESSION WITH THE EXECUTIVE COMMITTEE, WITHOUT THE PRESENCE OF ABP STAFF, TO PRESENT A REVIEW OF THE SALARY BENCHMARKS FOR THE ABP PRESIDENT AND THE PHY SICIAN VICE PRESIDENTS FOLLOWED BY HIS RECOMMENDATION FOR SALARY INCREASES FOR THOSE POSITIONS THESE RECOMMENDATIONS ALL MUST BE FORMALLY APPROVED BY THE COMMITTEE BEFORE THEY ARE IMPLEMENTED THE CONSULTANT THEN PREPARES MINUTES OF THE CLOSED SESSION AND THE APPROVED SALARY INCREASES HE THEN FORWARDS THOSE MINUTES, ALONG WITH ALL OF THE APPROVED SALARY INCREASES TO THE ABP CFO FOR IMPLEMENTATION AND SAFEKEEPING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	CURRENTLY THESE DOCUMENTS ARE MADE AVAILABLE UPON WRITTEN REQUEST AS DEEMED APPROPRIATE

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 2,185,226 POST RETIREMENT BENEFIT ADJUSTMENT -1,726,189 TOTAL TO FORM 990, PART XI, LINE 5 459,037

Identifier	Return Reference	Explanation
OVERSIGHT COMMITTEE	PART XI, LINE 2C	NO CHANGE FROM PRIOR YEAR

Identifier	Return Reference	Explanation
HOURS WORKED FOR ABPF, A RELATED ORGANIZATION		THE FOLLOWING INDIVIDUALS ALSO PERFORMED SERVICES FOR THE AMERICAN BOARD OF PEDIATRICS FOUNDATION, A RELATED ORGANIZATION NAME TITLE HOURS PER WEEK JAMES A STOCKMAN, III, MD PRESIDENT 1 GAIL A MCGUINESS, MD EXEC VP 1 LINDA ALTHOUSE, PHD VP 1 HAZEN P HAM, PHD VP 27 KATHARINE H LITTLE, CPA VP & CFO(EMERITUS) 5 PAUL V MILES, MD SENIOR VP 3 MICHELE J WALL VP & COO 1 ANN HAZINSKI, CPA, MBA VP & CFO 5

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMERICAN BOARD OF PEDIATRICS INC

Employer identification number
23-1417504

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) AMERICAN BOARD OF PEDIATRICS FOUNDATION 111 SILVER CEDAR COURT CHAPEL HILL, NC 27514 56-1520520	SUPPORTING ORGANZIATION	NC	501(C)(3)	SUPPORTING ORG			No

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) Disproporionate 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	

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

Part V

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

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

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 (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

Yes

No

Yes

No

No

No

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN BOARD OF PEDIATRICS FOUNDATION INC	B	1,262,793	
(2) AMERICAN BOARD OF PEDIATRICS FOUNDATION INC	K	315,463	
(3) AMERICAN BOARD OF PEDIATRICS FOUNDATION INC	M	33,679	
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 23-1417504
Name: AMERICAN BOARD OF PEDIATRICS INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
MYLES B ABBOTTMD DIRECTOR	3 00	X						9,035	0	0
DOUGLAS J BARRETTMD DIRECTOR	3 00	X						7,873	0	0
LAURA M BROOKSMD DIRECTOR	3 00	X						7,348	0	0
ALAN R COHENMD CHAIR & IMMEDIATE PAST CHAIR	7 00	X		X				13,608	0	0
MARY FRAN HAZINSKI DIRECTOR & PUBLIC MEMBER	3 00	X						7,500	0	0
A CRAIG HILLEMEIERMD DIRECTOR & SEC/TREAS	5 00	X		X				9,025	0	0
DAVID M JAFFEMD DIRECTOR	3 00	X						8,864	0	0
M DOUGLAS JONES JRMD IMMEDIATE PAST CHAIR	3 00	X		X				16,317	0	0
THOMAS G KEENSMD DIRECTOR	3 00	X						7,089	0	0
MARSHALL L LAND JRMD CHAIR ELECT & CHAIR	5 00	X		X				14,705	0	0
CAROL JB LINDSLEYMD DIRECTOR	3 00	X						8,819	0	0
DAVID G NICHOLSMD DIRECTOR	3 00	X						8,349	0	0
LAUREL K LESLIE MD DIRECTOR	3 00	X						1,875	0	0
STEPHEN LUDWIG MD DIRECTOR	3 00	X						4,672	2,500	0
DANA C MATTHEWS MD DIRECTOR	3 00	X						13,750	0	0
VIRGINIA A MOYER MD DIRECTOR	3 00	X						1,500	0	0
KENNETH BROBERTS MD DIRECTOR	3 00	X						9,097	0	0
JOSEPH W ST GEME MD DIRECTOR	3 00	X						528	0	0
GAIL A MCGUINNESSMD EXEC VP	49 00	X		X				487,560	0	39,580
JAMES A STOCKMANIIIMD PRES	49 00	X		X				823,469	0	47,680
LINDA A ALTHOUSEPHD VP	49 00			X				148,172	0	31,771
HAROLD JAMES BROWNM VP	50 00			X				350,432	0	47,080
HAZEN P HAMPHD VP	23 00			X				216,695	0	48,153
ANN E HAZINSKIMBACPA VP & CFO	49 50			X				273,984	0	50,800
KATHERINE H LITTLECPA VP - EMERITUS	49 50			X				451,441	0	47,000

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
PAUL V MILESMD SENIOR VP	47 00			X				427,246	0	48,180
MICHELE J WALL VP & COO	49 00			X				221,072	0	45,928
WALLEN GUBERT MANAGER, TECHNICAL SERVICE	50 00					X		105,623	0	25,449
GRAMS GUTKNECHT LEAD PROJ ANALYST	50 00					X		100,095	0	25,095
KELLY S REDDICK MANAGER, APPLICATION DEVEL	50 00					X		107,305	0	30,907
ANN F SMITH SR CONTROLLER	50 00					X		101,317	0	25,661
CAROL L CARRACCIOMD FORMER CHAIR ELECT	3 00						X	14,018	0	0