

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 11-01-2011 and ending 10-31-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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) Room/suite 111 SILVER CEDAR COURT City or town, state or country, and ZIP + 4 CHAPEL HILL, NC 27514 F Name and address of principal officer ANN E HAZINSKI CPA MBA 111 SILVER CEDAR COURT CHAPEL HILL, NC 27514	D Employer identification number 23-1417504 E Telephone number (919) 929-0461 G Gross receipts \$ 27,112,607 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: HTTP //WWW.ABP.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1933 M State of legal domicile NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE AMERICAN BOARD OF PEDIATRICS (ABP) CERTIFIES GENERAL PEDIATRICIANS AND PEDIATRIC SUBSPECIALISTS BASED ON STANDARDS OF EXCELLENCE THAT LEAD TO HIGH QUALITY HEALTH CARE FOR INFANTS, CHILDREN, AND ADOLESCENTS ABP CERTIFICATION PROVIDES ASSURANCE TO THE PUBLIC THAT A GENERAL PEDIATRICIAN OR PEDIATRIC SUBSPECIALIST HAS SUCCESSFULLY COMPLETED ACCREDITED TRAINING AND FULFILLS THE CONTINUOUS EVALUATION REQUIREMENTS THAT ENCOMPASS THE SIX CORE COMPETENCIES PATIENT CARE, MEDICAL KNOWLEDGE, PRACTICE-BASED LEARNING AND IMPROVEMENT, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM, AND SYSTEMS-BASED PRACTICE THE ABP'S QUEST FOR EXCELLENCE IS EVIDENT IN ITS RIGOROUS EVALUATION PROCESS AND IN NEW INITIATIVES UNDERTAKEN THAT NOT ONLY CONTINUALLY IMPROVE THE STANDARDS OF ITS CERTIFICATION BUT ALSO ADVANCE THE SCIENCE, EDUCATION, STUDY, AND PRACTICE OF PEDIATRICS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a)	3	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 2011 (Part V, line 2a)	5	107
	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		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	0	0
	9 Program service revenue (Part VIII, line 2g)	20,323,211	23,429,359
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-144,138	3,620,757
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,596	39,875
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,220,669	27,089,991
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,787,827	12,742,328
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,948,866	10,673,951
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	20,736,693	23,416,279
	19 Revenue less expenses Subtract line 18 from line 12	-516,024	3,673,712
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	72,420,069	80,836,786
	21 Total liabilities (Part X, line 26)	28,904,255	34,674,241
	22 Net assets or fund balances Subtract line 21 from line 20	43,515,814	46,162,545

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2013-03-03 Date	
	ANN E HAZINSKI CPA MBA CFO Type or print name and title		
Paid Preparer's Use Only	Preparer's signature \rightarrow ANDREA WOODSELL EASON	Date	Check if self-employed <input type="checkbox"/> Preparer's taxpayer identification number (see instructions) P00361629
	Firm's name (or yours if self-employed), address, and ZIP + 4 BLACKMAN & SLOOP CPAS PA 1414 RALEIGH RD SUITE 300 CHAPEL HILL, NC 27517		EIN \rightarrow 56-1304727 Phone no \rightarrow (919) 942-8700

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

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

















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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses \$

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for 1a, 1b, 1c, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9, 9a, 9b, 10, 10a, 10b, 11, 11a, 11b, 12a, 12b, 13, 13a, 13b, 13c, 14a, 14b.

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

Section A. Governing Body and Management

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

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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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?		

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 Form 1023 (or 1024 if applicable), 990, and 990-T (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
- 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. See Additional Data Table.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ANN E HAZINSKI CPA MBA CFO
 111 SILVER CEDAR COURT
 CHAPEL HILL, NC 27514
 (919) 929-0461

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							4,014,906	0	557,356	

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 **17**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization 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	EXAMINATION PROCTORING	504,796
D'VINCI INTERACTIVE 28 SO POTOMAC ST 4TH FLOOR HAGARSTOWN, MD 21740	COMPUTER PROGRAMMING	248,350
VSS PO BOX 3771 NEW YORK, NY 100083771	COMPUTER MAINTENANCE & SUPPORT	237,493
SECURE ENTERPRISE 909 AVIATION PARKWAY 600 MORRISVILLE, NC 27560	COMPUTER SECURITY SUPPORT	223,976
SNELL & WILMER LLP ONE ARIZONA CENTER PHOENIX, AZ 85004	LEGAL SERVICES	177,796

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 **5**

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▶					
Program Service Revenue			Business Code				
	2a	GENERAL WRITTEN EXAMS	900099	12,658,340	12,658,340		
	b	MAINTENANCE OF CERTIFI	900099	5,483,899	5,483,899		
	c	SUBSPECIALTY EXAMS	900099	5,048,085	5,048,085		
	d	ABMS INTERNATIONAL	900099	159,360	159,360		
	e	STRATEGIC INITIATIVE	900099	79,675	79,675		
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶		23,429,359				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		1,633,675		1,633,675	
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties ▶					
	6a	(i) Real		(ii) Personal			
		b	Gross rents				
		c	Less rental expenses				
		d	Rental income or (loss)				
	d	Net rental income or (loss) ▶					
	7a	(i) Securities		(ii) Other			
		b	Gross amount from sales of assets other than inventory	1,991,893	17,805		
		c	Less cost or other basis and sales expenses	0	22,616		
		d	Gain or (loss)	1,991,893	-4,811		
	d	Net gain or (loss) ▶		1,987,082		1,987,082	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
c	Net income or (loss) from fundraising events . . ▶						
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities . . ▶						
10a	Gross sales of inventory, less returns and allowances a						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS INCOME	900099	35,200	35,200			
b	VERIFICATION LETTERS	900099	4,675	4,675			
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		39,875				
12	Total revenue. See Instructions ▶		27,089,991	23,469,234	0	3,620,757	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question 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				
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	3,072,562			
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	6,143,116			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,631,656			
9	Other employee benefits	1,305,034			
10	Payroll taxes	589,960			
11	Fees for services (non-employees)				
a	Management				
b	Legal	232,214			
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	39,490			
g	Other	432,098			
12	Advertising and promotion				
13	Office expenses	770,905			
14	Information technology	23,433			
15	Royalties				
16	Occupancy	386,234			
17	Travel	84,113			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	713,754			
20	Interest				
21	Payments to affiliates	1,514,926			
22	Depreciation, depletion, and amortization	616,658			
23	Insurance	109,837			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MAINTENANCE OF GENERAL	1,367,436			
b	SUBSPECIALTY EXAM DIREC	1,348,788			
c	GENERAL WRITTEN EXAM DI	1,149,761			
d	DUES AND SUBSCRIPTIONS	774,308			
e					
f	All other expenses	1,109,996			
25	Total functional expenses. Add lines 1 through 24f	23,416,279			
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	50	1	50
	2 Savings and temporary cash investments	4,874,052	2	6,114,764
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	133,777	4	147,604
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	202,678	9	310,836
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	17,401,106		
	b Less accumulated depreciation	7,271,733	10c	10,129,373
	11 Investments—publicly traded securities	57,084,780	11	64,134,159
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	72,420,069	16	80,836,786	
Liabilities	17 Accounts payable and accrued expenses	1,959,308	17	2,838,166
	18 Grants payable		18	
	19 Deferred revenue	19,902,622	19	22,562,816
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	27,344	23	16,407
	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	7,014,981	25	9,256,852
	26 Total liabilities. Add lines 17 through 25	28,904,255	26	34,674,241
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	43,515,814	27	46,162,545
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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	43,515,814	33	46,162,545	
34 Total liabilities and net assets/fund balances	72,420,069	34	80,836,786	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,089,991
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,416,279
3	Revenue less expenses Subtract line 2 from line 1	3	3,673,712
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,515,814
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,026,981
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	46,162,545

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN BOARD OF PEDIATRICS INC

Employer identification number 23-1417504

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment. 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		9,417,793	2,833,257	6,584,536
c Leasehold improvements				
d Equipment		5,257,541	4,195,333	1,062,208
e Other		595,280	243,143	352,137
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				10,129,373

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	27,089,991
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	23,416,279
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,673,712
4	Net unrealized gains (losses) on investments	4	1,989,406
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,016,387
9	Total adjustments (net) Add lines 4 - 8	9	-1,026,981
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,646,731

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	29,079,397
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,989,406
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	1,989,406
3	Subtract line 2e from line 1	3	27,089,991
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	27,089,991

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	23,416,279
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	23,416,279
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	23,416,279

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	IN ACCORDANCE WITH FASB ASC 740-10, ACCOUNTING FOR INCOME TAXES, THE ABP REFLECTS IN THE FINANCIAL STATEMENTS THE BENEFIT OF POSITIONS TAKEN IN A PREVIOUSLY FILED TAX RETURN OR EXPECTED TO BE TAKEN IN A FUTURE TAX RETURN ONLY WHEN IT IS CONSIDERED 'MORE-LIKELY-THAN-NOT' THAT THE POSITION TAKEN WILL BE SUSTAINED BY A TAXING AUTHORITY THE ABP EVALUATES ITS UNCERTAIN TAX POSITIONS USING PROVISIONS OF FASB ASC 450, CONTINGENCIES ACCORDINGLY, A LOSS CONTINGENCY IS RECOGNIZED WHEN IT IS PROBABLE THAT A LIABILITY HAS BEEN INCURRED AS OF THE DATE OF THE FINANCIAL STATEMENTS AND THE AMOUNT OF THE LOSS CAN BE REASONABLY ESTIMATED THE AMOUNT RECOGNIZED IS SUBJECT TO ESTIMATE AND MANAGEMENT JUDGMENT WITH RESPECT TO THE LIKELY OUTCOME OF EACH UNCERTAIN TAX POSITION THE AMOUNT THAT IS ULTIMATELY SUSTAINED FOR AN INDIVIDUAL UNCERTAIN TAX POSITION OR FOR ALL UNCERTAIN TAX POSITIONS IN THE AGGREGATE COULD DIFFER FROM THE AMOUNT RECOGNIZED IF APPLICABLE, PENALTIES AND INTEREST ASSESSED BY INCOME TAXING AUTHORITIES ARE INCLUDED IN GENERAL AND ADMINISTRATIVE EXPENSES UNDER THE STATUTE OF LIMITATIONS, THE TAX RETURNS OF THE ABP FOR 2009 THROUGH 2011 ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES MANAGEMENT EVALUATED TAX POSITIONS FOR THE 2009 THROUGH 2011 RETURNS, AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS AND BELIEVES THERE IS NO INCOME TAX EFFECT ON THE FINANCIAL STATEMENTS
PART XI, LINE 8 - OTHER ADJUSTMENTS		POST RETIREMENT BENEFIT ADJUSTMENT -3,016,387

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 (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 and/or Form 3520-A. (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, 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

Additional Data

Software ID:

Software Version:

EIN: 23-1417504

Name: AMERICAN BOARD OF PEDIATRICS INC

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN BOARD OF PEDIATRICS INC

Employer identification number

23-1417504

Part I Questions Regarding Compensation

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

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

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

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?

b Any related organization?

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GAIL A MCGUINNESSMD	(i) (ii)	447,801 0	0 0	56,913 0	39,200 0	9,792 0	553,706 0	0 0
(2) JAMES A STOCKMANIIMD	(i) (ii)	609,330 0	8,827 0	257,805 0	39,200 0	18,802 0	933,964 0	0 0
(3) MICHELE J WALL	(i) (ii)	208,392 0	0 0	22,168 0	37,454 0	19,271 0	287,285 0	0 0
(4) LINDA A ALTHOUSEPHD	(i) (ii)	168,500 0	0 0	15,057 0	30,060 0	14,669 0	228,286 0	0 0
(5) HAZEN P HAMPHD	(i) (ii)	197,503 0	0 0	19,906 0	35,677 0	25,276 0	278,362 0	0 0
(6) ANN E HAZINSKIMBACPA	(i) (ii)	273,858 0	0 0	13,422 0	39,200 0	23,280 0	349,760 0	0 0
(7) PAUL V MILESMD	(i) (ii)	398,016 0	0 0	47,635 0	39,200 0	24,173 0	509,024 0	0 0
(8) CAROL L CARRACCIO MD	(i) (ii)	150,375 0	0 0	21,998 0	21,315 0	662 0	194,350 0	0 0
(9) M DOUGLAS JONES JRMD	(i) (ii)	13,966 0	0 0	0 0	0 0	0 0	13,966 0	0 0
(10) HAROLD JAMES BROWNMD	(i) (ii)	243,438 0	0 0	44,246 0	22,284 0	6,049 0	316,017 0	0 0
(11) KATHERINE H LITTLECPA	(i) (ii)	800 0	0 0	158,634 0	0 0	0 0	159,434 0	0 0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE ABP PROVIDES THE OPTION OF FIRST CLASS TRAVEL TO THE PRESIDENT AND THE CHAIRMAN OF THE BOARD OF DIRECTORS. THESE FIRST CLASS TICKETS ARE OFTEN PURCHASED USING UPGRADES. IN ADDITION, ANY ABP STAFF MEMBER WHO TRAVELS IN EXCESS OF 25,000 AIR MILES PER YEAR HAS THE OPTION OF UPGRADING HIS/HER AIRLINE TICKET TO FIRST CLASS AND WILL BE REIMBURSED FOR THE UPGRADE. THE ABP COVERS THE COSTS OF SPOUSE AIRFARE FOR MEMBERS WHO ATTEND SELECTED ABP BUSINESS MEETINGS. IN ADDITION THE ABP COVERS THE COST OF SENIOR MANAGEMENT SPOUSE AIRFARE FOR TRAVEL TO SELECTED ABP BUSINESS MEETINGS.
	PART I, LINE 4B	THE ABP PROVIDES A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FOR SOME SENIOR MANAGEMENT MEMBERS. THE FOLLOWING SUCH BENEFITS WERE PROVIDED IN THE CURRENT TAX YEAR: JAMES A. STOCKMAN - PRESIDENT \$154,655*; PAUL V. MILES - VICE PRESIDENT \$14,000; GAIL A. MCGUINNESS - SR. VICE PRESIDENT \$7,700. *NEW LEGISLATION WAS PASSED IN 2006 THAT CHANGED THE RULES WITH REGARD TO INCOME RECOGNITION FOR NON-QUALIFIED DEFERRED COMPENSATION PLANS. SUCH AN AGREEMENT HAD BEEN PUT INTO PLACE BY ABP'S EXECUTIVE COMMITTEE WHEN DR. STOCKMAN WAS HIRED. WITH THE PASSAGE OF THE NEW LEGISLATION, DR. STOCKMAN WAS NO LONGER ABLE TO DEFER COMPENSATION PER THE TERMS OF THE AGREEMENT AND RECOGNIZE IT WHEN HE RETIRES. THEREFORE, IN 2007, HE WAS PAID ALL OF THE DEFERRED COMPENSATION THAT HAD BEEN ACCRUED PER THE AGREEMENT SINCE HIS HIRE IN 1990. THEREAFTER, EACH ANNUAL INSTALLMENT OF THE DEFERRED COMPENSATION IS PAID OUT TO DR. STOCKMAN AS ACCRUED AND INCOME IS IMMEDIATELY RECOGNIZED.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

Open to Public Inspection

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

Name of the organization
AMERICAN BOARD OF PEDIATRICS INC

Employer identification number

23-1417504

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	ABP POLICY PROVIDES THAT A PDF OF THE FORM 990 AND ATTACHED SCHEDULES IS TO BE EMAILED TO EACH BOARD MEMBER PRIOR TO THE IRS FILING
	FORM 990, PART VI, SECTION B, LINE 12C	THE ABP HAS A CONFLICT OF INTEREST POLICY EVERY ABP MEMBER AND EMPLOYEE MUST REVIEW THE POLICY ANNUALLY AND DISCLOSE ANY POTENTIAL CONFLICT VIA A SIGNED FORM THE ABP HAS ESTABLISHED A PROFESSIONALISM AND ETHICS COMMITTEE THAT REVIEWS AND MONITORS ALL CONFLICT OF INTEREST ISSUES CONFLICTS OF MEMBERS ATTENDING MEETINGS ARE DISCLOSED IN THE AGENDA MATERIALS
	FORM 990, PART VI, SECTION B, LINE 15	EACH YEAR SINCE 1988, THE ABP HAS ENGAGED AN INDEPENDENT COMPENSATION AND BENEFIT CONSULTING FIRM TO ASSIST THE ABP IN DETERMINING COMPENSATION FOR ALL ABP STAFF FOR THE UPCOMING YEAR, INCLUDING THE PRESIDENT AND SENIOR MANAGEMENT THE COMPENSATION STRATEGY THAT THE CONSULTING FIRM HAS DESIGNED FOR ABP EMPHASIZES PAY FOR PERFORMANCE AND IS BASED UPON THE SYSTEMATIC SLOTTING OF EACH ABP STAFF POSITION ON A GRADED SCALE PAY FOR EACH OF THESE GRADES IS THEN DETERMINED BY COMPARING EACH OF THE POSITIONS TO A COMPARABLE POSITION IN THE APPROPRIATE MARKETPLACE, I.E. LOCAL, REGIONAL, OR NATIONAL DEPENDING UPON THE JOB'S RESPONSIBILITIES AND ITS HIERARCHY WITHIN THE ORGANIZATION A RANGE IS CREATED AROUND EACH GRADE AND PERFORMANCE DICTATES HOW QUICKLY STAFF ADVANCE THROUGH THE GRADE A FORMAL PRESENTATION IS MADE BY THE CONSULTANT TO THE EXECUTIVE COMMITTEE EACH YEAR DURING WHICH THE COMPENSATION STRATEGY IS REVIEWED, BENCHMARKS ARE REVIEWED AND UPDATED, AND STAFF SALARY RECOMMENDATIONS ARE MADE FOLLOWING THAT PRESENTATION, THE CONSULTANT MEETS IN CLOSED SESSION WITH THE EXECUTIVE COMMITTEE, WITHOUT THE PRESENCE OF ABP STAFF, TO PRESENT A REVIEW OF THE SALARY BENCHMARKS FOR THE ABP PRESIDENT AND THE PHYSICIAN VICE PRESIDENTS FOLLOWED BY HIS RECOMMENDATION FOR SALARY INCREASES FOR THOSE POSITIONS THESE RECOMMENDATIONS ALL MUST BE FORMALLY APPROVED BY THE COMMITTEE BEFORE THEY ARE IMPLEMENTED THE CONSULTANT THEN PREPARES MINUTES OF THE CLOSED SESSION AND THE APPROVED SALARY INCREASES HE THEN FORWARDS THOSE MINUTES, ALONG WITH ALL OF THE APPROVED SALARY INCREASES TO THE ABP CFO FOR IMPLEMENTATION AND SAFEKEEPING
	FORM 990, PART VI, SECTION C, LINE 19	CURRENTLY THESE DOCUMENTS ARE MADE AVAILABLE UPON WRITTEN REQUEST AS DEEMED APPROPRIATE
RETIRED OFFICER INFORMATION	PART VII, SECTION A	KATHARINE LITTLE RETIRED FROM THE AMERICAN BOARD OF PEDIATRICS DECEMBER 31, 2010 DURING THE THE CALENDAR YEAR 2011 DEFERRED COMPENSATION TOTALING \$158,634 WAS DISTRIBUTED TO HER
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,989,406 POST RETIREMENT BENEFIT ADJUSTMENT - 3,016,387 TOTAL TO FORM 990, PART XI, LINE 5 -1,026,981
OVERSIGHT COMMITTEE	PART XI, LINE 2C	NO CHANGE FROM PRIOR YEAR
HOURS WORKED FOR ABPF, A RELATED ORGANIZATION		THE FOLLOWING INDIVIDUALS ALSO PERFORMED SERVICES FOR THE AMERICAN BOARD OF PEDIATRICS FOUNDATION, A RELATED ORGANIZATION NAME TITLE HOURS PER WEEK JAMES A STOCKMAN, III, MD PRESIDENT 1 GAIL A MCGUINNESS, MD EXEC VP 1 LINDA ALTHOUSE, PHD VP 1 HAZEN P HAM, PHD VP 32 PAUL V MILES, MD SENIOR VP 3 MICHELE J WALL VP & COO 3 ANN HAZINSKI, CPA, MBA VP & CFO 5

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN BOARD OF PEDIATRICS INC

Employer identification number
23-1417504

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

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

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

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

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)

- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m	Yes	
1n		No
1o		No
1p		No
1q		No
1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN BOARD OF PEDIATRICS FOUNDATION INC	B	1,435,251	
(2) AMERICAN BOARD OF PEDIATRICS FOUNDATION INC	K	351,029	
(3) AMERICAN BOARD OF PEDIATRICS FOUNDATION INC	M	35,004	
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2011**

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS J BARRETTMD DIRECTOR	3 00	X					8,155	0	0	
LAURA M BROOKSMD DIRECTOR & SEC/TREAS	4 00	X		X			15,040	0	0	
ALAN R COHENMD IMMED PAST CHAIR	3 00	X		X			17,894	0	0	
CHRISTOPHER A CUNHA MD DIRECTOR	3 00	X					2,700	0	0	
MARY FRAN HAZINSKI DIRECTOR & PUBLIC MEMBER	3 00	X					13,710	0	0	
A CRAIG HILLEMEIERMD SEC/TREAS & CHAIR ELECT	4 00	X		X			17,363	0	0	
DAVID M JAFFEMD DIRECTOR	3 00	X					9,805	0	0	
THOMAS G KEENSMD DIRECTOR	3 00	X					7,912	0	0	
MARSHALL L LAND JRMD CHAIR	12 00	X		X			31,234	0	0	
LAUREL K LESLIE MD DIRECTOR	3 00	X					4,100	0	0	
STEPHEN LUDWIG MD DIRECTOR	3 00	X					11,108	0	0	
DANA C MATTHEWS MD DIRECTOR	3 00	X					19,196	0	0	
VIRGINIA A MOYER MD DIRECTOR	3 00	X					8,839	0	0	
A KIM RITCHEY MD DIRECTOR	3 00	X					8,052	0	0	
KENNETH BROBERTS MD DIRECTOR	3 00	X					7,490	0	0	
JOSEPH W ST GEME MD DIRECTOR	3 00	X					1,264	0	0	
GAIL A MCGUINNESSMD EXEC VP	49 00	X		X			504,714	0	46,820	
JAMES A STOCKMANIIMD PRES	49 00	X		X			875,962	0	55,830	
MICHELE J WALL VP & COO	47 00	X		X			230,560	0	55,084	
LINDA A ALTHOUSEPHD VP	49 00			X			183,557	0	43,320	
HAZEN P HAMPHD VP	18 00			X			217,409	0	59,377	
ANN E HAZINSKIMBACPA VP & CFO	50 00			X			287,280	0	60,460	
PAUL V MILESMD SENIOR VP	47 00			X			445,651	0	56,830	
JEAN BARTHOLOMEW DIR, MEMBER & PROF SERVICES	40 00					X	113,777	0	34,679	
CAROL L CARRACCIO MD DIR, COMPETENCY-BASED ASSESSMENT	50 00					X	172,373	0	21,545	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KELLY S REDDICK MANAGER, APPLICATION DEVEL	40 00					X		112,233	0	36,068
ANN F SMITH SR CONTROLLER	40 00					X		113,508	0	29,654
PARSEKH SAMOUELIAN LEAD APPLICATIONS ARCHITECT	40 00					X		112,936	0	30,080
M DOUGLAS JONES JRMD FORMER DIRECTOR	1 00						X	13,966	0	0
HAROLD JAMES BROWNMD FORMER VP	20 00						X	287,684	0	27,609
KATHERINE H LITTLECPA FORMER CFO	0 00						X	159,434	0	0