

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.**COPY**

OMB No. 1545-0047

2013Open to Public
Inspection**A** For the 2013 calendar year, or tax year beginning **NOV 1, 2013** and ending **OCT 31, 2014****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 province, country, and ZIP or foreign postal code

CHAPEL HILL, NC 27514**F** Name and address of principal officer: **ANN HAZINSKI, CPA, MBA**
SAME AS C ABOVE**D** Employer identification number**23-1417504****E** Telephone number**919-929-0461****G** Gross receipts \$ **27,914,342.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**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: **SEE SCHEDULE O.****2** Check this box ☐ 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** **17****4** Number of independent voting members of the governing body (Part VI, line 1b) **4** **15****5** Total number of individuals employed in calendar year 2013 (Part V, line 2a) **5** **103****6** Total number of volunteers (estimate if necessary) **6** **250****7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0.****b** Net unrelated business taxable income from Form 990-T, line 34 **7b** **0.**

Revenue

8 Contributions and grants (Part VIII, line 1h) **Prior Year** **0.** **Current Year** **0.****9** Program service revenue (Part VIII, line 2g) **25,299,432.** **24,805,212.****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) **2,176,880.** **3,039,820.****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) **62,664.** **58,627.****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) **27,538,976.** **27,903,659.**

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) **0.** **889,345.****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) **14,129,797.** **14,151,588.****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) **10,995,357.** **9,310,533.****18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) **25,125,154.** **24,351,466.****19** Revenue less expenses. Subtract line 18 from line 12 **2,413,822.** **3,552,193.**

Net Assets or Fund Balances

20 Total assets (Part X, line 16) **Beginning of Current Year** **93,201,854.** **End of Year** **102,658,677.****21** Total liabilities (Part X, line 26) **30,422,256.** **34,485,234.****22** Net assets or fund balances. Subtract line 21 from line 20 **62,779,598.** **68,173,443.****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
HereSignature of officer **Ann E. Hazinski**

Date

6/11/15**ANN HAZINSKI, CPA, MBA, CFO**
Type or print name and title

Paid

Print/Type preparer's name
ROBIN MCDUFFIE

Preparer's signature

Robin McDuffie

Date

6/9/15Check ☐ if self-employed

PTIN

P00098611Preparer
Use OnlyFirm's name ▶ **BLACKMAN & SLOOP, CPAS, P.A.**Firm's EIN ▶ **56-1304727**Firm's address ▶ **1414 RALEIGH RD, SUITE 300**
CHAPEL HILL, NC 27517Phone no. **(919) 942-8700**

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

☒ Yes ☐ No

332001 10-29-13

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:SEE SCHEDULE O.**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 \$ 3,952,023. including grants of \$) (Revenue \$ 11,046,250.)SEE FULL DESCRIPTION ON SCHEDULE O.**4b** (Code:) (Expenses \$ 4,489,898. including grants of \$) (Revenue \$ 4,927,540.)SEE FULL DESCRIPTION ON SCHEDULE O.**4c** (Code:) (Expenses \$ 8,037,334. including grants of \$) (Revenue \$ 8,907,196.)SEE FULL DESCRIPTION ON SCHEDULE O.**4d** Other program services (Describe in Schedule O.)

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

4e Total program service expenses 16,479,255.

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		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
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		X
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		
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		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
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	X	
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		X
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		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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 and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
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		X
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		X
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? If "Yes," complete Schedule L, Part I		
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? If "Yes," complete Schedule L, Part I		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	1a	1b	1c	2a	2b	3a	3b	4a	5a	5b	5c	6a	6b	7a	7b	7c	7d	7e	7f	7g	7h	8	9a	9b	10a	10b	11a	11b	12a	12b	13a	13b	13c	14a	14b
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	303																																		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0																																	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			X																																
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		103																																	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			X																																
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?																																			
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O																																			
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)?																																			
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?																																			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?																																			
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?																																			
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																																			
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 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?																																			
9 Sponsoring organizations maintaining donor advised funds.																																			
a Did the organization make any taxable distributions under section 4966?																																			
b Did the 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																																			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities																																			
11 Section 501(c)(12) organizations. Enter:																																			
a Gross income from members or shareholders																																			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)																																			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?																																			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year																																			
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.																																			
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																																			
c Enter the amount of reserves on hand																																			
14a Did the organization receive any payments for indoor tanning services during the tax year?																																			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O																																			

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

☒**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	1a 17		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 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		X
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		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
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		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
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	X
b Other officers or key employees of the organization	15b	X
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	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 **NC**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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, physical address, and telephone number of the person who possesses the books and records of the organization: **ANN E. HAZINSKI, CPA, MBA, CFO - 919-929-0461**
111 SILVER CEDAR COURT, CHAPEL HILL, NC 27514

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

☒**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 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) DOUGLAS J. BARRETT, M.D. DIRECTOR	2.50 0.50	X						13,586.	0.	0.
(2) LAURA M. BROOKS, M.D. CHAIR ELECT & CHAIR	11.00 0.50	X		X				25,990.	0.	0.
(3) ANN E. BURKE, M.D. DIRECTOR	2.50 0.50	X						9,579.	0.	0.
(4) CHRISTOPHER A. CUNHA, M.D. DIRECTOR	2.50 0.50	X						20,963.	0.	0.
(5) JOHN G. FROHNA, M.D. DIRECTOR	2.50 0.50	X						12,625.	0.	0.
(6) DAVID A. GREMSE, M.D. DIRECTOR	2.50 0.50	X						8,004.	0.	0.
(7) MARY FRAN HAZINSKI DIRECTOR (PUBLIC MEMBER)	2.50 0.50	X						13,129.	0.	0.
(8) A. CRAIG HILLEMEIER, M.D. CHAIR & IMM, PAST CHR & DIRECTOR	3.00 0.50	X		X				27,215.	0.	0.
(9) DAVID M. JAFFE, M.D. DIRECTOR	2.50 0.50	X						13,583.	0.	0.
(10) LAUREL K. LESLIE, M.D. SECRETARY - TREASURER & DIRECTOR	3.00 0.50	X						9,960.	0.	0.
(11) A. KIM RITCHEY, M.D. DIRECTOR	2.50 0.50	X						19,160.	0.	0.
(12) JOSEPH W. ST. GEME, III, M.D. SEC-TREASURER & CHR-ELECT & DIR	4.00 1.00	X		X				12,919.	0.	0.
(13) RUTLEDGE Q. HUTSON DIRECTOR (PUBLIC MEMBER)	2.50 0.50	X						4,250.	0.	0.
(14) TIMOTHY FELTES DIRECTOR	2.50 0.50	X						2,277.	0.	0.
(15) ANNA R. KUO, MD DIRECTOR	2.50 0.50	X						2,100.	0.	0.
(16) CAROLYN M. KERCSMAR DIRECTOR	2.50 0.50	X						5,435.	0.	0.
(17) GAIL A. MCGUINNESS, M.D. EXEC VP & DIRECTOR	49.00 1.00	X		X				557,274.	0.	58,585.

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 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			
(18) DAVID G. NICHOLS, M.D. PRESIDENT & DIRECTOR	49.00 1.00	X		X				568,407.	0.	67,385.
(19) VIRGINIA A. MOYER, M.D. VP	50.00 0.00			X				301,913.	0.	56,115.
(20) LINDA A. ALTHOUSE, PH.D. VP	50.00 0.00			X				242,404.	0.	64,115.
(21) CAROL L. CARRACCIO, M.D. VP	50.00 0.00			X				346,498.	0.	51,545.
(22) HAZEN P. HAM, PH.D. VP	50.00 0.00			X				230,247.	0.	69,476.
(23) ANN E. HAZINSKI, MBA, CPA VP & CFO	50.00 0.00			X				331,635.	0.	74,485.
(24) MICHELE J. WALL VP & COO	50.00 0.00			X				257,248.	0.	67,885.
(25) DONGMING ZHANG VP OF IT (AS OF 3/17/14)	50.00 0.00			X				0.	0.	0.
(26) ALLEN GUBERT DIRECTOR, IT TECHNICAL SERVICES	50.00 0.00					X		129,947.	0.	37,032.
1b Sub-total								3,166,348.	0.	546,623.
c Total from continuation sheets to Part VII, Section A								1,661,494.	0.	294,538.
d Total (add lines 1b and 1c)								4,827,842.	0.	841,161.

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 **15**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3	X	
4	X	
5		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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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
PROMETRIC, INC. PO BOX 223608, PITTSBURG, PA 15251	EXAM TESTING SERVICES	2,059,881.
VSS PO BOX 3771, NEW YORK, NY 10008-3771	COMPUTER MAINTENANCE & SUPPORT	533,410.
PRICE PARKINSON & KERR, PLLC, 5742 W. HAROLD GATTY DRIVE, SALT LAKE CITY, UT	LEGAL SERVICES	275,138.
SNELL & WILMER, LLP ONE ARIZONA CENTER, PHOENIX, AZ 85004	LEGAL SERVICES	247,268.
D'VINCI INTERACTIVE, 28 SO POTOMAC ST 4TH FLOOR, HAGARSTOWN, MD 21740	COMPUTER PROGRAMMING	187,264.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2013)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(27) L. ERIK MEYER	50.00									
DIRECTOR, TEST DEVELOPMENT	0.00				X			122,843.	0.	46,648.
(28) KELLY S. REDDICK	50.00									
DIRECTOR, IT APPLICATIONS DEVELOPMENT	0.00				X			120,627.	0.	41,928.
(29) ANN F. SMITH	49.00									
SR. CONTROLLER	1.00				X			128,072.	0.	38,043.
(30) RACHAEL J. B. TAN	50.00									
DIRECTOR, PSYCHOMETRICS	0.00				X			109,418.	0.	32,844.
(31) PAUL V. MILES, M.D.	0.00									
SEE SCHEDULE O	0.00					X		391,975.	0.	61,814.
(32) JAMES A. STOCKMAN, III, M.D.	45.00									
SEE SCHEDULE O	0.00					X		788,559.	0.	73,261.
Total to Part VII, Section A, line 1c								1,661,494.		294,538.

Part VIII Statement of RevenueCheck 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	1 a	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	Business Code						
	2 a	GENERAL WRITTEN EXAMS	900099	11,046,250.	11,046,250.		
	b	MAINTENANCE OF CERTIFICATE	900099	8,907,196.	8,907,196.		
	c	SUBSPECIALTY EXAMS	900099	4,927,540.	4,927,540.		
	d	ABMS INTERNATIONAL	900099	112,500.	112,500.		
	e	INTL ITE	900099	73,880.	73,880.		
	f	All other program service revenue	900099	-262,154.	-262,154.		
	g	Total. Add lines 2a-2f			24,805,212.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,837,739.			1,837,739.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	(i) Real					
		(ii) Personal					
	7 a	(i) Securities					
		(ii) Other					
	8 a						
	9 a						
10 a							
Miscellaneous Revenue			Business Code				
11 a	MISCELLANEOUS INCOME	900099	58,627.	58,627.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			58,627.			
12	Total revenue. See instructions.			27,903,659.	24,863,839.	0.	3,039,820.

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 governments and organizations in the United States. See Part IV, line 21	889,345.			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,482,659.			
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	6,702,162.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,644,763.			
9 Other employee benefits	1,672,588.			
10 Payroll taxes	649,416.			
11 Fees for services (non-employees):				
a Management				
b Legal	323,848.			
c Accounting	36,000.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	49,065.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,603,186.			
12 Advertising and promotion				
13 Office expenses	305,929.			
14 Information technology	605,884.			
15 Royalties				
16 Occupancy	528,563.			
17 Travel	85,502.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,228,320.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	912,569.			
23 Insurance	188,430.			
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 TESTING EXPENSES	2,019,511.			
b ABMS DUES & MEMBERSHIP	812,833.			
c MERCHANT FEES	522,317.			
d MISCELLANEOUS	88,576.			
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	24,351,466.			
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 ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck 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	50.	1	50.
	2 Savings and temporary cash investments	7,259,061.	2	7,696,683.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	660,437.	4	119,596.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	335,347.	9	272,060.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,207,305.		
	b Less: accumulated depreciation	10b 7,699,160.	10c	10,508,145.
	11 Investments - publicly traded securities	74,069,397.	11	83,290,966.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	99,994.	13	283,530.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	307,265.	15	487,647.
16 Total assets. Add lines 1 through 15 (must equal line 34)	93,201,854.	16	102,658,677.	
Liabilities	17 Accounts payable and accrued expenses	4,171,215.	17	2,984,863.
	18 Grants payable		18	
	19 Deferred revenue	22,832,431.	19	25,094,108.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties	5,469.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	3,413,141.	25	6,406,263.
	26 Total liabilities. Add lines 17 through 25	30,422,256.	26	34,485,234.
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	62,779,598.	27	68,173,443.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	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	62,779,598.	33	68,173,443.	
34 Total liabilities and net assets/fund balances	93,201,854.	34	102,658,677.	

Form 990 (2013)

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	27,903,659.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,351,466.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,552,193.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62,779,598.
5	Net unrealized gains (losses) on investments	5	4,249,736.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,408,084.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	68,173,443.

Part XII Financial Statements and Reporting

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

☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?	2a	X
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	2b	X
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> 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?	2c	X
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?	3a	X
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	3b	

Form 990 (2013)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items:

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

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

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" 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 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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 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 in 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:

- (i) unrelated organizations ☐ Yes ☐ No
 (ii) related organizations ☐ Yes ☐ No

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

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" to 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		2,130,492.		2,130,492.
b Buildings		10,086,629.	3,379,109.	6,707,520.
c Leasehold improvements				
d Equipment		4,399,109.	3,313,719.	1,085,390.
e Other		1,591,075.	1,006,332.	584,743.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,508,145.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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 COMPENSATION	1,131,047.
(3) DEFERRED PENSION	5,275,216.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

6,406,263.

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	32,153,395.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	4,249,736.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	4,249,736.
3	Subtract line 2e from line 1	3	27,903,659.
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	27,903,659.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	24,351,466.
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 XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	24,351,466.
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	24,351,466.

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.

PART X, LINE 2:

UNDER THE STATUTE OF LIMITATIONS, THE FEDERAL INFORMATIONAL

RETURNS OF THE ABP FOR THE YEARS ENDED OCTOBER 31, 2011 THROUGH 2014 ARE

SUBJECT TO EXAMINATION BY THE U.S. INTERNAL REVENUE SERVICE. MANAGEMENT

EVALUATED TAX POSITIONS FOR THE YEARS ENDED OCTOBER 31, 2011 THROUGH 2014

RETURNS, AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS, AND

BELIEVES THERE IS NO INCOME TAX EFFECT ON THE FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013Open to Public
Inspection

Name of the organization

Employer identification number

AMERICAN BOARD OF PEDIATRICS, INC

23-1417504

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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	ABP OFFERS IN-TRAINING EXAMS TO PEDIATRIC PROGRAM CANDIDATES VIA THE INTERNET.		0.
EAST ASIA AND THE PACIFIC	0	0	ABP OFFERS IN-TRAINING EXAMS TO PEDIATRIC PROGRAM CANDIDATES VIA THE INTERNET.		0.
EUROPE	0	0	ABP OFFERS IN-TRAINING EXAMS TO PEDIATRIC PROGRAM CANDIDATES VIA THE INTERNET.		0.
MIDDLE EAST AND NORTH AFRICA	0	0	ABP OFFERS IN-TRAINING EXAMS TO PEDIATRIC PROGRAM CANDIDATES VIA THE INTERNET.		0.
SUB SAHARAN AFRICA	0	0	ABP OFFERS IN-TRAINING EXAMS TO PEDIATRIC PROGRAM CANDIDATES VIA THE INTERNET.		0.
3 a Sub-total	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			0.

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

Schedule F (Form 990) 2013

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 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) ☐ 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 file Form 5713, International Boycott Report. (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2013

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.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

AMERICAN BOARD OF PEDIATRICS, INC

Employer identification number

23-1417504

Part I General Information on Grants and Assistance

1 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

2 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
AMERICAN BOARD OF PEDIATRICS FOUNDATION - 111 SILVER CEDAR COURT - CHAPEL HILL, NC 27514	56-1520520	501(C)(3)	837,517.	0.			TO FUND RESEARCH AND EDUCATIONAL INITIATIVES IN THE PEDIATRIC FIELD.
FRANKIE LEMMON SCHOOL 1800 GLENWOOD AVENUE RALEIGH, NC 27608	56-0931467	501(C)(3)	51,578.	0.			MATCH OF STAFF DONATION TO STAFF SELECTED CHARITY - SCHOOL FOR SPECIAL NEEDS CHILDREN.

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

2.

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

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

Schedule I (Form 990) (2013)

Part III can be duplicated if additional space is needed.

Part IV	Supplemental Information	Provide the information required in Part I	line 2	Part III	column (h)	and any other additional information
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[illegible]

**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. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

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. <input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., 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	1b X	
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 in line 1a?	2 X	
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 checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> 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?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b X	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
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) and 501(c)(4) organizations 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 Regulations 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	

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

Schedule J (Form 990) 2013

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) 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GAIL A. MCGUINNESS, M.D. EXEC VP & DIRECTOR	(i)	484,925.	4,849.	67,500.	50,625.	11,003.	618,902.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID G. NICHOLS, M.D. PRESIDENT & DIRECTOR	(i)	535,000.	0.	33,407.	50,625.	18,966.	637,998.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) VIRGINIA A. MOYER, M.D. VP	(i)	270,477.	0.	31,436.	50,625.	6,750.	359,288.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LINDA A. ALTHOUSE, PH.D. VP	(i)	216,674.	0.	25,730.	49,445.	16,972.	308,821.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CAROL L. CARRACCIO, M.D. VP	(i)	317,231.	9,449.	19,818.	50,625.	3,779.	400,902.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) HAZEN P. HAM, PH.D. VP	(i)	205,678.	0.	24,569.	47,116.	24,493.	301,856.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANN E. HAZINSKI, MBA, CPA VP & CFO	(i)	304,012.	0.	27,623.	50,625.	26,556.	408,816.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICHELE J. WALL VP & COO	(i)	228,076.	2,281.	26,891.	50,625.	19,526.	327,399.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ALLEN GUBERT DIRECTOR, IT TECHNICAL SERVICES	(i)	118,845.	7,397.	3,705.	24,992.	13,471.	168,410.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) L. ERIK MEYER DIRECTOR, TEST DEVELOPMENT	(i)	115,000.	0.	7,843.	23,287.	24,744.	170,874.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KELLY S. REDDICK DIRECTOR, IT APPLICATIONS DEVELOPMENT	(i)	121,818.	2,436.	-3,627.	24,668.	18,718.	164,013.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ANN F. SMITH SR. CONTROLLER	(i)	122,085.	1,221.	4,766.	25,863.	13,641.	167,576.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) PAUL V. MILES, M.D. SEE SCHEDULE O	(i)	204,761.	0.	187,214.	50,625.	11,189.	453,789.	81,691.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JAMES A. STOCKMAN, III, M.D. SEE SCHEDULE O	(i)	636,217.	12,724.	139,618.	50,625.	22,636.	861,820.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(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.

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 FOR THE ORGANIZATION 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. THIS IS REPORTED AS TAXABLE INCOME TO THE INDIVIDUAL AND INCLUDED ON PART VII & SCHEDULE J UNDER OTHER TAXABLE INCOME.

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:

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

GAIL A. MCGUINNESS - EXEC VICE PRESIDENT **\$9,300**

VIRGINIA A MOYER-TUCKER - VICE PRESIDENT **\$5,231**

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

AMERICAN BOARD OF PEDIATRICS, INC

Employer identification number

23-1417504

FORM 990, PART I, LINE 1:

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.

PART III, LINE 1:

THE AMERICAN BOARD OF PEDIATRICS EXISTS TO PROTECT AND
IMPROVE THE HEALTH OF CHILDREN AS THEY GROW FROM INFANTS TO YOUNG
ADULTS BY SETTING STANDARDS FOR PEDIATRIC PRACTICE AND SUPPORTING THE
EFFORTS OF PHYSICIANS TO UNDERSTAND AND EMBRACE ADVANCES IN MEDICAL
CARE. THE ABP DOES THIS BY ADMINISTERING AN INITIAL CERTIFICATION
EXAMINATION TO LICENSED PHYSICIANS WHO HAVE COMPLETED A PEDIATRIC
RESIDENCY AND/OR FELLOWSHIP, THEN PROVIDING ACTIVITIES AND EXAMINATIONS
THAT ALLOW PEDIATRICIANS TO MAINTAIN THEIR CERTIFICATION.

Name of the organization

AMERICAN BOARD OF PEDIATRICS, INC

Employer identification number

23-1417504

FORM 990, PART III, LINE 4A:

INITIAL CERTIFICATION IN GENERAL PEDIATRICS: BOARD

CERTIFICATION IS A VOLUNTARY PROCESS THAT GOES ABOVE AND BEYOND STATE LICENSING REQUIREMENTS FOR PRACTICING MEDICINE. IT IS AN ONGOING COMMITMENT BY A PHYSICIAN TO CONTINUALLY UPDATE THEIR KNOWLEDGE IN A MEDICAL SPECIALTY, LIKE PEDIATRICS. SINCE IT BEGAN CERTIFYING PEDIATRICIANS IN 1933 THROUGH DEC. 31, 2013, THE ABP HAS CERTIFIED 108,879 PEDIATRICIANS. OF THE 4,297 PHYSICIANS WHO TOOK THE GENERAL PEDIATRICS CERTIFYING EXAMINATION IN OCTOBER 2014, 78 PERCENT PASSED.

TO BECOME CERTIFIED, A PHYSICIAN MUST COMPLETE AN ACCREDITED RESIDENCY TRAINING PROGRAM IN PEDIATRICS. THE DIRECTOR OF THAT TRAINING PROGRAM MUST VERIFY THAT THE PHYSICIAN IS COMPETENT IN ALL AREAS OF PRACTICE, AND THEN THE PHYSICIAN IS ALLOWED TO TAKE THE INITIAL CERTIFYING EXAM. ONCE THEY HAVE PASSED THE INITIAL EXAMINATION, THEY ARE CERTIFIED BY THE ABP. (SEE 4C BELOW FOR HOW CERTIFICATION IS MAINTAINED).

FORM 990, PART III, LINE 4B:

INITIAL CERTIFICATION IN PEDIATRIC SUBSPECIALTIES: AFTER RESIDENCY, SOME PEDIATRICIANS ALSO GO ON TO COMPLETE FURTHER ACCREDITED TRAINING IN PEDIATRIC SUBSPECIALTY FELLOWSHIP PROGRAMS. TO BECOME CERTIFIED BY THE ABP IN A SUBSPECIALTY, A PHYSICIAN MUST PASS A SECURE EXAMINATION THAT FOCUSES ON PRACTICE IN THE PARTICULAR SUBSPECIALTY. THE ABP OFFERS CERTIFICATION IN THESE SUBSPECIALTIES: ADOLESCENT MEDICINE; CARDIOLOGY; CHILD ABUSE PEDIATRICS; CRITICAL CARE MEDICINE; DEVELOPMENTAL-BEHAVIORAL; EMERGENCY MEDICINE; ENDOCRINOLOGY;

Name of the organization

AMERICAN BOARD OF PEDIATRICS, INC

Employer identification number

23-1417504

GASTROENTEROLOGY; HEMATOLOGY-ONCOLOGY; INFECTIOUS DISEASES;
 NEONATAL-PERINATAL MEDICINE; NEPHROLOGY; PULMONOLOGY; RHEUMATOLOGY.
 CERTIFICATES ARE AWARDED IN CONJUNCTION WITH OTHER SPECIALTY BOARDS IN
 THE AREAS OF: HOSPICE AND PALLIATIVE MEDICINE, MEDICAL TOXICOLOGY,
 PEDIATRIC TRANSPLANT HEPATOLOGY, SLEEP MEDICINE, AND SPORTS MEDICINE.

THE NUMBER OF PHYSICIANS TAKING THE EXAMS VARIES, DEPENDING ON THE
 SUBSPECIALTY. PASS RATES FOR THOSE TAKING THE EXAM FOR THE FIRST TIME
 RANGED FROM 78 TO 91 PERCENT IN 2014. 1,473 CANDIDATES APPLIED FOR
 SUBSPECIALTY EXAMINATIONS IN FY2014. OF THOSE 1,473 CANDIDATES, 1,116
 PASSED THE EXAMINATION AND BECAME CERTIFIED IN A SUBSPECIALTY.

FORM 990, PART III, LINE 4C:

MAINTENANCE OF CERTIFICATION. AFTER THEIR INITIAL
 CERTIFICATION, PEDIATRICIANS ARE ENROLLED IN THE MAINTENANCE OF
 CERTIFICATION (MOC) PROGRAM THAT CONSISTS OF 4 PARTS:

- PROFESSIONALISM AND PROFESSIONAL STANDING
- LIFELONG LEARNING AND SELF-ASSESSMENT
- ASSESSMENT OF KNOWLEDGE, JUDGMENT AND SKILLS
- QUALITY IMPROVEMENT IN PRACTICE

DIPLOMATES OF THE AMERICAN BOARD OF PEDIATRICS MUST HOLD AN
 UNRESTRICTED MEDICAL LICENSE IN ORDER TO MAINTAIN CERTIFICATION.

IN FISCAL YEAR 2014, THE ABP ADDED 44 NEW SELF-ASSESSMENT ACTIVITIES.
 ONE OF THE MORE RECENTLY APPROVED AND POPULAR ACTIVITIES IS "QUESTION
 OF THE WEEK" (QOW). EACH QOW IS BASED ON RECENT INFORMATION FROM

Name of the organization

AMERICAN BOARD OF PEDIATRICS, INC

Employer identification number

23-1417504

CURRENT LITERATURE, AND PEDIATRICIANS RESPOND TO QUESTIONS BASED ON THE RESEARCH AND A CASE STUDY. QOW PROVIDES AN OPPORTUNITY FOR DIPLOMATE DISCUSSION VIA AN INTERACTIVE PLATFORM.

MOC REQUIRES THAT PEDIATRICIANS TAKE EXAMINATIONS EVERY 10 YEARS TO ASSESS THEIR KNOWLEDGE AND MEDICAL JUDGMENT.

QUALITY IMPROVEMENT (QI) ACTIVITIES FOR MOC ARE DESIGNED TO ENCOURAGE PEDIATRICIANS TO ASSESS THE QUALITY OF THEIR CARE AND ADOPT MORE EFFICIENT AND EFFECTIVE WAYS TO CARE FOR CHILDREN. IN FISCAL YEAR 2014, THE ABP ADDED 13 NEW PERFORMANCE IMPROVEMENT MODULES (PIMS) AND 355 QI PROJECTS THAT ARE SPONSORED BY THE PEDIATRICIAN'S INSTITUTION OR OTHER AGENCY.

FORM 990, PART VI, SECTION B, LINE 11:

ABP CONTROLLER AND CFO REVIEW THE FORM 990 IN DETAIL AS WELL AS HAVE IT REVIEWED BY TAX EXEMPT ORGANIZATION LEGAL COUNSEL FOR COMPLIANCE. ONCE THE RETURN HAS BEEN FULLY REVIEWED BY INTERNAL STAFF AND LEGAL COUNSEL, THE 990 IS DISTRIBUTED TO EACH BOARD MEMBER PRIOR TO THE IRS FILING. ABP POLICY PROVIDES THAT A PDF OF THE FORM 990 AND ATTACHED SCHEDULES IS TO BE DISTRIBUTED TO EACH BOARD MEMBER PRIOR TO THE IRS FILING. THE BOARD OF DIRECTORS IS ASKED TO REVIEW THE 990 AND FORWARD ANY COMMENTS, QUESTIONS, OR CONCERNS TO THE CFO PRIOR TO THE RETURN BEING FILED. THE CFO WILL ADDRESS QUESTIONS AND CONCERNS THAT ARE RAISED PRIOR TO FILING THE RETURN.

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

332212
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

AMERICAN BOARD OF PEDIATRICS, INC

Employer identification number

23-1417504

THE ABP HAS A CONFLICT OF INTEREST POLICY. ONE SPECIFICALLY
COVERS ITS APPOINTEES, OFFICERS, AND KEY PERSONNEL. ON AN ANNUAL BASIS
EACH APPOINTEE, OFFICER, AND KEY PERSONNEL MUST REVIEW THE POLICY ANNUALLY
AND DISCLOSE ANY POTENTIAL CONFLICT VIA A SIGNED FORM. THE ABP HAS
ESTABLISHED A CONFLICT OF INTEREST COMMITTEE THAT REVIEWS AND MONITORS ALL
CONFLICT OF INTEREST ISSUES. CONFLICTS OF APPOINTEES AND EMPLOYEES
ATTENDING MEETINGS ARE DISCLOSED IN THE AGENDA MATERIALS AND THOSE WITH
CONFLICTS DON'T PARTICIPATE IN THE VOTING ON ANY ISSUE THEY MAY HAVE A
CONFLICT OF INTEREST. IN ADDITION, FOR ALL ABP EMPLOYEES, THE ABP HAS A
CONFLICT OF INTEREST POLICY THAT IS REVIEWED ON AN ANNUAL BASIS AND ANY
ACTUAL OR PERCEIVED CONFLICTS OF INTEREST OF EMPLOYEES ARE DISCLOSED ON A
SIGNED STATEMENT. THE PRESIDENT AND VICE PRESIDENT OF HR REVIEW ALL
STATEMENTS AND THE EMPLOYEE IS REMOVED FROM ANY DECISION MAKING ISSUE WHERE
A CONFLICT MAY EXIST.

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

Name of the organization	AMERICAN BOARD OF PEDIATRICS, INC	Employer identification number	23-1417504
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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 PHYSICIAN VICE PRESIDENTS FOLLOWED BY HIS RECOMMENDATION FOR SALARY ADJUSTMENTS FOR THOSE POSITIONS. THESE RECOMMENDATIONS ARE CONSIDERED FOR APPROVAL BY THE COMMITTEE. THE CONSULTANT THEN PREPARES MINUTES OF THE CLOSED SESSION AND THE APPROVED SALARY ADJUSTMENTS. THE CONSULTANT THEN FORWARDS THOSE MINUTES TO THE CFO FOR IMPLEMENTATION AND SAFEKEEPING.

FORM 990, PART VI, SECTION C, LINE 19:

CURRENTLY THESE DOCUMENTS MAY BE MADE AVAILABLE UPON WRITTEN REQUEST AS DEEMED APPROPRIATE. WE ARE CONSIDERING OTHER MODES OF DELIVERY VIA THIRD PARTY SITES.

PART VII, SECTION A, AND SCHEDULE J, PART II, DR. PAUL MILES:

DR. PAUL MILES RETIRED JUNE 14, 2013 AND WAS PAID OUT ACCRUED VACATION AND DEFERRED COMPENSATION DURING CALENDAR YEAR 2013.

PART VII, SECTION A, AND SCHEDULE J, PART II, DR. JAMES STOCKMAN:

DR. STOCKMAN STEPPED DOWN AS PRESIDENT OF THE AMERICAN BOARD OF PEDIATRICS ON DECEMBER 31, 2012 AFTER 20 YEARS OF SERVICE TO THE ABP. HE REMAINED ON STAFF AS SPECIAL ADVISOR WITH THE SAME COMPENSATION PACKAGE. HE OFFICIALLY RETIRED FROM THE ABP ON DECEMBER 31, 2013. DR. STOCKMAN WORKED FULL TIME (50 HOURS PER WEEK) DURING NOVEMBER AND DECEMBER 2013. IN JANUARY THROUGH OCTOBER 2014, FOLLOWING DR. STOCKMAN'S RETIREMENT AS AN EMPLOYEE HE BECAME A CONSULTANT AS THE

Name of the organization

AMERICAN BOARD OF PEDIATRICS, INC

Employer identification number

23-1417504

QUESTION OF THE WEEK EDITOR WORKING 20% TIME.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

POST RETIREMENT BENEFIT ADJUSTMENT

-2,408,084.

PART XII, LINE 2C: OVERSIGHT OF AUDIT

AUDIT COMMITTEE; NO CHANGE FROM PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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 (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

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
AMERICAN BOARD OF PEDIATRICS FOUNDATION - 56-1520520, 111 SILVER CEDAR COURT, CHAPEL HILL, NC 27514	SUPPORTING ORGANZIATION	NORTH CAROLINA	501(C)(3)	SUPPORTING ORG.		X	

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

Schedule R (Form 990) 2013

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.

[illegible]

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.

[illegible]

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
AMERICAN BOARD OF PEDIATRICS FOUNDATION, (1) INC.	B	838,017.	CASH TRANSFER
AMERICAN BOARD OF PEDIATRICS FOUNDATION, (2) INC.	L	302,883.	ALLOCATED SALARIES/BENEFITS
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (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	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
	AMERICAN BOARD OF PEDIATRICS, INC	Employer identification number (EIN) or 23-1417504
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. 111 SILVER CEDAR COURT	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHAPEL HILL, NC 27514	

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

ANN E. HAZINSKI, CPA, MBA, CFO

• The books are in the care of ► **111 SILVER CEDAR COURT - CHAPEL HILL, NC 27514**

Telephone No. ► **919-929-0461**

Fax No. ► **919-929-9255**

• 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 3-month (6 months for a corporation required to file Form 990-T) extension of time until **JUNE 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year or

► ☒ tax year beginning **NOV 1, 2013**, and ending **OCT 31, 2014**.

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.

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2013, or fiscal year beginning NOV 1, 2013, and ending OCT 31, 2014**2013**Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo

Name of exempt organization

Employer identification number

AMERICAN BOARD OF PEDIATRICS, INC**23-1417504**

Name and title of officer

**ANN E. HAZINSKI, CPA, MBA
CFO****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 27,903,659.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **BLACKMAN & SLOOP, CPAS, P.A.** to enter my PIN **10500**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Ann E. Hazinski Date ▶ 6/9/15

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56044110500
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Robin H McDuffie Date ▶ 6/9/15

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2013, or fiscal year beginning NOV 1, 2013, and ending OCT 31, 2014**2013**Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo

Name of exempt organization

Employer identification number

AMERICAN BOARD OF PEDIATRICS, INC**23-1417504**

Name and title of officer

**ANN E. HAZINSKI, CPA, MBA
CFO****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 27,903,659.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **BLACKMAN & SLOOP, CPAS, P.A.**

ERO firm name

to enter my PIN **10500**Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Ann E. HazinskiDate ▶ 4/9/15**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56044110500

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Robin H McDuffieDate ▶ 6/9/15

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**