

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization THE AMERICAN BOARD OF SURGERY INC
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite 1617 JOHN F KENNEDY BLVD NO 860
City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 191031847

D Employer identification number 23-1352007
E Telephone number (215) 568-4000
G Gross receipts \$ 13,816,102

F Name and address of principal officer FRANK R LEWIS JR MD 1617 JOHN F KENNEDY BLVD NO 860 PHILADELPHIA, PA 191031847

H(a) Is this a group return for subordinates? No Yes
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number

I Tax-exempt status 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

J Website: WWW ABSURGERY ORG

K Form of organization Corporation Trust Association Other

L Year of formation 1937 M State of legal domicile PA

Part I Summary

Table with 4 main sections: 1. Briefly describe the organization's mission... ADMINISTRATION OF CERTIFICATION AND RECERTIFICATION EXAMINATIONS IN GENERAL SURGERY. 2. Check this box if the organization discontinued its operations... 3. Number of voting members... 4. Number of independent voting members... 5. Total number of individuals employed... 6. Total number of volunteers... 7a. Total unrelated business revenue... 7b. Net unrelated business taxable income... 8-12. Revenue (Contributions, Program service, Investment, Other, Total). 13-19. Expenses (Grants, Benefits, Salaries, Fundraising, Other, Total, Revenue less expenses). 20-22. Net Assets or Fund Balances (Total assets, Total liabilities, Net assets).

Part II Signature Block

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

Sign Here
Signature of officer: \*\*\*\*\*
Date: 2017-05-12
FRANK R LEWIS JR MD EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: JULIUS GREEN CPA
Preparer's signature: JULIUS GREEN CPA
Date:
Check if self-employed:
PTIN: P00350393
Firm's name: BAKER TILLY VIRCHOW KRAUSE LLP
Firm's EIN: 39-0859910
Firm's address: 1650 MARKET STREET SUITE 4500 PHILADELPHIA, PA 19103
Phone no: (215) 972-0701

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

THE AMERICAN BOARD OF SURGERY, INC (ABS), INCORPORATED IN 1937, IS A PRIVATE, VOLUNTARY NON-PROFIT, AUTONOMOUS ORGANIZATION FORMED TO CONDUCT EXAMINATIONS OF ACCEPTABLE CANDIDATES WHO SEEK CERTIFICATION OR RECERTIFICATION BY ABS, TO ISSUE CERTIFICATES OF QUALIFICATION TO ALL CANDIDATES MEETING THE BOARD'S REQUIREMENTS BY SATISFACTORILY COMPLETING ITS PRESCRIBED EXAMINATIONS, AND TO IMPROVE AND BROADEN THE OPPORTUNITIES FOR THE POST-GRADUATE EDUCATION AND TRAINING OF SURGEONS

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

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

COSTS INCURRED IN ADMINISTERING EXAMINATIONS FOR CANDIDATES SEEKING CERTIFICATION AND RECERTIFICATION BY THE BOARD AND IN ISSUING CERTIFICATES OF QUALIFICATION TO ALL CANDIDATES MEETING THE BOARD'S REQUIREMENTS ALL EXPENSES AND REVENUES ARE INCURRED OR GENERATED FOR THIS PURPOSE DURING FISCAL YEAR JUNE 30, 2015, THERE WERE 15,854 INDIVIDUALS WHO TOOK AN EXAMINATION, INCLUDING SURGERY RESIDENTS TAKING THEIR IN-TRAINING EXAMINATIONS 1,419 INDIVIDUALS OBTAINED CERTIFICATION AND 1,494 WERE RE-CERTIFIED THE TYPES OF EXAMINATIONS INCLUDE THE FOLLOWING QUALIFYING, RECERTIFICATION, VASCULAR SURGERY, SURGICAL PRINCIPLES, SURGICAL CRITICAL CARE, PEDIATRIC SURGERY, HAND SURGERY, AND HOSPICE AND PALLIATIVE CARE














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

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

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

4e Total program service expenses

**Part IV Checklist of Required Schedules**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1</b>   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .   |     | No |
| <b>2</b>   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .   |     | No |
| <b>3</b>   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .  |     | No |
| <b>4</b>   | <b>Section 501(c)(3) organizations.</b><br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .  |     |    |
| <b>5</b>   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .   |     | No |
| <b>6</b>   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  . . . . .  |     | No |
| <b>7</b>   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  . . . . .  |     | No |
| <b>8</b>   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>  . . . . .   |     | No |
| <b>9</b>   | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>  . . . . . |     | No |
| <b>10</b>  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  . . . . .  |     | No |
| <b>11</b>  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable   |     |    |
| <b>a</b>   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>  . . . . .   | Yes |    |
| <b>b</b>   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>  . . . . .   | Yes |    |
| <b>c</b>   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>  . . . . .   |     | No |
| <b>d</b>   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  . . . . .  |     | No |
| <b>e</b>   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>  . . . . .  | Yes |    |
| <b>f</b>   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  . . . . .  | Yes |    |
| <b>12a</b> | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  . . . . .  |     | No |
| <b>b</b>   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  . . . . .   | Yes |    |
| <b>13</b>  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .   |     | No |
| <b>14a</b> | Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  |     | No |
| <b>b</b>   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .   |     | No |
| <b>15</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .  |     | No |
| <b>16</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .  |     | No |
| <b>17</b>  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .   |     | No |
| <b>18</b>  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .  |     | No |
| <b>19</b>  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .  |     | No |
| <b>20a</b> | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .   |     | No |
| <b>b</b>   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |

**Part IV Checklist of Required Schedules (continued)**

|            |  |            |     |    |
|------------|--|------------|-----|----|
| <b>21</b>  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .   | <b>21</b>  |     | No |
| <b>22</b>  | 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> . . . . .   | <b>22</b>  |     | No |
| <b>23</b>  | 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> . . . . .  | <b>23</b>  | Yes |    |
| <b>24a</b> | 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> . . . . .                            | <b>24a</b> |     | No |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | <b>24b</b> |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | <b>24c</b> |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  | <b>24d</b> |     |    |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>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> . . . . .  | <b>25a</b> |     |    |
| <b>b</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> . . . . .                                       | <b>25b</b> |     |    |
| <b>26</b>  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | <b>26</b>  |     | No |
| <b>27</b>  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | <b>27</b>  |     | No |
| <b>28</b>  | 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)   |            |     |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28a</b> |     | No |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28b</b> |     | No |
| <b>c</b>   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28c</b> |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>29</b>  |     | No |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>30</b>  |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | <b>31</b>  |     | No |
| <b>32</b>  | 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> . . . . .  | <b>32</b>  |     | No |
| <b>33</b>  | 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> . . . . .  | <b>33</b>  |     | No |
| <b>34</b>  | 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> . . . . .  | <b>34</b>  | Yes |    |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | <b>35a</b> | Yes |    |
| <b>b</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> . . . . .   | <b>35b</b> | Yes |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>36</b>  |     |    |
| <b>37</b>  | 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> . . . . .   | <b>37</b>  |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b>  | Yes |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, sub-questions (1a-13c), and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (38); 1b Enter the number of voting members included in line 1a, above, who are independent (38); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: FRANK R LEWIS JR MD - EXECUTI 1617 JOHN F KENNEDY BLVD STE 860 PHILADELPHIA, PA 191031847 (215) 568-4000



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

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |           | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|-----------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former    |  |   |   |
| See Additional Data Table                                      |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
| <b>1b Sub-Total</b>  |  |   |                       |         |              |                              |           |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |           |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              | 2,978,788 | 0  | 279,255   |   |

**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 **▶ 12**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| NCS PEARSON<br>13036 COLLECTION CENTER DRIVE<br>CHICAGO, IL 60693                    | WEB SUPPORT                    | 843,470             |
| INTERNATIONAL TESTING SYSTEMS<br>3000 CHESTNUT AVENUE STE 401<br>BALTIMORE, MD 21211 | WEB SUPPORT                    | 170,525             |
| STEINBRECHER & SPAN LLP<br>445 S FIGUEROA STREET SUITE 2230<br>LOS ANGELES, CA 90071 | LEGAL SERVICES                 | 153,343             |
|  |                                |                     |

**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 **▶ 3**



**Part VIII Statement of Revenue**

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

|   |  | (A)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |  |
|---|--|--|--|---|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>                       | <b>1a</b> Federated campaigns . . . . . <b>1a</b> _____  |  |  |   |   |  |
|   | <b>b</b> Membership dues . . . . . <b>1b</b> _____   |  |  |   |   |  |
|   | <b>c</b> Fundraising events . . . . . <b>1c</b> _____  |  |  |   |   |  |
|   | <b>d</b> Related organizations . . . . . <b>1d</b> _____   |  |  |   |   |  |
|   | <b>e</b> Government grants (contributions) <b>1e</b> _____   |  |  |   |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____  |  |  |   |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f \$ _____  |  |  |   |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . . <b>▶</b>   |  |  |   |   |  |
| <b>Program Service Revenue</b>  | <b>2a</b> REGISTRATION/EXAM FEES _____<br>Business Code 611710   | 9,658,305  | 9,658,305  |   |   |  |
|   | <b>b</b> ABMS BOARD REIMBURSEMENTS _____<br>Business Code 611710   | 55,841   | 55,841   |   |   |  |
|   | <b>c</b> REMAKE CERTIFICATES _____<br>Business Code 611710   | 3,000  | 3,000  |   |   |  |
|   | <b>d</b> _____<br>Business Code  |  |  |   |   |  |
|   | <b>e</b> _____<br>Business Code  |  |  |   |   |  |
|   | <b>f</b> All other program service revenue _____<br>Business Code  |  |  |   |   |  |
|   | <b>g Total.</b> Add lines 2a-2f . . . . . <b>▶</b>   | 9,717,146  |  |   |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . <b>▶</b>   | 166,659  |  |   | 166,659   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>   |  |  |   |   |  |
|   | <b>5</b> Royalties . . . . . <b>▶</b>  |  |  |   |   |  |
|   | <b>6a</b> Gross rents  | (i) Real   |  |   |   |  |
|   |  | (ii) Personal  |  |   |   |  |
|   |  | <b>b</b> Less rental expenses  |  |   |   |  |
|   |  | <b>c</b> Rental income or (loss)   |  |   |   |  |
|   | <b>d</b> Net rental income or (loss) . . . . . <b>▶</b>  |  |  |   |   |  |
|   | <b>7a</b> Gross amount from sales of assets other than inventory   | (i) Securities   | 3,932,297  |   |   |  |
|   |  | (ii) Other   |  |   |   |  |
|   |  | <b>b</b> Less cost or other basis and sales expenses                     | 3,923,410  |   |   |  |
|   |  | <b>c</b> Gain or (loss)  | 8,887  |   |   |  |
|   | <b>d</b> Net gain or (loss) . . . . . <b>▶</b>   | 8,887  |  |   | 8,887   |  |
|   | <b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b> |  |  |   |   |  |
|   |  | <b>b</b> Less direct expenses . . . . . <b>b</b>                         |  |   |   |  |
|   |  | <b>c</b> Net income or (loss) from fundraising events . . . . . <b>▶</b> |  |   |   |  |
|   | <b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>  |  |  |   |   |  |
| <b>b</b> Less direct expenses . . . . . <b>b</b>                                    |  |  |  |   |   |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . . <b>▶</b>             |  |  |  |   |   |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b> |  |  |  |   |   |  |
|   | <b>b</b> Less cost of goods sold . . . . . <b>b</b>  |  |  |   |   |  |
|   | <b>c</b> Net income or (loss) from sales of inventory . . . . . <b>▶</b>   |  |  |   |   |  |
| Miscellaneous Revenue   | Business Code  |  |  |   |   |  |
| <b>11a</b> _____  |  |  |  |   |   |  |
| <b>b</b> _____  |  |  |  |   |   |  |
| <b>c</b> _____  |  |  |  |   |   |  |
| <b>d</b> All other revenue . . . . .  |  |  |  |   |   |  |
| <b>e Total.</b> Add lines 11a-11d . . . . . <b>▶</b>                                |  |  |  |   |   |  |
| <b>12 Total revenue.</b> See Instructions . . . . . <b>▶</b>                        | 9,892,692  | 9,717,146  | 0  | 175,546                                 |   |  |

**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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|---|------------------------------|--|---|------------------------------------|
| <b>1</b>  | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  |                              |  |   |                                    |
| <b>2</b>  | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   |                              |  |   |                                    |
| <b>3</b>  | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  |                              |  |   |                                    |
| <b>4</b>  | Benefits paid to or for members . . . . .   |                              |  |   |                                    |
| <b>5</b>  | Compensation of current officers, directors, trustees, and key employees . . . . .  | 2,334,158                    |  |   |                                    |
| <b>6</b>  | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                              |  |   |                                    |
| <b>7</b>  | Other salaries and wages . . . . .  | 1,328,966                    |  |   |                                    |
| <b>8</b>  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  | 2,172,939                    |  |   |                                    |
| <b>9</b>  | Other employee benefits . . . . .   | 154,875                      |  |   |                                    |
| <b>10</b>   | Payroll taxes . . . . .   | 161,903                      |  |   |                                    |
| <b>11</b>   | Fees for services (non-employees)   |                              |  |   |                                    |
| <b>a</b>  | Management . . . . .  |                              |  |   |                                    |
| <b>b</b>  | Legal . . . . .   | 20,315                       |  |   |                                    |
| <b>c</b>  | Accounting . . . . .  | 67,475                       |  |   |                                    |
| <b>d</b>  | Lobbying . . . . .  |                              |  |   |                                    |
| <b>e</b>  | Professional fundraising services. See Part IV, line 17   |                              |  |   |                                    |
| <b>f</b>  | Investment management fees . . . . .  | 69,045                       |  |   |                                    |
| <b>g</b>  | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .  | 129,449                      |  |   |                                    |
| <b>12</b>   | Advertising and promotion . . . . .   |                              |  |   |                                    |
| <b>13</b>   | Office expenses . . . . .   | 507,678                      |  |   |                                    |
| <b>14</b>   | Information technology . . . . .  |                              |  |   |                                    |
| <b>15</b>   | Royalties . . . . .   |                              |  |   |                                    |
| <b>16</b>   | Occupancy . . . . .   | 294,852                      |  |   |                                    |
| <b>17</b>   | Travel . . . . .  | 2,263,615                    |  |   |                                    |
| <b>18</b>   | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                              |  |   |                                    |
| <b>19</b>   | Conferences, conventions, and meetings . . . . .  |                              |  |   |                                    |
| <b>20</b>   | Interest . . . . .  |                              |  |   |                                    |
| <b>21</b>   | Payments to affiliates . . . . .  |                              |  |   |                                    |
| <b>22</b>   | Depreciation, depletion, and amortization . . . . .   | 80,482                       |  |   |                                    |
| <b>23</b>   | Insurance . . . . .   | 45,842                       |  |   |                                    |
| <b>24</b>   | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                              |  |   |                                    |
| <b>a</b>  | EXAM ADMIN FEES   | 831,747                      |  |   |                                    |
| <b>b</b>  | DUES  | 294,538                      |  |   |                                    |
| <b>c</b>  | BROCHURE EXPENSE  | 10,590                       |  |   |                                    |
| <b>d</b>  | ADMINSTRATIVE EXP   | 9,876                        |  |   |                                    |
| <b>e</b>  | All other expenses  | 12,662                       |  |   |                                    |
| <b>25</b>   | <b>Total functional expenses.</b> Add lines 1 through 24e   | 10,791,007                   |  |   |                                    |
| <b>26</b>   | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                              |  |   |                                    |

**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        |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  |                      | <b>1</b>   |                    |
|   | <b>2</b> Savings and temporary cash investments . . . . .   | 1,647,382            | <b>2</b>   | 2,524,342          |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   |                      | <b>3</b>   |                    |
|   | <b>4</b> Accounts receivable, net . . . . .   | 464,829              | <b>4</b>   | 499,118            |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .  |                      | <b>5</b>   |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . |                      | <b>6</b>   |                    |
|   | <b>7</b> Notes and loans receivable, net . . . . .  |                      | <b>7</b>   |                    |
|   | <b>8</b> Inventories for sale or use . . . . .  |                      | <b>8</b>   |                    |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 8,826                | <b>9</b>   | 10,135             |
|   | <b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 1,364,563 |            |                    |
|   | <b>b</b> Less: accumulated depreciation . . . . .   | <b>10b</b> 1,180,510 | 234,746    | <b>10c</b> 184,053 |
|   | <b>11</b> Investments—publicly traded securities . . . . .  | 3,298,855            | <b>11</b>  | 3,194,195          |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .  | 8,735,981            | <b>12</b>  | 8,251,662          |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .   |                      | <b>13</b>  |                    |
|   | <b>14</b> Intangible assets . . . . .   |                      | <b>14</b>  |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .  |                      | <b>15</b>  |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 14,390,619  | <b>16</b>            | 14,663,505 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 116,761              | <b>17</b>  | 216,187            |
|   | <b>18</b> Grants payable . . . . .  |                      | <b>18</b>  |                    |
|   | <b>19</b> Deferred revenue . . . . .  |                      | <b>19</b>  |                    |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   |                      | <b>20</b>  |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .   |                      | <b>21</b>  |                    |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .  |                      | <b>22</b>  |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  |                      | <b>23</b>  |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  |                      | <b>24</b>  |                    |
|   | <b>25</b> 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 . . . . .   | 6,816,301            | <b>25</b>  | 8,571,703          |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 6,933,062            | <b>26</b>  | 8,787,890          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                      |            |                    |
|   | <b>27</b> Unrestricted net assets . . . . .   | 7,457,557            | <b>27</b>  | 5,875,615          |
|   | <b>28</b> Temporarily restricted net assets . . . . .   |                      | <b>28</b>  |                    |
|   | <b>29</b> Permanently restricted net assets . . . . .   |                      | <b>29</b>  |                    |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                      |            |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .  |                      | <b>30</b>  |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                      | <b>31</b>  |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .  |                      | <b>32</b>  |                    |
| <b>33</b> Total net assets or fund balances . . . . .                         | 7,457,557   | <b>33</b>            | 5,875,615  |                    |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 14,390,619  | <b>34</b>            | 14,663,505 |                    |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |            |
|-----------|---|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 9,892,692  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 10,791,007 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | -898,315   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 7,457,557  |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | -685,978   |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |            |
| <b>7</b>  | Investment expenses   | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | 2,351      |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 5,875,615  |

**Part XII Financial Statements and Reporting**

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

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| <b>2c</b> | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  | Yes |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | No |
| <b>3b</b> | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   |     |    |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-1352007  
**Name:** THE AMERICAN BOARD OF SURGERY INC

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

| (A)<br>Name and Title                       | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| JOHN F EIDT MD<br>.....<br>DIRECTOR         | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,400   | 0  | 0   |
| STEPHEN RT EVANS MD<br>.....<br>VICE-CHAIR  | 7 00<br>.....  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| DOUGLAS W HANTO MD<br>.....<br>DIRECTOR     | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,150   | 0  | 0   |
| RONALD B HIRSCHL MD<br>.....<br>DIRECTOR    | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,000   | 0  | 0   |
| JOHN G HUNTER MD<br>.....<br>DIRECTOR       | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,400   | 0  | 0   |
| GREGORY J JURKOVICH MD<br>.....<br>DIRECTOR | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,650   | 0  | 0   |
| DAVID M MAHVI MD<br>.....<br>CHAIRMAN       | 7 00<br>.....  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| DAVID W MERCER MD<br>.....<br>DIRECTOR      | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,750   | 0  | 0   |
| DOUGLAS S TYLER MD<br>.....<br>DIRECTOR     | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,750   | 0  | 0   |
| SELWYN M VICKERS MD<br>.....<br>DIRECTOR    | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,250   | 0  | 0   |

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

| (A)<br>Name and Title                        | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| KEVIN E BEHRNS MD<br>.....<br>DIRECTOR       | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,900   | 0  | 0   |
| MARY E KLINGENSMITH MD<br>.....<br>DIRECTOR  | 2 00<br>.....  | X   |                       |         |              |                              |        | 2,000   | 0  | 0   |
| FREDERICK A LUCHETTE MD<br>.....<br>DIRECTOR | 5 00<br>.....  | X   |                       |         |              |                              |        | 2,900   | 0  | 0   |
| LENA M NAPOLITANO MD<br>.....<br>DIRECTOR    | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,500   | 0  | 0   |
| TYLER G HUGHES MD<br>.....<br>DIRECTOR       | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,650   | 0  | 0   |
| CHRISTOPHER MCHENRY MD<br>.....<br>DIRECTOR  | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,000   | 0  | 0   |
| MARGO C SHOUP MD<br>.....<br>DIRECTOR        | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,400   | 0  | 0   |
| JAMES F WHITING MD<br>.....<br>DIRECTOR      | 7 00<br>.....  | X   |                       |         |              |                              |        | 1,750   | 0  | 0   |
| FIZAN ABDULLAH MD<br>.....<br>DIRECTOR       | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,250   | 0  | 0   |
| KENNETH AZAROW MD<br>.....<br>DIRECTOR       | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,400   | 0  | 0   |

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

| (A)<br>Name and Title                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| KAREN J BRASEL MD<br>.....<br>DIRECTOR     | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,650   | 0  | 0   |
| WILLIAM J SCANLON PHD<br>.....<br>DIRECTOR | 7 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SPENCE M TAYLOR MD<br>.....<br>DIRECTOR    | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,150   | 0  | 0   |
| MARTIN A CROCE MD<br>.....<br>DIRECTOR     | 7 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ROXIE M ALBRECHT MD<br>.....<br>DIRECTOR   | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,000   | 0  | 0   |
| MARK S ALLEN MD<br>.....<br>DIRECTOR       | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,400   | 0  | 0   |
| WILLIAM C CHAPMAN MD<br>.....<br>DIRECTOR  | 7 00<br>.....  | X   |                       |         |              |                              |        | 3,150   | 0  | 0   |
| DAI H CHUNG MD<br>.....<br>DIRECTOR        | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,900   | 0  | 0   |
| VIVIAN GAHTAN MD<br>.....<br>DIRECTOR      | 7 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| K CRAIG KENT MD<br>.....<br>DIRECTOR       | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,400   | 0  | 0   |

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

| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| ANNE G RIZZO MD<br>.....<br>DIRECTOR                            | 7 00<br>.....  | X   |                       |         |              |                              |        | 150   | 0  | 0   |
| ROBERT FANELLI MD<br>.....<br>DIRECTOR                          | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,650   | 0  | 0   |
| REID ADAMS MD<br>.....<br>DIRECTOR                              | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,000   | 0  | 0   |
| JOHN MELLINGER MD<br>.....<br>DIRECTOR                          | 7 00<br>.....  | X   |                       |         |              |                              |        | 500   | 0  | 0   |
| DAVID NETSCHER MD<br>.....<br>DIRECTOR                          | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,000   | 0  | 0   |
| LEE SWANSTROM MD<br>.....<br>DIRECTOR                           | 7 00<br>.....  | X   |                       |         |              |                              |        | 2,000   | 0  | 0   |
| MARK WELTON MD<br>.....<br>DIRECTOR                             | 7 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| O JOE HINES MD<br>.....<br>DIRECTOR                             | 7 00<br>.....  | X   |                       |         |              |                              |        | 400   | 0  | 0   |
| FRANK R LEWIS JR MD<br>.....<br>EXEC DIRECTOR, SEC'Y, TREASURER | 38 00<br>.....   |   |                       | X       |              |                              |        | 675,744   | 0  | 31,433  |
| ANDREW JONES PHD<br>.....<br>PSYCHOMETRICIAN                    | 2 00<br>40 00<br>.....   |   |                       | X       |              |                              |        | 0   | 0  | 0   |



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

| (A)<br>Name and Title                                  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| JO BUYSKE MD<br>.....<br>ASSOCIATE EXEC DIRECTOR       | 38 00<br>.....   |   |                       |         | X            |                              |        | 459,320   | 0  | 28,412  |
| ROBERT S RHODES MD<br>.....<br>ASSOCIATE EXEC DIRECTOR | 40 00<br>.....   |   |                       |         | X            |                              |        | 227,698   | 0  | 22,326  |
| JESSICA A SCHREADER<br>.....<br>ABS COO                | 39 50<br>.....   |   |                       |         | X            |                              |        | 158,075   | 0  | 24,785  |
| THOMAS W BIESTER<br>.....<br>DIR OF PSYCHOMETRICS      | 40 00<br>.....   |   |                       |         | X            |                              |        | 160,431   | 0  | 28,742  |
| GABRIEL L BEVILACQUA ESQ<br>.....<br>BOARD COUNSEL     | 40 00<br>.....   |   |                       |         | X            |                              |        | 196,451   | 0  | 30,130  |
| MARK A MALANGONI<br>.....<br>ASSOCIATE EXEC DIRECTOR   | 25 00<br>.....   |   |                       |         | X            |                              |        | 457,139   | 0  | 31,863  |
| JAMES F FIORE<br>.....<br>DIRECTOR OF IT               | 15 00<br>.....   |   |                       |         |              | X                            |        | 150,392   | 0  | 23,626  |
| ALEXANDER MINKOVSKY<br>.....<br>IT MANAGER             | 40 00<br>.....   |   |                       |         |              | X                            |        | 110,648   | 0  | 14,767  |
| CHRISTINE SHIFFER<br>.....<br>DIR OF COMMUNICATIONS    | 38 00<br>.....   |   |                       |         |              | X                            |        | 103,595   | 0  | 18,207  |
| JASON KOPP<br>.....<br>PSYCHOMETRICIAN                 | 2 00<br>.....  |   |                       |         |              | X                            |        | 106,196   | 0  | 11,134  |

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

| (A)<br>Name and Title                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| CHRISTOPHER TUCCI<br>.....<br>IT MANAGER | 40 00<br>.....   |   |                       |         |              | X                            |        | 102,649   | 0  | 13,830  |

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2015**  
Open to Public Inspection

▶ 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.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
THE AMERICAN BOARD OF SURGERY INC

**Employer identification number**  
23-1352007

**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 |
|--|-------------------------|------------------------------|
| <b>1</b> Total number at end of year                       |                         |                              |
| <b>2</b> Aggregate value of contributions to (during year) |                         |                              |
| <b>3</b> Aggregate value of grants from (during year)      |                         |                              |
| <b>4</b> Aggregate value at end of year                    |                         |                              |

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?  Yes  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 (e.g., recreation or education)  Preservation of an 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 Year |
|---|-----------------------------|
| <b>a</b> Total number of conservation easements   |                             |
| <b>b</b> Total acreage restricted by conservation easements   |                             |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a)   |                             |
| <b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |                             |

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, 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)?  Yes  No

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

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

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

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

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

(continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" 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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |

- 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 in Part XIII . . . . .

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

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

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%

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

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

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

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

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements . . . . .  |                                      | 250,391                         | 227,030                      | 23,361         |
| <b>d</b> Equipment . . . . .   |                                      | 1,100,130                       | 953,480                      | 146,650        |
| <b>e</b> Other . . . . .   |                                      | 14,042                          |                              | 14,042         |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . . ▶ |                                      |                                 |                              | 184,053        |



**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.

|          |   |           |           |                     |
|----------|---|-----------|-----------|---------------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                      |           | <b>1</b>  | 11,091,093          |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |           |           |                     |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .  | <b>2a</b> | -685,978  |                     |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |           |                     |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |           |                     |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .  | <b>2d</b> | 1,884,379 |                     |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           |           | <b>2e</b> 1,198,401 |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           |           | <b>3</b> 9,892,692  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                              |           |           |                     |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> |           |                     |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .  | <b>4b</b> |           |                     |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           |           | <b>4c</b> 0         |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . |           |           | <b>5</b> 9,892,692  |

**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.

|          |  |           |           |                     |
|----------|--|-----------|-----------|---------------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                     |           | <b>1</b>  | 12,204,372          |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |           |                     |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> |           |                     |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |           |                     |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> |           |                     |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .   | <b>2d</b> | 1,482,410 |                     |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           |           | <b>2e</b> 1,482,410 |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           |           | <b>3</b> 10,721,962 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                               |           |           |                     |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |                     |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .   | <b>4b</b> | 69,045    |                     |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           |           | <b>4c</b> 69,045    |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . |           |           | <b>5</b> 10,791,007 |

**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.

| Return Reference | Explanation  |
|------------------|--|
| PART X, LINE 2   | THE BOARD ACCOUNTS FOR UNCERTAINTIES IN INCOME TAXES IN ACCORDANCE WITH AUTHORITATIVE GUIDANCE, WHICH PRESCRIBES A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. THE BOARD'S POLICY IS TO RECOGNIZE INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES. MANAGEMENT DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD FOR THE YEARS ENDED JUNE 30, 2016 AND 2015. THE BOARD'S FEDERAL BUSINESS INCOME TAX RETURNS FOR 2015, 2014, AND 2013 REMAIN SUBJECT TO EXAMINATION BY THE IRS. |

**Part XIII Supplemental Information (continued)**

| Return Reference                      | Explanation  |
|---------------------------------------|--|
| PART XII, LINE 2D - OTHER ADJUSTMENTS | ELIMINATION OF SCORE RELATED-ENTITY EXPENSES 1,482,410 |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | INVESTMENT EXPENSES 69,045                             |
|                                       |  |
|                                       |  |
|                                       |  |
|                                       |  |
|                                       |  |
|                                       |  |

**Schedule J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

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.

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

**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE AMERICAN BOARD OF SURGERY INC

Employer identification number  
23-1352007

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |  |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
- b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
  - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
  - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> | Yes |    |
| <b>2</b>  | Yes |    |
| <b>4a</b> |     | No |
| <b>4b</b> |     | No |
| <b>4c</b> |     | No |
| <b>5a</b> |     |    |
| <b>5b</b> |     |    |
| <b>6a</b> |     |    |
| <b>6b</b> |     |    |
| <b>7</b>  |     |    |
| <b>8</b>  |     |    |
| <b>9</b>  |     |    |



**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 are not listed on Form 990, Part VII

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

| (A) Name and Title  |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| 1 FRANK R LEWIS JR MD<br>EXEC DIRECTOR, SEC'Y,<br>TREASURER | (i)  | 670,744  | 5,000                               | 0                                   | 7,950  | 23,483                  | 707,177                         | 0  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 2 JO BUYSKE MD<br>ASSOCIATE EXEC DIRECTOR                   | (i)  | 454,320  | 5,000                               | 0                                   | 7,950  | 20,462                  | 487,732                         | 0  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 3 ROBERT S RHODES MD<br>ASSOCIATE EXEC DIRECTOR             | (i)  | 225,698  | 2,000                               | 0                                   | 6,888  | 15,438                  | 250,024                         | 0  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 4 JESSICA A SCHREADER<br>ABS COO                            | (i)  | 153,575  | 4,500                               | 0                                   | 5,106  | 19,679                  | 182,860                         | 0  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 5 THOMAS W BIESTER<br>DIR OF PSYCHOMETRICS                  | (i)  | 158,231  | 2,200                               | 0                                   | 4,690  | 24,052                  | 189,173                         | 0  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 6 GABRIEL L BEVILACQUA ESQ<br>BOARD COUNSEL                 | (i)  | 194,451  | 2,000                               | 0                                   | 6,317  | 23,813                  | 226,581                         | 0  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 7 MARK A MALANGONI<br>ASSOCIATE EXEC DIRECTOR               | (i)  | 452,139  | 5,000                               | 0                                   | 7,950  | 23,913                  | 489,002                         | 0  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 8 JAMES F FIORE<br>DIRECTOR OF IT                           | (i)  | 147,192  | 3,200                               | 0                                   | 4,774  | 18,852                  | 174,018                         | 0  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |

**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.

| Return Reference | Explanation  |
|------------------|--|
| PART I, LINE 1A  | ABS DIRECTORS ARE PERMITTED TO FLY FIRST CLASS TO ABS CERTIFYING (ORAL) EXAMINATIONS. ABS STAFF ARE PERMITTED TO FLY FIRST CLASS TO ANY CERTIFYING (ORAL) EXAMINATION THAT IS MORE THAN 1000 MILES FROM PHILADELPHIA. THESE FLIGHTS WERE NOT INCLUDED IN TAXABLE COMPENSATION. |
| PART I, LINE 7   | THE EXECUTIVE COMMITTEE, AS PART OF ITS RESPONSIBILITIES IN SETTING COMPENSATION, ANNUALLY AWARDS BONUSES ON A DISCRETIONARY BASIS RELYING ON A VARIETY OF FACTORS WHILE MAINTAINING THE INTEGRITY OF THE COMPENSATION SETTING PROCESS.  |

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

Department of the  
Treasury  
Internal Revenue  
Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization  
THE AMERICAN BOARD OF SURGERY INC

Employer identification number

23-1352007

**990 Schedule O, Supplemental Information**

| Return Reference                       | Explanation  |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11  | THE ORGANIZATION HAS AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM PREPARE THE FORM 990 THE FORM IS THEN REVIEWED BY THE ORGANIZATION'S EXECUTIVE DIRECTOR AND ANY NEEDED CHANGES OR UPDATES ARE COMMUNICATED BACK TO THE ACCOUNTING FIRM ALL BOARD MEMBERS RECEIVE COPIES OF THE FORM 990 BEFORE THE RETURN IS FILED WITH THE IRS   |
| FORM 990, PART VI, SECTION B, LINE 12C | THE ORGANIZATION HAS ALL DIRECTORS SIGN A DISCLOSURE FORM ANNUALLY ATTESTING TO THE FACT THAT THEY EACH HAVE READ, UNDERSTOOD, AND AGREED TO ABIDE BY THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ALL NEW DIRECTORS WILL BE REQUIRED TO SIGN THE SAME ATTESTATION UPON THE IR JOINING THE BOARD OF DIRECTORS IN ADDITION, ANY DIRECTOR, OFFICER, EMPLOYEE, MEMBER OR COMMITTEE MEMBER HAVING AN INTEREST IN A CONTRACT OR OTHER TRANSACTION PRESENTED TO THE BOARD OF DIRECTORS OR A COMMITTEE THEREOF FOR AUTHORIZATION, APPROVAL, OR RATIFICATION SHALL GIVE PROMPT, FULL, AND FRANK DISCLOSURE OF HIS OR HER INTEREST TO THE BOARD OR COMMITTEE PRIOR TO ITS ACTING ON SUCH CONTRACT OR TRANSACTION THE BOARD OR COMMITTEE SHALL GATHER COMPARABILITY DATA REGARDING A POSSIBLE CONFLICT TO MAKE DETERMINATIONS REGARDING THE FAIRNESS AND REASONABLENESS OF THE TRANSACTION THE INTERESTED PARTY MAY MAKE A PRESENTATION TO THE BOARD OR COMMITTEE CONCERNING THE TRANSACTION OR ARRANGEMENT AND THE INTERESTED PARTY'S INTEREST IN THE TRANSACTION OR ARRANGEMENT THE BOARD OR COMMITTEE SHALL THEN DISCUSS THE TRANSACTION OR ARRANGEMENT WITHOUT THE INTERESTED PARTY PRESENT, INCLUDING THE DATA GATHERED ABOUT POSSIBLE MORE ADVANTAGEOUS TRANSACTIONS OR ARRANGEMENTS IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE IN CONFORMITY WITH THIS DETERMINATION, IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                        | <b>Explanation</b>  |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | THE ABS USES THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC) "REPORT ON MEDICAL SCHOOL FACULTY SALARIES" AS THE STANDARD FOR DETERMINING APPROPRIATE COMPENSATION FOR PHYSICIAN EXECUTIVES, SINCE THIS IS THE LOCALE FROM WHICH SUCH INDIVIDUALS HAVE TO BE RECRUITED THIS REPORT PROVIDES THE MOST COMPREHENSIVE DATA AVAILABLE ON MEDICAL FACULTY SALARIES AND IS UPDATED AND REPUBLISHED YEARLY THE DATA REFLECTS REPORTING FROM ALL 133 ACCREDITED MEDICAL SCHOOLS IN THE UNITED STATES, AND FROM NEARLY 100,000 FACULTY MEMBERS THE AAMC REPORT CATEGORIZES MEDICAL SCHOOL FACULTY SALARIES BY GEOGRAPHIC REGION, TYPE OF MEDICAL SCHOOL, ACADEMIC RANK, AND MEDICAL SPECIALTY FOR COMPARATIVE PURPOSES WE USE THE AVERAGE OF PUBLIC, PRIVATE, AND NORTHEASTERN MEDICAL SCHOOLS FOR THE SPECIALTY OF GENERAL SURGERY THE ACADEMIC RANK OF PROFESSOR IS CONSIDERED EQUIVALENT TO ASSISTANT EXECUTIVE DIRECTOR, DIVISION HEAD IS CONSIDERED EQUIVALENT TO ASSOCIATE EXECUTIVE DIRECTOR, AND DEPARTMENT CHAIR IS CONSIDERED EQUIVALENT TO EXECUTIVE DIRECTOR. THE MEDIAN AND MEAN FIGURES ARE AVERAGED FOR EACH POSITION THESE FIGURES ARE COMPARED OVER FIVE OR MORE YEARS TO ESTABLISH AVERAGE RATES OF INCREASE PER YEAR. THE ABOVE DATA IS PREPARED BY THE EXECUTIVE DIRECTOR (ED) YEARLY AND IS PRESENTED TO THE FINANCE COMMITTEE AT THE JUNE ANNUAL MEETING IN TABULAR FORM WHICH ALLOWS COMPARISON AMONG ALL OF THE ABOVE VARIABLES THE ED THEN RECUSES HIMSELF FROM THE ROOM, AND THE COMMITTEE DISCUSSES THE DATA AND ARRIVES AT FINAL DECISIONS REGARDING THE COMPENSATION OF THE PHYSICIAN EXECUTIVES FOR THE SUCCEEDING YEAR THE AAMC REPORT IS GENERALLY PUBLISHED IN JANUARY OF A GIVEN YEAR AND IS BASED ON SALARIES REPORTED FOR THE PRIOR ACADEMIC YEAR THE IMPLEMENTATION OF THESE BY ABS IS THEREFORE AT LEAST ONE YEAR BEHIND THE OBSERVED STANDARDS TO WHICH THEY ARE BEING COMPARED DISCUSSIONS OF COMPENSATION AT THE BOARD LEVEL ARE DOCUMENTED IN BOARD MINUTES |
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST   |

**990 Schedule O, Supplemental Information**

| Return Reference          | Explanation  |
|---------------------------|--|
| FORM 990, PART XI, LINE 9 | INTERCOMPANY CAPITAL ADJUSTMENT 2,351  |
| FORM 990, PART VI, LINE 7 | THE DIRECTORS OF THE ORGANIZATION SHALL BE ELECTED FROM AMONG NOMINEES FROM THE PUBLIC AND FROM VARIOUS NATIONAL AND REGIONAL SURGICAL SPECIALTY ORGANIZATIONS WHICH SHALL BE KNOWN AS NOMINATING ORGANIZATIONS EACH NOMINATING ORGANIZATION SHALL BE REQUESTED TO SUBMIT THE NAMES OF NOMINEES, IN THE NUMBER DETERMINED BY THE DIRECTORS, FROM WHICH THE APPROPRIATE NUMBER OF DIRECTORS FROM THAT ORGANIZATION SHALL BE ELECTED BY MAJORITY VOTE OF THE DIRECTORS |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE AMERICAN BOARD OF SURGERY INC

Employer identification number

23-1352007

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>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)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity   | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity  | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|---|--|----------------------------|---|-----------------------------------|--|----|
|   |   |  |                            |   |                                   | Yes  | No |
| (1) SURGICAL COUNCIL ON RESIDENT EDUCATION<br>1617 JFK BLVD SUITE 860<br><br>PHILADELPHIA, PA 19103<br>45-3248734 | PROVIDING RESIDENTS AND SURGERY PROGRAMS WITH EDUCATIONAL MATERIALS | PA   | 501(C)(4)                  |   | THE AMERICAN BOARD OF SURGERY INC | Yes  |    |
|   |   |  |                            |   |                                   |  |    |
|   |   |  |                            |   |                                   |  |    |
|   |   |  |                            |   |                                   |  |    |
|   |   |  |                            |   |                                   |  |    |
|   |   |  |                            |   |                                   |  |    |
|   |   |  |                            |   |                                   |  |    |
|   |   |  |                            |   |                                   |  |    |
|   |   |  |                            |   |                                   |  |    |

**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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
  
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
  
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s)  
. . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
  
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
  
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>1a</b> |     | No |
| <b>1b</b> |     | No |
| <b>1c</b> |     | No |
| <b>1d</b> |     | No |
| <b>1e</b> |     | No |
|           |     |    |
| <b>1f</b> |     | No |
| <b>1g</b> |     | No |
| <b>1h</b> |     | No |
| <b>1i</b> |     | No |
| <b>1j</b> |     | No |
|           |     |    |
| <b>1k</b> |     | No |
| <b>1l</b> |     | No |
|           |     |    |
| <b>1m</b> |     | No |
| <b>1n</b> |     | No |
| <b>1o</b> | Yes |    |
|           |     |    |
| <b>1p</b> | Yes |    |
| <b>1q</b> | Yes |    |
|           |     |    |
| <b>1r</b> |     | No |
| <b>1s</b> |     | No |

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

| (a)<br>Name of related organization               | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| <b>(1)</b> SURGICAL COUNCIL ON RESIDENT EDUCATION | 0                             | 245,407                | COST   |
|   |                               |                        |  |
|   |                               |                        |  |
|   |                               |                        |  |
|   |                               |                        |  |
|   |                               |                        |  |
|   |                               |                        |  |





**Part VII** **Supplemental Information**

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

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
|-------------------------|--------------------|