

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE AMERICAN BOARD OF INTERNAL MEDICINE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 510 WALNUT STREET 1700 City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19106 F Name and address of principal officer: RICHARD J. BARON SAME AS C ABOVE	D Employer identification number 39-0866228 E Telephone number 215-446-3500 G Gross receipts \$ 65,250,623. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ABIM.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: 1936		M State of legal domicile: IA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.			
Activities & Governance	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		13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		0
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5		266
	6 Total number of volunteers (estimate if necessary)	6		0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year
	9 Program service revenue (Part VIII, line 2g)	37,149.		0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,763,525.		64,320,194.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	681,434.		61,570.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	832,426.		868,859.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,314,534.		65,250,623.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	66,255.		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)	28,477,029.		29,121,259.
	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)	25,570,505.		26,364,747.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	54,113,789.		55,486,006.	
19 Revenue less expenses. Subtract line 18 from line 12	10,200,745.		9,764,617.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year		End of Year
	21 Total liabilities (Part X, line 26)	73,515,102.		82,417,925.
	22 Net assets or fund balances. Subtract line 21 from line 20	103,397,792.		102,505,161.
		-29,882,690.		-20,087,236.

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 VINCENT MANDES, SENIOR VICE PRESIDENT/CFO Type or print name and title	Date	
Paid Preparer Use Only	Print/Type preparer's name VICKI RAIVITCH, CPA	Preparer's signature VICKI RAIVITCH, CPA	Date 04/25/22
	Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's address ▶ 610 W GERMANTOWN PIKE, SUITE 400 PLYMOUTH MEETING, PA 19462	Check if self-employed <input type="checkbox"/>	PTIN P02060731

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 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 18,650,572. including grants of \$ 0.) (Revenue \$ 31,190,372.) ABIM BOARD CERTIFICATION DEMONSTRATES THAT PHYSICIANS HAVE COMPLETED INTERNAL MEDICINE AND SUBSPECIALTY TRAINING AND HAVE MET RIGOROUS STANDARDS THROUGH INTENSIVE STUDY, SELF-ASSESSMENT AND EVALUATION. ADDITIONALLY, CERTIFICATION ENCOMPASSES THE SIX GENERAL COMPETENCIES ESTABLISHED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) AND SETS THE STAGE FOR CONTINUAL PROFESSIONAL DEVELOPMENT THROUGH VALUES CENTERED ON LIFELONG LEARNING.

CONTINUED ON SCHEDULE O.

4b (Code:) (Expenses \$ 26,692,223. including grants of \$ 0.) (Revenue \$ 33,986,681.) ABIM'S MAINTENANCE OF CERTIFICATION (MOC) CREDENTIAL MEANS SOMETHING DIFFERENT FROM INITIAL CERTIFICATION. IT SPEAKS TO THE QUESTION OF WHETHER OR NOT AN INTERNIST IS STAYING CURRENT WITH KNOWLEDGE AND PRACTICE IN HIS/HER DISCIPLINE. ABIM ISSUES A BINARY CONSEQUENTIAL MOC CREDENTIAL THAT IS ANCHORED IN WHETHER A PHYSICIAN IS MEETING A PERFORMANCE STANDARD. ABIM ISSUES THAT CREDENTIAL BASED UPON OBJECTIVE, FAIR, DEFENSIBLE PSYCHOMETRICALLY RIGOROUS STANDARDS. PARTICIPATION IN MOC MEANS THAT A PHYSICIAN IS DEMONSTRATING THAT S/HE IS ENGAGED IN CERTAIN CONTINUOUS LEARNING AND EDUCATION ACTIVITIES.

CONTINUED ON SCHEDULE O.

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 45,342,795.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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), 501(c)(4), and 501(c)(29) 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>		X
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>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
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>		X
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>		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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		266
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
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?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 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 on Schedule O.		
	1a	13	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	0	
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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 on Schedule O		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?		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?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization	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?		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 **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **VINCENT MANDES - (215) 446-3500**
510 WALNUT STREET, SUITE 1700, PHILADELPHIA, PA 19106-3699

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. See instructions for the order in which to list the persons above.

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) RICHARD J. BARON PRESIDENT	32.00 8.00	X		X				846,972.	211,743.	140,719.
(2) RICHARD BATTAGLIA CHIEF MEDICAL OFFICER	40.00 0.00				X			464,982.	0.	91,364.
(3) FURMAN MCDONALD SVP, ACADEMIC & MEDICAL AFFAIRS	40.00 0.00				X			422,663.	0.	51,595.
(4) REBECCA LIPNER SVP, ASSESSMENT & RESEARCH	40.00 0.00				X			404,854.	0.	55,341.
(5) JUDITH CASSEL CHIEF OF STAFF	40.00 0.00				X			365,975.	0.	80,431.
(6) VINCENT MANDES SENIOR VICE PRESIDENT/CFO	36.00 4.00			X				356,339.	39,593.	45,544.
(7) PAMELA BROWNER-WHITE SVP, COMMUNICATIONS	35.00 5.00				X			283,159.	42,311.	83,564.
(8) JEFFREY MILLER VP, INFORMATION TECHNOLOGY	40.00 0.00				X			301,685.	0.	77,486.
(9) LORNA LYNN VP, MEDICAL EDUCATION RESEARCH	39.00 1.00					X		300,380.	6,130.	44,504.
(10) ROBERT KENDRICK VP, FINANCE OPERATIONS	40.00 0.00					X		211,011.	0.	59,309.
(11) BRADLEY BROSSMAN VP, PSYCHOMETRICS	40.00 0.00					X		211,329.	0.	56,800.
(12) BERNADETTE HORVAT VP, TALENT AND CULTURE	40.00 0.00					X		224,856.	0.	33,577.
(13) JEREMY DUGOSH VP, TEST DEVELOPMENT	40.00 0.00				X			218,321.	0.	30,443.
(14) MICHAEL YAGLEY SR DIR, APPLICATION DEVELOPMENT	40.00 0.00					X		186,722.	0.	60,939.
(15) MARIANNE M. GREEN CHAIR	7.00 5.00	X		X				50,000.	10,000.	0.
(16) ROBERT D. SIEGEL COUNCIL/DIRECTOR	5.00 0.00	X						27,500.	0.	0.
(17) ROGER W. BUSH BOD	5.00 0.00	X						16,000.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) YUL D. EJNES, MD CHAIR-ELECT	5.00 0.00	X		X				16,000.	0.	0.
(19) VINEET ARORA BOD	5.00 0.00	X						14,000.	0.	0.
(20) SAFWAN BADR BOD	5.00 0.00	X						14,000.	0.	0.
(21) RAJEEV JAIN, MD BOD	5.00 0.00	X						14,000.	0.	0.
(22) CHARLES SETH LANDEFELD BOD	5.00 0.00	X						14,000.	0.	0.
(23) ROBERT ROSWELL, MD BOD	5.00 0.00	X						14,000.	0.	0.
(24) DEBRA L. NESS BOD SECRETARY	5.00 0.00	X		X				14,000.	0.	0.
(25) SONIA A. MADISON BOD TREASURER	5.00 0.00	X		X				14,000.	0.	0.
(26) ALICIA FERNANDEZ BOD	5.00 0.00	X						7,000.	0.	0.
1b Subtotal								5,013,748.	309,777.	911,616.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								5,013,748.	309,777.	911,616.

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 **77**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BALLARD SPAHR LLP 1735 MARKET STREET, PHILADELPHIA, PA 19103	LEGAL SERVICES	892,288.
EVOLTA LLC 609 MAPLEWOOD AVENUE, SPRINGFIELD, PA 19064	IT RECRUITING	523,311.
EAST WEST SYSTEMS, INC. 417 SOUTH STREET, PHILADELPHIA, PA 19147	SOFTWARE SERVICES	508,705.
INSIGHT GLOBAL, 4170 ASHFORD DUNWOODY ROAD, ATLANTA, GA 30346	EMPLOYMENT AGENCY	473,616.
ZOOMORPHIX, 2/1188 TOORAK ROAD, CAMBERWELL, VICTORIA, AUSTRALIA	SOFTWARE SERVICES	415,438.

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 **20**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	1g	\$				
	h	Total. Add lines 1a-1f						
Program Service Revenue	2 a	MAINTENANACE OF CERTIFICATION	Business Code	900099	33,558,253.	33,558,253.		
	b	CERTIFICATION EXAM FEES	Business Code	900099	30,761,941.	30,761,941.		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			64,320,194.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			61,570.		61,570.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real					
			(ii) Personal					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19							
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances							
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	OTHER BOARD EXAM REVENUE	Business Code	900099	442,834.	442,834.		
	b	RESCORE	Business Code	900099	67,500.	67,500.		
	c	CREDENTIALING FEES	Business Code	900099	49,745.	49,745.		
	d	All other revenue	Business Code	900099	308,780.	296,780.	12,000.	
	e	Total. Add lines 11a-11d			868,859.			
12	Total revenue. See instructions			65,250,623.	65,177,053.	0.	73,570.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,492,375.	3,403,872.	1,088,503.	
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	18,810,027.	14,252,265.	4,557,762.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,241,947.	1,698,723.	543,224.	
9 Other employee benefits	1,928,962.	1,461,549.	467,413.	
10 Payroll taxes	1,647,948.	1,248,650.	399,298.	
11 Fees for services (nonemployees):				
a Management				
b Legal	794,054.	601,651.	192,403.	
c Accounting	55,331.	41,924.	13,407.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,805,085.	2,883,097.	921,988.	
12 Advertising and promotion				
13 Office expenses	1,152,876.	873,529.	279,347.	
14 Information technology				
15 Royalties				
16 Occupancy	3,370,196.	2,553,584.	816,612.	
17 Travel	34,187.	25,903.	8,284.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	373,795.	283,223.	90,572.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,546,960.	1,172,125.	374,835.	
23 Insurance	685,274.	519,229.	166,045.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CERTIFYING EXAM	7,520,943.	7,520,943.		
b MOC EXAM	6,103,577.	6,103,577.		
c STAFF EXPENSES	241,445.	182,942.	58,503.	
d PROGRAM/PROJECT EXPENSE	203,392.	154,109.	49,283.	
e All other expenses _____	477,632.	361,900.	115,732.	
25 Total functional expenses. Add lines 1 through 24e	55,486,006.	45,342,795.	10,143,211.	0.
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 Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	43,074,687.	1	50,571,599.
	2 Savings and temporary cash investments	20,679,098.	2	22,906,755.
	3 Pledges and grants receivable, net	70,546.	3	70,114.
	4 Accounts receivable, net	94,582.	4	202,339.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,173,618.	9	1,718,875.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,160,246.		
	b Less: accumulated depreciation	10b 15,189,669.	3,899,244.	10c 2,970,577.
	11 Investments - publicly traded securities	3,459,360.	11	3,915,872.
	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	63,967.	15	61,794.
16 Total assets. Add lines 1 through 15 (must equal line 33)	73,515,102.	16	82,417,925.	
Liabilities	17 Accounts payable and accrued expenses	6,028,406.	17	6,124,685.
	18 Grants payable		18	
	19 Deferred revenue	86,232,760.	19	84,003,046.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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	11,136,626.	25	12,377,430.
	26 Total liabilities. Add lines 17 through 25	103,397,792.	26	102,505,161.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-29,953,235.	27	-20,157,350.
	28 Net assets with donor restrictions	70,545.	28	70,114.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	-29,882,690.	32	-20,087,236.
	33 Total liabilities and net assets/fund balances	73,515,102.	33	82,417,925.

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	65,250,623.
2	Total expenses (must equal Part IX, column (A), line 25)	2	55,486,006.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,764,617.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-29,882,690.
5	Net unrealized gains (losses) on investments	5	30,837.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-20,087,236.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2020)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3920049.	4500023.	1776874.	37,149.		10234095.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	54723310.	53876929.	62185910.	63532356.	65177053.	299495558
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	58643359.	58376952.	63962784.	63569505.	65177053.	309729653
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	3859555.	4429968.	1744449.	3,687.	405.	10038064.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	3859555.	4429968.	1744449.	3,687.	405.	10038064.
8 Public support. (Subtract line 7c from line 6.)						299691589

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	58643359.	58376952.	63962784.	63569505.	65177053.	309729653
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	145,089.	269,456.	694,948.	681,434.	61,570.	1852497.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	145,089.	269,456.	694,948.	681,434.	61,570.	1852497.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	618,450.	228,992.	317,199.	63,595.	12,000.	1240236.
13 Total support. (Add lines 9, 10c, 11, and 12.)	59406898.	58875400.	64974931.	64314534.	65250623.	312822386

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	95.80 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	95.33 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	.59 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	.62 %

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2016 AMOUNT: \$ 618,450.

2017 AMOUNT: \$ 228,992.

2018 AMOUNT: \$ 317,199.

2019 AMOUNT: \$ 63,595.

2020 AMOUNT: \$ 12,000.

Multiple horizontal lines for providing additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **THE AMERICAN BOARD OF INTERNAL MEDICINE** Employer identification number **39-0866228**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 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 7/25/06, 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?

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?

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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--------------------------------------------------------------------------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,948,798.	4,640,420.	308,378.
d Equipment		13,211,448.	10,549,249.	2,662,199.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,970,577.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	1,604,631.
(3) DEFERRED RENT	10,772,799.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	12,377,430.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	65,281,460.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	30,837.	
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	30,837.	
3	Subtract line 2e from line 1		3	65,250,623.
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	65,250,623.

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

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

1	Total expenses and losses per audited financial statements		1	55,486,006.
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	55,486,006.
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	55,486,006.

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:

THE INTERNAL REVENUE SERVICE HAS GRANTED THE ORGANIZATION, WHICH IS NOT A PRIVATE FOUNDATION, EXEMPTION FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRES THE ORGANIZATION TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN ANY UNCERTAIN TAX POSITIONS THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY A TAX AUTHORITY. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD MAINTAINED ITS TAX-EXEMPT STATUS AND HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE CONSOLIDATED FINANCIAL STATEMENTS. ACCORDINGLY, NO PROVISION FOR THE INCOME TAXES HAS

Part XIII Supplemental Information (continued)

BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

Lined area for supplemental information.

**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.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization **THE AMERICAN BOARD OF INTERNAL MEDICINE** Employer identification number **39-0866228**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	1	A VENDOR PROVIDING SOFTWARE SERVICES IS LOCATED IN THIS REGION.	N/A	415,438.
3 a Subtotal	0	1			415,438.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	1			415,438.

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

Schedule F (Form 990) 2020

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

Table with 9 columns: (a) Name of organization, (b) IRS code section and EIN (if applicable), (c) Region, (d) Purpose of grant, (e) Amount of cash grant, (f) Manner of cash disbursement, (g) Amount of noncash assistance, (h) Description of noncash assistance, (i) Method of valuation (book, FMV, appraisal, other). The table contains 9 empty rows.

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **THE AMERICAN BOARD OF INTERNAL MEDICINE** Employer identification number **39-0866228**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

3 Indicate which, if any, of the following the 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"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

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

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

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

Schedule J (Form 990) 2020

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RICHARD J. BARON PRESIDENT	(i)	559,562.	141,728.	145,682.	98,927.	13,648.	959,547.	131,239.
	(ii)	139,890.	35,432.	36,421.	24,732.	3,412.	239,887.	32,810.
(2) RICHARD BATTAGLIA CHIEF MEDICAL OFFICER	(i)	379,913.	67,015.	18,054.	45,446.	45,918.	556,346.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FURMAN MCDONALD SVP, ACADEMIC & MEDICAL AFFAIRS	(i)	332,003.	70,206.	20,454.	45,446.	6,149.	474,258.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) REBECCA LIPNER SVP, ASSESSMENT & RESEARCH	(i)	323,533.	66,036.	15,285.	45,446.	9,895.	460,195.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JUDITH CASSEL CHIEF OF STAFF	(i)	291,221.	56,700.	18,054.	45,446.	34,985.	446,406.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) VINCENT MANDES SENIOR VICE PRESIDENT/CFO	(i)	263,018.	58,244.	35,077.	40,901.	88.	397,328.	0.
	(ii)	29,224.	6,472.	3,897.	4,545.	10.	44,148.	0.
(7) PAMELA BROWNER-WHITE SVP, COMMUNICATIONS	(i)	202,658.	47,730.	32,771.	39,440.	33,261.	355,860.	0.
	(ii)	30,282.	7,132.	4,897.	5,893.	4,970.	53,174.	0.
(8) JEFFREY MILLER VP, INFORMATION TECHNOLOGY	(i)	209,924.	50,000.	41,761.	41,239.	36,247.	379,171.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LORNA LYNN VP, MEDICAL EDUCATION RESEARCH	(i)	258,618.	38,430.	3,332.	40,816.	2,798.	343,994.	0.
	(ii)	5,278.	784.	68.	833.	57.	7,020.	0.
(10) ROBERT KENDRICK VP, FINANCE OPERATIONS	(i)	176,110.	32,851.	2,050.	26,706.	32,603.	270,320.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) BRADLEY BROSSMAN VP, PSYCHOMETRICS	(i)	172,908.	25,493.	12,928.	27,676.	29,124.	268,129.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) BERNADETTE HORVAT VP, TALENT AND CULTURE	(i)	190,906.	29,250.	4,700.	29,084.	4,493.	258,433.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JEREMY DUGOSH VP, TEST DEVELOPMENT	(i)	168,302.	28,158.	21,861.	27,693.	2,750.	248,764.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MICHAEL YAGLEY SR DIR, APPLICATION DEVELOPMENT	(i)	179,591.	0.	7,131.	27,254.	33,685.	247,661.	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 7:

ABIM HAS A BONUS POOL FOR TOP EXECUTIVES. THE BOARD EVALUATES THE PERFORMANCE OF EACH EXECUTIVE BASED ON PRE-ESTABLISHED OBJECTIVES FOR A GIVEN YEAR AND THEN DETERMINES WHETHER A BONUS IS APPROPRIATE.

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.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

THE AMERICAN BOARD OF INTERNAL MEDICINE

Employer identification number

39-0866228

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE AMERICAN BOARD OF INTERNAL MEDICINE (ABIM) SEEKS TO ENHANCE THE
QUALITY OF HEALTH CARE BY CERTIFYING INTERNISTS AND SUBSPECIALISTS WHO
DEMONSTRATE THE KNOWLEDGE, SKILLS AND ATTITUDES ESSENTIAL FOR EXCELLENT
PATIENT CARE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ABIM SEEKS TO ENHANCE THE QUALITY OF HEALTH CARE BY CERTIFYING
INTERNISTS AND SUBSPECIALISTS WHO DEMONSTRATE THE KNOWLEDGE, SKILLS AND
ATTITUDES ESSENTIAL FOR EXCELLENT PATIENT CARE.

SINCE ITS FOUNDING IN 1936 TO ANSWER A PUBLIC CALL TO ESTABLISH MORE
UNIFORM STANDARDS FOR PHYSICIANS, CERTIFICATION BY ABIM HAS STOOD FOR
THE HIGHEST STANDARD IN INTERNAL MEDICINE AND ITS 20 SUBSPECIALTIES.
CERTIFICATION HAS MEANT THAT INTERNISTS HAVE DEMONSTRATED - TO THEIR
PEERS AND TO THE PUBLIC - THAT THEY HAVE THE CLINICAL JUDGMENT, SKILLS
AND ATTITUDES ESSENTIAL FOR THE DELIVERY OF EXCELLENT PATIENT CARE.

ABIM IS NOT A MEMBERSHIP SOCIETY, BUT A PHYSICIAN-LED NON-PROFIT,
INDEPENDENT EVALUATION ORGANIZATION. RESEARCH SUGGESTS BOARD
CERTIFICATION IS ASSOCIATED WITH BETTER CARE. OUR ACCOUNTABILITY IS
BOTH TO THE PROFESSION OF MEDICINE AND TO THE PUBLIC.

ABIM'S GOVERNANCE STRUCTURE CONSISTS OF MORE THAN 350 MEMBERS ON MORE
THAN 50 BOARDS AND COMMITTEES AND INCLUDES PHYSICIANS, ALLIED
PROFESSIONALS AND PUBLIC MEMBERS. ABIM OFFERS CERTIFICATION IN 20
DISCIPLINES - REPRESENTING THE BREADTH AND DEPTH OF INTERNAL MEDICINE.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization THE AMERICAN BOARD OF INTERNAL MEDICINE	Employer identification number 39-0866228
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN ORDER TO BE CERTIFIED, A PHYSICIAN MUST:

- * COMPLETE THE REQUISITE PRE-DOCTORAL MEDICAL EDUCATION
- * MEET SPECIFIC TRAINING REQUIREMENTS
- * MEET LICENSURE REQUIREMENTS AND PROCEDURAL REQUIREMENTS
- * PASS A CERTIFICATION EXAMINATION

ABIM ADMINISTERS ITS CERTIFICATION PROCESS BY: (1) ESTABLISHING REQUIREMENTS FOR TRAINING AND SELF-EVALUATION; (2) ASSESSING THE PROFESSIONAL CREDENTIALS OF CANDIDATES; (3) OBTAINING SUBSTANTIATION BY APPROPRIATE AUTHORITIES OF THE CLINICAL COMPETENCE AND PROFESSIONAL STANDING OF CANDIDATES; AND (4) DEVELOPING AND CONDUCTING EXAMINATIONS AND OTHER ASSESSMENTS.

INITIAL CERTIFICATION BY ABIM SIGNIFIES A PHYSICIAN IS READY TO PRACTICE IN INTERNAL MEDICINE OR ONE OF ITS SUBSPECIALTIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PARTICIPATING ABIM BOARD CERTIFIED PHYSICIANS REGULARLY (AT LEAST EVERY TWO YEARS) COMPLETE APPROVED MOC ACTIVITIES THROUGH A STRUCTURED FRAMEWORK CREATED BY THEIR PEERS FOR KEEPING UP WITH THE LATEST SCIENTIFIC DEVELOPMENTS AND CHANGES IN PRACTICE AND IN SPECIALTY AREAS. THEY NEED TO EARN MOC POINTS EVERY FIVE YEARS, AND TAKE A SECURE EXAMINATION IN THEIR DISCIPLINE EVERY TEN YEARS. MOST DIPLOMATES CERTIFIED PRIOR TO 1990 ARE STRONGLY URGED TO PARTICIPATE IN MOC BUT ARE NOT REQUIRED TO DO SO TO REMAIN CERTIFIED. FOR ALL DIPLOMATES, IN ADDITION TO REPORTING BOARD CERTIFICATION, ABIM WILL REPORT IF THEY ARE

Name of the organization THE AMERICAN BOARD OF INTERNAL MEDICINE	Employer identification number 39-0866228
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PARTICIPATING IN THE MOC PROGRAM (I.E., ENGAGING IN MOC ACTIVITIES FREQUENTLY).

PARTICIPATION IN MOC AND CONTINUED CERTIFICATION BY ABIM SIGNIFIES A PHYSICIAN IS STAYING CURRENT IN HIS OR HER DISCIPLINE.

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

ABIM DOES NOT DELEGATE BROAD AUTHORITY TO ANY COMMITTEE.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE FINANCE DEPARTMENT PROVIDES ALL INFORMATION AND REVIEWS THE FORM 990 PRIOR TO BOARD REVIEW. THE FORM 990 IS THEN MADE AVAILABLE TO THE ENTIRE GOVERNING BODY, VIA EMAIL, FOR COMMENTS AND QUESTIONS. ONCE ALL COMMENTS AND QUESTIONS HAVE BEEN ADDRESSED, THE FORM 990 IS APPROVED. THE CFO SIGNS THE FORM 990 AND COMMUNICATES TO THE BOARD OF DIRECTORS THAT THE FORM 990 HAS BEEN FILED.

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

A FORMAL, WRITTEN CONFLICT OF INTEREST POLICY HAS BEEN DEVELOPED AND IS REVIEWED PERIODICALLY BY THE CONFLICT OF INTEREST COMMITTEE, A SUB-COMMITTEE OF THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS. IT IS POSTED AND EASY TO LOCATE ON ABIM'S WEBSITE. ALL GOVERNANCE MEMBERS MUST ABIDE BY BOTH A FINANCIAL AND ACADEMIC CONFLICT OF INTEREST POLICY. ABIM STAFF ARE GOVERNED BY A CONFLICT OF INTEREST POLICY IN THE EMPLOYEE HANDBOOK AND EXECUTIVE STAFF ARE SUBJECT TO ANNUAL DISCLOSURE OF ANY POTENTIAL CONFLICTS. ALL GOVERNANCE AND EXECUTIVE STAFF DISCLOSURES OF RELEVANT RELATIONSHIPS ARE AVAILABLE ON ABIM'S WEBSITE.

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FINANCIAL CONFLICT OF INTEREST

INDIVIDUALS WHO ARE APPOINTED TO SERVE ON ABIM BOARDS OR COMMITTEES ARE EXPECTED TO HAVE ABIM'S MISSION AS THEIR PRIMARY INTEREST WHEN CONTRIBUTING TO ABIM'S WORK. A REAL OR PERCEIVED CONFLICT OF INTEREST MAY ARISE WHEN, DUE TO ANOTHER INTEREST THAT MAY COMPETE WITH THOSE OF ABIM, AN INDIVIDUAL HAS THE OPPORTUNITY TO INFLUENCE ABIM WORK IN WAYS THAT COULD LEAD TO, OR APPEAR TO LEAD TO, PERSONAL OR INSTITUTIONAL GAIN, OR ADVANTAGE FOR ANOTHER ORGANIZATION.

THE ABIM CONFLICT OF INTEREST POLICY IS INTENDED TO PROVIDE GUIDELINES FOR IDENTIFYING AND MANAGING CONFLICTS THAT ARISE FROM COMPETING INTERESTS. IT IS INTENDED TO MAINTAIN THE INTEGRITY OF ABIM'S DECISION-MAKING PROCESSES AND, THEREBY, MAINTAIN THE CONFIDENCE OF THE PROFESSION AND THE PUBLIC IN ABIM'S STANDARDS AND JUDGMENTS.

THE POLICY APPLIES TO MEMBERS OF THE BOARD OF DIRECTORS, THE ABIM COUNCIL, SPECIALTY BOARDS, EXAM COMMITTEES, MEDICAL KNOWLEDGE SELF-ASSESSMENT PRODUCT COMMITTEES, STANDARD SETTING PANELS, AND ANY OTHER STANDING AND AD HOC COMMITTEES OR TASK FORCES OF ABIM THAT DEVELOP ABIM POLICIES OR PRODUCTS. THOSE IN SERVICE TO ABIM ON THESE OR SUBSEQUENTLY CREATED ENTITIES ARE REFERRED TO COLLECTIVELY AS "MEMBERS." THE POLICY APPLIES TO PUBLIC AND INTER-PROFESSIONAL MEMBERS AS WELL AS TO PHYSICIAN MEMBERS. BECAUSE THE WORK OF MEMBERS IN DIFFERENT GROUPS VARIES CONSIDERABLY IN FOCUS, DIFFERENT TYPES OF MANAGEMENT OF RELATIONSHIPS MAY BE INDICATED FOR SPECIFIC GROUPS. THE COMPLETE POLICY CAN BE FOUND AT [HTTP://WWW.ABIM.ORG/ABOUT/GOVERNANCE/BOARD-POLICIES/FINANCIAL-CONFLICT-OF-INTEREST.ASPX](http://www.abim.org/about/governance/board-policies/financial-conflict-of-interest.aspx).

Name of the organization THE AMERICAN BOARD OF INTERNAL MEDICINE	Employer identification number 39-0866228
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ACADEMIC CONFLICT OF INTEREST

ABIM RECOGNIZES THAT INDIVIDUALS WHO SERVE ON ITS BOARD OF DIRECTORS, COUNCIL, SPECIALTY AND SUBSPECIALTY BOARDS, AND EXAM WRITING AND MEDICAL KNOWLEDGE SELF-ASSESSMENT PRODUCT COMMITTEES ARE ASKED TO SERVE THE MEDICAL COMMUNITY IN MANY WAYS. INDEED, IN MOST CIRCUMSTANCES, ABIM IS WELL-SERVED BY THE DIVERSE ACADEMIC ACTIVITIES OF ITS MEMBERS. MEMBERS MUST RECOGNIZE, HOWEVER, THAT SOME EDUCATIONAL ACTIVITIES CAN CREATE A REAL, POTENTIAL OR PERCEIVED CONFLICT OF INTEREST RELATING TO KNOWLEDGE OF QUESTIONS ON ABIM ASSESSMENTS. MEMBERS MUST FOLLOW THE GUIDELINES IN THE POLICY REGARDING EDUCATIONAL ACTIVITIES DURING ABIM SERVICE AND FOR A PERIOD OF TWO YEARS THEREAFTER. IT IS THE RESPONSIBILITY OF EACH MEMBER TO REPORT POTENTIAL AND ACTUAL SOURCES OF PERSONAL ACADEMIC CONFLICTS OF INTEREST AND TO COMPLY WITH THE POLICIES AND GUIDELINES DESCRIBED IN THE POLICY.

PROTECTING THE INTEGRITY OF ABIM EXAMINATIONS AND OTHER ASSESSMENTS IS ABSOLUTELY VITAL TO THE SUCCESSFUL WORK OF ABIM. INVOLVEMENT OF THOSE WHO CONTRIBUTE TO ABIM EXAMINATIONS AND ASSESSMENTS IN EDUCATIONAL PROGRAMS COULD CREATE THE PERCEPTION OF UNFAIR ADVANTAGE TO PROGRAM PARTICIPANTS. SPECIFICALLY, THOSE WHO DEVELOP ABIM EXAMINATIONS OR MEDICAL KNOWLEDGE SELF-ASSESSMENT PRODUCTS OR WHO INFLUENCE ABIM POLICIES MUST NOT PARTICIPATE IN EDUCATIONAL ACTIVITIES THAT ARE ADVERTISED AS PREPARATION FOR ABIM SECURE EXAMS IN THEIR SPECIALTY OR ANY OTHER ABIM AREA OF CERTIFICATION. ALTHOUGH MEMBERS OF SPECIFIC EXAM COMMITTEES GENERALLY DO NOT HAVE ANY DIRECT KNOWLEDGE ABOUT THE CONTENT OF OTHER EXAMINATIONS OFFERED BY ABIM, AND SOME MEMBERS OF THE BOARD OF DIRECTORS, THE COUNCIL AND THE SPECIALTY/SUBSPECIALTY BOARDS DO NOT WORK DIRECTLY ON ANY EXAMINATIONS, THE BROADER PHYSICIAN AND HEALTH CARE COMMUNITIES DO NOT MAKE A DISTINCTION BETWEEN THESE VARIED TYPES OF SERVICE TO ABIM. THEREFORE, THE

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FOLLOWING GUIDELINES APPLY TO ALL MEMBERS. IN ADDITION, ABIM STAFF IS SUBJECT TO THE CONFLICT OF INTEREST POLICIES SET FORTH IN THE ABIM STAFF CODE OF ETHICS AND BUSINESS CONDUCT. THE PRESIDENT AND CEO, AS A MEMBER OF THE BOARD OF DIRECTORS, IS SUBJECT TO THE GUIDELINES CONTAINED IN THIS POLICY AS WELL AS TO THE STAFF CODE OF ETHICS AND BUSINESS CONDUCT.

IF UNCERTAIN ABOUT THESE GUIDELINES, INDIVIDUALS ARE URGED TO SEEK THE ADVICE OF THE ABIM CONFLICT OF INTEREST STAFF, THE CONFLICT OF INTEREST SUBCOMMITTEE OR THE CHAIR OF THE BOARD. QUESTIONS ABOUT ACTIVITIES NOT CLEARLY COVERED BY THESE GUIDELINES WILL BE TAKEN TO THE CONFLICT OF INTEREST SUBCOMMITTEE CHAIR, WHO MAY CHOOSE TO CONVENE THE FULL CONFLICT OF INTEREST SUBCOMMITTEE; MEMBERS MAY ALSO REQUEST A FULL CONFLICT OF INTEREST SUBCOMMITTEE REVIEW.

DECISIONS OF THE CONFLICT OF INTEREST SUBCOMMITTEE CONCERNING PERMITTED AND PROHIBITED ACTIVITIES ARE TO BE CONSIDERED FINAL, AND THE CONFLICT OF INTEREST SUBCOMMITTEE MAY RECOMMEND TO THE GOVERNANCE COMMITTEE SANCTIONS FOR MEMBERS FOUND TO BE IN VIOLATION OF THE ACADEMIC CONFLICT OF INTEREST POLICY OR A DECISION OF THE CONFLICT OF INTEREST SUBCOMMITTEE, UP TO AND INCLUDING REMOVAL FROM BOARD SERVICE OR REVOCATION OF CERTIFICATION.

THE POLICY CAN BE FOUND AT [HTTP://WWW.ABIM.ORG/ABOUT/GOVERNANCE/BOARD-POLICIES/ACADEMIC-CONFLICT-OF-INTEREST.ASPX](http://www.abim.org/about/governance/board-policies/academic-conflict-of-interest.aspx).

FORM 990, PART VI, SECTION B, LINE 15:

ABIM ENGAGES AN EXTERNAL COMPENSATION VENDOR TO CONDUCT AN ORGANIZATION-WIDE COMPENSATION REVIEW ROUGHLY EVERY THREE YEARS TO ASSURE

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COMPETITIVE BASE AND TOTAL COMPENSATION FOR ALL EMPLOYEES UP THROUGH AND INCLUDING VICE PRESIDENTS. EACH CYCLE, THE VENDOR:

- * REVIEWS ALL EXISTING JOB DESCRIPTIONS/DOCUMENTATION;
- * SPEAKS WITH KEY MANAGERS IN EACH FUNCTIONAL AREA;
- * RESEARCHES AND EXTRACTS PAY SURVEY DATA FOR SELECTED BENCHMARK JOB TYPES; AND,
- * ANALYZES SEVERAL PAY PRACTICE DATA SOURCES INCLUDING: VIEW OF COMMERCIAL SURVEY REPORTS (ECONOMIC RESEARCH INSTITUTE, SALARY.COM, PRM CONSULTING);
- * REVIEW OF 990S FOR NON-PROFIT ORGANIZATIONS WITH SIMILAR SIZES IN HEALTH CARE; AND
- * ASSESSMENT OF THE PAY PRACTICES OF OTHER NON-PROFIT AND FOR-PROFIT CLIENTS IN THE PHILADELPHIA LABOR MARKET.

ABIM MAINTAINS SALARIES IN LINE WITH DESIGNATED RANGES AND COMPETITIVE PAY PRACTICES.

IN ADDITION, COMPENSATION OF OUR CEO IS REVIEWED EACH YEAR BY THE EXECUTIVE COMPENSATION COMMITTEE (ECC), AND THE ECC'S RECOMMENDATION ON CEO COMPENSATION NEEDS TO BE APPROVED BY THE BOARD OF DIRECTORS. OTHER EXECUTIVE-LEVEL STAFF IS SET AFTER RECOMMENDATION BY THE CEO AND THEN REVIEW AND APPROVAL BY THE EXECUTIVE COMPENSATION COMMITTEE. THE ECC DIRECTLY ENGAGES AN INDEPENDENT CONSULTANT TO PROVIDE DATA ON SALARIES FOR COMPARABLE EXECUTIVE POSITIONS IN COMPARABLE ORGANIZATIONS, UPDATED EVERY THREE YEARS, AND THIS COMPARATIVE DATA IS USED TO SET, REVIEW AND APPROVE ALL EXECUTIVE SALARIES. THE EXECUTIVE COMPENSATION COMMITTEE REPORTS EXECUTIVE COMPENSATION ANNUALLY TO THE FULL BOARD OF DIRECTORS.

THE REVIEW AND APPROVAL OF CEO AND EXECUTIVE-LEVEL STAFF COMPENSATION IS

Name of the organization THE AMERICAN BOARD OF INTERNAL MEDICINE	Employer identification number 39-0866228
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DOCUMENTED IN THE MINUTES OF THE ECC.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 1023 WAS NOT REQUIRED AT THE TIME OF INCORPORATION (1936).

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VII:

THE COMPENSATION REPORTED ON FORM 990, PART VII FOR THE FOLLOWING INDIVIDUALS WAS PAID DIRECTLY TO THEIR EMPLOYERS AS FOLLOWS:

- * DEBRA L. NESS - NATIONAL PARTNERSHIP FOR WOMEN & FAMILIES - \$14,000
- * SAFWAN BADR - EDUMED, LLC - \$14,000

THE COMPENSATION REPORTED ON FORM 990, PART VII FOR THE FOLLOWING INDIVIDUALS INCLUDED COMPENSATION FOR ABIM BOARD SERVICE AS WELL AS OTHER SERVICES; COMPENSATION AND SERVICES ARE BROKEN DOWN AS FOLLOWS:

* ROGER W. BUSH - OF THE \$16,000 TOTAL COMPENSATION REPORTED FOR ROGER W. BUSH, \$2,000 WAS FOR SERVING ON THE ABIM INTERNAL MEDICINE SPECIALTY BOARD AND THE REMAINING \$14,000 WAS FOR SERVING ON THE ABIM BOARD OF DIRECTORS.

* YUL D. EJNES, MD - OF THE \$16,000 TOTAL COMPENSATION REPORTED FOR YUL D. EJNES, MD, \$2,000 WAS FOR SERVING ON THE ABIM INTERNAL MEDICINE SPECIALTY BOARD AND THE REMAINING \$14,000 WAS FOR SERVING ON THE ABIM BOARD OF DIRECTORS.

* ROBERT D. SIEGEL - OF THE \$27,500 TOTAL COMPENSATION REPORTED FOR ROBERT D. SIEGEL, \$4,000 WAS FOR SERVING ON THE ABIM MEDICAL ONCOLOGY

Name of the organization

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SPECIALTY BOARD, \$9,500 WAS FOR SERVING ON THE ABIM COUNCIL, AND THE
REMAINING \$14,000 WAS FOR SERVING ON THE ABIM BOARD OF DIRECTORS.

Multiple horizontal lines for additional text entry.

**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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **THE AMERICAN BOARD OF INTERNAL MEDICINE** Employer identification number **39-0866228**

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
ABIM FOUNDATION - 23-2585181 510 WALNUT STREET, SUITE 1700 PHILADELPHIA, PA 19106	TO SUPPORT THE AMERICAN BOARD OF INTERNAL MEDICINE	PENNSYLVANIA	501(C)(3)	LINE 12A, I	THE AMERICAN BOARD OF INTERNAL MEDICINE	X	

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ABIM FOUNDATION	L	223,055.	CASH - ACTUAL COST
(2) ABIM FOUNDATION	O	1,629,826.	CASH - ACTUAL COST
(3) ABIM FOUNDATION	Q	213,578.	CASH - ACTUAL COST
(4)			
(5)			
(6)			

