

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
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

| | | | |
|--|---|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization AMERICAN BOARD OF EMERGENCY MEDICINE Doing business as | | D Employer identification number 38-2177886 |
| | Number and street (or P O box if mail is not delivered to street address) Room/suite 3000 COOLIDGE ROAD | E Telephone number (517) 332-4800 | |
| | City or town, state or province, country, and ZIP or foreign postal code EAST LANSING, MI 48823 | | G Gross receipts \$ 31,155,768 |
| | F Name and address of principal officer EARL J REISDORFF MD 3000 COOLIDGE ROAD EAST LANSING, MI 48823 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number |
| I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | J Website: WWW ABEM ORG |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | L Year of formation 1976 M State of legal domicile MI |

Part I Summary

| | | | | |
|------------------------------------|---|---|---|------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities THE ABEM MISSION IS TO PROTECT THE PUBLIC BY PROMOTING AND SUSTAINING THE INTEGRITY, QUALITY, AND STANDARDS OF TRAINING IN AND PRACTICE OF EMERGENCY MEDICINE TO IMPROVE THE QUALITY OF EMERGENCY MEDICAL CARE ESTABLISH AND MAINTAIN HIGH STANDARDS OF EXCELLENCE IN THE SPECIALITY OF EMERGENCY MEDICINE IMPROVE MEDICAL EDUCATION AND THE FACILITIES FOR TRAINING EMERGENCY PHYSICIANS GRANT AND ISSUE TO QUALIFIED PHYSICIANS CERTIFICATES OF RECOGNITION OF SPECIAL KNOWLEDGE AND SKILLS IN EMERGENCY MEDICINE AND TO SUSPEND OR REVOKE THE SAME SERVICE THE PUBLIC, PHYSICIANS, HOSPITALS AND MEDICAL SCHOOLS BY FURNISHING LISTS OF THOSE DIPLOMATES CERTIFIED BY THE AMERICAN BOARD OF EMERGENCY MEDICINE THE AMERICAN BOARD OF EMERGENCY MEDICINE DESIGNS AND ADMINISTERS EMERGENCY MEDICINE CERTIFICATION AND CONTINUOUS CERTIFICATION PROGRAMS FOR APPROXIMATELY 28,000 APPLICANTS THE CONTINUOUS CERTIFICATION PROCESS HAS REQUIREMENTS IN FOUR EMERGENCY MEDICINE PROGRAM COMPONENTS WHICH MUST BE MET BY DIPLOMATE | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 18 | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 0 | |
| | 5 | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | 42 | |
| | 6 | Total number of volunteers (estimate if necessary) | 500 | |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0 | |
| | 7b | Net unrelated business taxable income from Form 990-T, line 34 | | |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 0 |
| | | 9 | Program service revenue (Part VIII, line 2g) | 13,378,369 |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,561,189 | |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | |
| 12 | | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 14,939,558 | |
| 13 | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 826,000 | |
| Expenses | | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 5,171,281 | |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | |
| | b | Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 0 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 6,468,673 | |
| | 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 11,639,954 | |
| Net Assets or Fund Balances | 19 | Revenue less expenses Subtract line 18 from line 12 | 3,299,604 | |
| | 20 | Total assets (Part X, line 16) | 39,199,001 | |
| | 21 | Total liabilities (Part X, line 26) | | |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 40,207,999 | |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including 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: *****
 EARL J REISDORFF MD EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: MARK R PERRY
 Preparer's signature: MARK R PERRY
 Firm's name: YEO & YEO PC
 Firm's address: 822 CENTENNIAL WAY STE 250 LANSING, MI 48917

May the IRS discuss this return with the preparer shown above? (see instructions)
For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission

THE ABEM MISSION IS TO PROTECT THE PUBLIC BY PROMOTING AND SUSTAINING THE INTEGRITY, QUALITY, AND STANDARDS OF TRAINING IN AND PRACTICE OF EMERGENCY MEDICINE TO IMPROVE THE QUALITY OF EMERGENCY MEDICAL CARE ESTABLISH AND MAINTAIN HIGH STANDARDS OF EXCELLENCE IN THE SPECIALTY OF EMERGENCY MEDICINE IMPROVE MEDICAL EDUCATION AND THE FACILITIES FOR TRAINING EMERGENCY PHYSICIANS GRANT AND ISSUE TO QUALIFIED PHYSICIANS CERTIFICATES OF RECOGNITION OF SPECIAL KNOWLEDGE AND SKILLS IN EMERGENCY MEDICINE AND TO SUSPEND OR REVOKE THE SAME SERVICE THE PUBLIC, PHYSICIANS, HOSPITALS AND MEDICAL SCHOOLS BY FURNISHING LISTS OF THOSE DIPLOMATES CERTIFIED BY THE AMERICAN BOARD OF EMERGENCY MEDICINE THE AMERICAN BOARD OF EMERGENCY MEDICINE DESIGNS AND ADMINISTERS EMERGENCY MEDICINE CERTIFICATION AND CONTINUOUS CERTIFICATION PROGRAMS FOR APPROXIMATELY 28,000 APPLICANTS THE CONTINUOUS CERTIFICATION PROCESS HAS REQUIREMENTS IN FOUR EMERGENCY MEDICINE PROGRAM COMPONENTS WHICH MUST BE MET BY DIPLOMATE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ including grants of \$) (Revenue \$) INITIAL CERTIFICATION IS A THREE-PART PROCESS APPLICATION APPROVAL, QUALIFYING WRITTEN EXAMINATION, AND ORAL EXAMINATION THE CERTIFICATION PROCESS BEGINS WITH SUCCESSFUL COMPLETION OF AN ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) OR ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA (RCPS) ACCREDITED RESIDENCY PROGRAM IN EMERGENCY MEDICINE ABEM ALSO RECOGNIZES SPECIFIC COMBINED TRAINING PROGRAMS THAT HAVE BEEN APPROVED IN ADVANCE BY THE RESPECTIVE SPONSORING BOARDS ONCE ABEM VERIFIES APPLICANTS' CREDENTIALS AND ACCEPTS THEIR APPLICATIONS, THEY AUTOMATICALLY RECEIVE AN ASSIGNMENT TO THE QUALIFYING WRITTEN EXAMINATION AFTER PASSING THE QUALIFYING EXAMINATION CANDIDATES ARE SCHEDULED FOR AN (CONTINUED ON SCHEDULE O) ORAL EXAMINATION UPON PASSING THE ORAL EXAMINATION PHYSICIANS ARE DESIGNATED AS DIPLOMATES AND ISSUED A TIME-LIMITED CERTIFICATE TO MAINTAIN CERTIFICATION, DIPLOMATES MUST PARTICIPATE IN THE MAINTENANCE OF CERTIFICATION PROCESS














4b (Code) (Expenses \$ including grants of \$) (Revenue \$) THE AMERICAN BOARD OF MEDICAL SPECIALTIES (ABMS) APPROVED A PROGRAM TO PROMOTE CONTINUOUS LEARNING AND REGULAR ASSESSMENT THROUGHOUT THE LENGTH OF DIPLOMATES' CERTIFICATION AND COMMITTED ITS 24 MEMBER BOARDS TO EVOLVE THEIR CURRENT OR PLANNED RECERTIFICATION PROGRAMS INTO A FOUR-COMPONENT MAINTENANCE OF CERTIFICATION (MOC) PROGRAM THAT IS BASED IN SIX DEFINED COMPETENCIES THE SIX COMPETENCIES ARE (1) PATIENT CARE, (2) MEDICAL KNOWLEDGE, (3) PRACTICE-BASED LEARNING AND IMPROVEMENT, (4) INTERPERSONAL AND COMMUNICATION SKILLS, (5) PROFESSIONALISM, AND (6) SYSTEMS-BASED PRACTICES TO MAINTAIN CERTIFICATION BEYOND THEIR CURRENT CERTIFICATE'S EXPIRATION DATE, ABEM DIPLOMATES MUST PARTICIPATE IN EACH COMPONENT OF (CONTINUED ON SCHEDULE O) MAINTENANCE OF CERTIFICATION AS FOLLOWS CONTINUOUSLY MAINTAIN MEDICAL LICENSURE IN COMPLIANCE WITH THE ABEM POLICY ON MEDICAL LICENSURE COMPLETE ANNUAL LIFELONG LEARNING SELF ASSESSMENT (LLSA) TESTS BASED ON DESIGNATED READINGS TAKE AND PASS THE SECURE, PROCTORED CONTINUOUS CERTIFICATION COGNITIVE EXPERTISE (CONCERT) EXAMINATION IN OR BEFORE THE YEAR IN WHICH THEIR CERTIFICATES EXPIRE DIPLOMATES MUST COMPLETE A SPECIFIC NUMBER OF LLSA TESTS IN ORDER TO REGISTER FOR A CONCERT EXAMINATION FOR CLINICALLY ACTIVE DIPLOMATES, MEET THE REQUIREMENTS OF THE ASSESSMENT OF PRACTICE PERFORMANCE COMPONENT WHEN THIS COMPONENT IS IMPLEMENTED

4c (Code) (Expenses \$ including grants of \$) (Revenue \$) ABEM DEVELOPS AND ADMINISTERS AN IN-TRAINING EXAMINATION IT IS OFFERED ANNUALLY ON THE LAST WEDNESDAY IN FEBRUARY TO RESIDENTS IN ACGME-ACCREDITED AND RCPS-ACCREDITED EMERGENCY MEDICINE RESIDENCY PROGRAMS IT IS A STANDARDIZED EXAMINATION THAT RESIDENTS AND PROGRAM FACULTY CAN USE TO JUDGE AN INDIVIDUAL RESIDENT'S PROGRESS TOWARD SUCCESSFUL ABEM CERTIFICATION

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

4e Total program service expenses

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | | No |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | | No |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  | | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  | | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>  | | No |
| 9 Did the organization report an amount in Part X, line 21 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 |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  | | No |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>  | Yes | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>  | | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>  | | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  | | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>  | Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  | | No |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | Yes | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  | | No |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | No |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | No |
| 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)*

| | | | |
|---|-------------------|------------|-----------|
| <p>21 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></p> | <p>21</p> | <p>Yes</p> | |
| <p>22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i></p> | <p>22</p> | | <p>No</p> |
| <p>23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i></p> | <p>23</p> | <p>Yes</p> | |
| <p>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i></p> | <p>24a</p> | | <p>No</p> |
| <p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p> | <p>24b</p> | | |
| <p>c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</p> | <p>24c</p> | | |
| <p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p> | <p>24d</p> | | |
| <p>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i></p> | <p>25a</p> | | |
| <p>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></p> | <p>25b</p> | | |
| <p>26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i></p> | <p>26</p> | | <p>No</p> |
| <p>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i></p> | <p>27</p> | | <p>No</p> |
| <p>28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)</p> | | | |
| <p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p> | <p>28a</p> | | <p>No</p> |
| <p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p> | <p>28b</p> | | <p>No</p> |
| <p>c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i></p> | <p>28c</p> | | <p>No</p> |
| <p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p> | <p>29</p> | | <p>No</p> |
| <p>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i></p> | <p>30</p> | | <p>No</p> |
| <p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p> | <p>31</p> | | <p>No</p> |
| <p>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i></p> | <p>32</p> | | <p>No</p> |
| <p>33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i></p> | <p>33</p> | | <p>No</p> |
| <p>34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i></p> | <p>34</p> | | <p>No</p> |
| <p>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p> | <p>35a</p> | | <p>No</p> |
| <p>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></p> | <p>35b</p> | | |
| <p>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i></p> | <p>36</p> | | |
| <p>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i></p> | <p>37</p> | | <p>No</p> |
| <p>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O</p> | <p>38</p> | <p>Yes</p> | |

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 numbers (1a-14b), descriptions, and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various organizational requirements.

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | No |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | a The governing body? | Yes | |
| 8b | 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.)

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

Section C. Disclosure

| | |
|-----------|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed <input type="checkbox"/> _____ |
| 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 JENNIFER WISE 3000 COOLIDGE ROAD EAST LANSING, MI 48823 (517) 332-4800 |

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

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

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

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

| | | | |
|--|--|-----------|---------|
| 1b Sub-Total | | | |
| c Total from continuation sheets to Part VII, Section A | | | |
| d Total (add lines 1b and 1c) | | 1,638,503 | 412,262 |

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 **7**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| NATIONAL ACADEMY OF SCIENCES 2101 CONSTITUTION AVE NW WASHINGTON, DC 20418 | IOM FELLOWSHIP | 826,000 |
| LATITUDE CONSULTING GROUP 100 E MICHIGAN AVE SUITE 200 SALINE, MI 48176 | IT SERVICES | 786,157 |
| NCS PEARSON INCORPORATED 5601 GREEN VALLEY DRIVE BLOOMINGTON, MN 55437 | EXAM DEVELOP | 537,419 |
| MAESTRO ELEARNING 401 E MICHIGAN AVE SUITE 202 KALAMAZOO, MI 49007 | EXAM DEVELOP | 481,398 |
| MARRIOTT CHICAGO AIRPORT 8535 WEST HIGGINS RD CHICAGO, IL 60631 | EXAM DEVELOP | 220,440 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---|---|---|--|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns 1a | | | | | |
| | b | Membership dues 1b | | | | | |
| | c | Fundraising events 1c | | | | | |
| | d | Related organizations 1d | | | | | |
| | e | Government grants (contributions) 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | | | | |
| | h | Total. Add lines 1a-1f | | | | | |
| Program Service Revenue | 2a | MAINTENANCE OF CERTIFICATION | 7,129,561 | 7,129,561 | | | |
| | b | INITIAL CERTIFICATION | 4,939,214 | 4,939,214 | | | |
| | c | IN-TRAINING EXAMINATION | 790,308 | 790,308 | | | |
| | d | OTHER FEES | 761,203 | 761,203 | | | |
| | e | REACTIVATION FEES | 93,060 | 93,060 | | | |
| | f | All other program service revenue | 59,024 | 59,024 | | | |
| | g | Total. Add lines 2a-2f | 13,772,370 | | | | |
| | | | Business Code | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | 651,781 | | | 651,781 | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6a | Gross rents | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | b Less rental expenses | | | | |
| | | | c Rental income or (loss) | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | 16,731,617 | | | |
| | | | (ii) Other | | | | |
| | | | b Less cost or other basis and sales expenses | 15,381,028 | 17,285 | | |
| | | | c Gain or (loss) | 1,350,589 | -17,285 | | |
| | d | Net gain or (loss) | 1,333,304 | | | 1,333,304 | |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | | | | | |
| | a | | | | | | |
| | b | Less direct expenses b | | | | | |
| | c | Net income or (loss) from fundraising events | | | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | | | | | |
| a | | | | | | | |
| b | Less direct expenses b | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | | | | | | |
| a | | | | | | | |
| b | Less cost of goods sold b | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | |
| | Miscellaneous Revenue | Business Code | | | | | |
| 11a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | | | | | |
| 12 | Total revenue. See Instructions | | 15,757,455 | 13,772,370 | | 1,985,085 | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 826,000 | | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 944,025 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 62,310 | | | |
| 7 | Other salaries and wages | 2,881,829 | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 879,519 | | | |
| 9 | Other employee benefits | 629,224 | | | |
| 10 | Payroll taxes | 246,149 | | | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 47,294 | | | |
| c | Accounting | | | | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | 154,069 | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 538,064 | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 49,331 | | | |
| 14 | Information technology | 965,893 | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 263,142 | | | |
| 17 | Travel | 430,982 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 86,048 | | | |
| 20 | Interest | 72,382 | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 347,292 | | | |
| 23 | Insurance | 180,506 | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a | EXAM COST | 2,070,163 | | | |
| b | RESEARCH | 770,799 | | | |
| c | ABMS DUES | 361,640 | | | |
| d | SPECIAL PROJECTS | 220,223 | | | |
| e | All other expenses | 656,270 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 13,683,154 | 0 | 0 | 0 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <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) Beginning of year | | (B) End of year |
|---|---|--------------------------|------------|----------------------|
| Assets | 1 Cash—non-interest-bearing | 50 | 1 | 50 |
| | 2 Savings and temporary cash investments | 5,932,438 | 2 | 2,018,939 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 182,917 | 9 | 166,972 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 8,613,926 | | |
| | b Less accumulated depreciation | 10b 3,449,379 | 5,367,394 | 10c 5,164,547 |
| | 11 Investments—publicly traded securities | 27,515,418 | 11 | 32,595,545 |
| | 12 Investments—other securities See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | 200,784 | 15 | 261,946 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 39,199,001 | 16 | 40,207,999 | |
| Liabilities | 17 Accounts payable and accrued expenses | 434,028 | 17 | 390,189 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 3,340,820 | 19 | 3,693,155 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 3,006,648 | 24 | 2,967,899 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 452,622 | 25 | 479,943 |
| | 26 Total liabilities. Add lines 17 through 25 | 7,234,118 | 26 | 7,531,186 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 31,964,883 | 27 | 32,676,813 |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 31,964,883 | 33 | 32,676,813 | |
| 34 Total liabilities and net assets/fund balances | 39,199,001 | 34 | 40,207,999 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 15,757,455 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 13,683,154 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 2,074,301 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 31,964,883 |
| 5 | Net unrealized gains (losses) on investments | 5 | -1,362,371 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 32,676,813 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| 2c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | No |
| 3b | 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: 38-2177886
Name: AMERICAN BOARD OF EMERGENCY
 MEDICINE

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) FRANCIS L COUNSELMAN PRESIDENT | 7 00 | X | | X | | | | 95,821 | 0 | 0 |
| (1) JAMES H JONES PAST PRESIDE | 7 00 | X | | X | | | | 29,690 | 0 | 0 |
| (2) REBECCA SMITH-COGGINS DIRECTOR | 7 00 | X | | | | | | 28,827 | 0 | 0 |
| (3) O JOHN MA DIRECTOR | 7 00 | X | | | | | | 28,235 | 0 | 0 |
| (4) MICHAEL S BEESON DIRECTOR | 7 00 | X | | | | | | 26,877 | 0 | 0 |
| (5) ROBERT L MUELLEMAN DIRECTOR | 7 00 | X | | | | | | 25,993 | 0 | 0 |
| (6) MARIANNE GAUSCHE-HILL DIRECTOR | 7 00 | X | | | | | | 24,607 | 0 | 0 |
| (7) KERRYANN B BRODERICK DIRECTOR | 7 00 | X | | | | | | 19,274 | 0 | 0 |
| (8) CARL R CHUDNOFSKY DIRECTOR | 7 00 | X | | | | | | 15,800 | 0 | 0 |
| (9) MARY NAN S MALLORY DIRECTOR | 7 00 | X | | | | | | 10,514 | 0 | 0 |
| (10) BARRY N HELLER PRESIDENT-EL | 7 00 | X | | X | | | | 10,314 | 0 | 0 |
| (11) MICHAEL L CARIUS SECRETARY-TR | 7 00 | X | | X | | | | 6,511 | 0 | 0 |
| (12) ROBERT W STRAUSS JR SR MEMBER-A | 7 00 | X | | X | | | | 4,858 | 0 | 0 |
| (13) JILL M BAREN DIRECTOR | 7 00 | X | | | | | | 4,511 | 0 | 0 |
| (14) TERRY KOWALENKO MEMBER-AT-LA | 7 00 | X | | X | | | | 4,475 | 0 | 0 |
| (15) ROBERT P WAHL DIRECTOR | 7 00 | X | | | | | | 3,778 | 0 | 0 |
| (16) LEWIS S NELSON DIRECTOR | 7 00 | X | | | | | | 1,831 | 0 | 0 |
| (17) CATHERINE A MARCO DIRECTOR | 7 00 | X | | | | | | 613 | 0 | 0 |
| (18) EARL REISDORFF EXECUTIVE DI | 40 00 | | | X | | | | 506,784 | 0 | 75,829 |
| (19) ANNE HARVEY ASSOC EXEC D | 40 00 | | | | | X | | 175,415 | 0 | 62,657 |
| (20) SUSAN ADSIT ASSOC EXEC D | 40 00 | | | | | X | | 167,098 | 0 | 67,930 |
| (21) JOHN DIEPHOUSE ASSOC EXEC D | 40 00 | | | | | X | | 166,365 | 0 | 70,744 |
| (22) ROBERT KORTE RESEARCH SPE | 40 00 | | | | | X | | 120,931 | 0 | 64,378 |
| (23) TIMOTHY DALTON ASSISTANT DI | 40 00 | | | | | X | | 114,487 | 0 | 70,724 |
| (24) JOHN C MOORHEAD FORMER DIREC | 0 00 | | | | | | X | 16,129 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (26) RICHARD N NELSON FORMER DIREC | 0 00 | | | | | | X | 15,055 | 0 | 0 |
| (1) ROBERT HOCKBERGER FORMER DIREC | 0 00 | | | | | | X | 13,710 | 0 | 0 |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN BOARD OF EMERGENCY MEDICINE

Employer identification number 38-2177886

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor informed consent.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include purpose(s) of easements, total number, acreage, and number of easements on historic structures.

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

Table with 2 columns: Description, Amount. Rows include questions about reporting works of art, historical treasures, or other similar assets held for public exhibition.

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

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

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

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

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

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

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

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

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

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

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

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

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

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

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

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 409,751 | | 409,751 |
| b Buildings | | 5,578,511 | 1,323,558 | 4,254,953 |
| c Leasehold improvements | | | | |
| d Equipment | | 1,950,165 | 1,450,322 | 499,843 |
| e Other | | 675,499 | 675,499 | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 5,164,547 |

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|------------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 14,395,084 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains (losses) on investments | 2a | -1,362,371 | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | 2e | -1,362,371 | |
| 3 | Subtract line 2e from line 1 | 3 | 15,757,455 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | 4c | | |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 15,757,455 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|------------|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 13,683,154 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | 2e | | |
| 3 | Subtract line 2e from line 1 | 3 | 13,683,154 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | 4c | | |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 13,683,154 | |

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 |
|------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |

**Schedule I
(Form 990)**

OMB No 1545-0047

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

2014

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

▶ Attach to Form 990.

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN BOARD OF EMERGENCY
MEDICINE

Employer identification number
38-2177886

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) NATIONAL ACADEMY OF SCIENCES 2101 CONSTITUTION AVENUE NW WASHINGTON, DC 204180007 | 53-0196932 | 501C3 | 826,000 | | | | FELLOWSHIP FUND |

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference | Explanation |
|------------------------------------|--|
| SCHEDULE I, PAGE 1, PART I, LINE 2 | THE GRANT WAS DESIGNATED TO CREATE A PERMANENT ENDOWED FUND, KNOWN AS THE ABEM FELLOWSHIP FUND THE FUNDS WILL BE ADMINISTERED ACCORDING TO THE PROVISIONS DETAILED IN A GIFT AGREEMENT SIGNED BY ABEM AND THE DONEE ORGANIZATION |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2014

Open to Public Inspection

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

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN BOARD OF EMERGENCY
MEDICINE

Employer identification number

38-2177886

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- First-class or charter travel
 - Travel for companions
 - Tax idemnification and gross-up payments
 - Discretionary spending account
 - Housing allowance or residence for personal use
 - Payments for business use of personal residence
 - Health or social club dues or initiation fees
 - 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

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

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

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

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

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

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

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

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

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

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

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

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

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

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

Note. The sum of columns (B)(i)-(iii) 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 in prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 EARL REISDORFF, EXECUTIVE DIRECTOR | (i) | 476,106 | 30,000 | 678 | 51,250 | 24,579 | 582,613 | |
| | (ii) | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2 ANNE HARVEY, ASSOC EXEC DIR | (i) | 175,172 | | 243 | 47,917 | 14,740 | 238,072 | |
| | (ii) | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 3 SUSAN ADSIT, ASSOC EXEC DIR | (i) | 166,651 | | 447 | 47,640 | 20,290 | 235,028 | |
| | (ii) | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 4 JOHN DIEPHOUSE, ASSOC EXEC DIR | (i) | 166,143 | | 222 | 50,304 | 20,440 | 237,109 | |
| | (ii) | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 5 ROBERT KORTE, RESEARCH SPECIALIST | (i) | 120,860 | | 71 | 32,987 | 31,391 | 185,309 | |
| | (ii) | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 6 TIMOTHY DALTON, ASSISTANT DIRECTOR | (i) | 114,360 | | 127 | 36,286 | 34,438 | 185,211 | |
| | (ii) | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 7 JOHN C MOORHEAD, FORMER DIRECTOR | (i) | 16,129 | | | | | 16,129 | |
| | (ii) | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 8 RICHARD N NELSON, FORMER DIRECTOR | (i) | 15,055 | | | | | 15,055 | |
| | (ii) | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 9 ROBERT HOCKBERGER, FORMER DIRECTOR | (i) | 13,710 | | | | | 13,710 | |
| | (ii) | ..... | ..... | ..... | ..... | ..... | ..... | ..... |

Part III Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Additional Data

Software ID:
Software Version:
EIN: 38-2177886
Name: AMERICAN BOARD OF EMERGENCY
 MEDICINE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (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 in prior Form 990 |
|--|-------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 EARL REISORFF, EXECUTIVE DIRECTOR | (i) (ii) | 476,106 | 30,000 | 678 | 51,250 | 24,579 | 582,613 | |
| 1 ANNE HARVEY, ASSOC EXEC DIR | (i) (ii) | 175,172 | | 243 | 47,917 | 14,740 | 238,072 | |
| 2 SUSAN ADSIT, ASSOC EXEC DIR | (i) (ii) | 166,651 | | 447 | 47,640 | 20,290 | 235,028 | |
| 3 JOHN DIEPHOUSE, ASSOC EXEC DIR | (i) (ii) | 166,143 | | 222 | 50,304 | 20,440 | 237,109 | |
| 4 ROBERT KORTE, RESEARCH SPECIALIST | (i) (ii) | 120,860 | | 71 | 32,987 | 31,391 | 185,309 | |
| 5 TIMOTHY DALTON, ASSISTANT DIRECTOR | (i) (ii) | 114,360 | | 127 | 36,286 | 34,438 | 185,211 | |
| 6 JOHN C MOORHEAD, FORMER DIRECTOR | (i) (ii) | 16,129 | | | | | 16,129 | |
| 7 RICHARD N NELSON, FORMER DIRECTOR | (i) (ii) | 15,055 | | | | | 15,055 | |
| 8 ROBERT HOCKBERGER, FORMER DIRECTOR | (i) (ii) | 13,710 | | | | | 13,710 | |

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.

2014

**Open to Public
Inspection**

Name of the organization
AMERICAN BOARD OF EMERGENCY
MEDICINE

Employer identification number

38-2177886

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------------------|--|
| FORM 990 - ORGANIZATION'S MISSION | |
| FORM 990, PAGE 2, PART III, LINE 4A | ORAL EXAMINATION UPON PASSING THE ORAL EXAMINATION PHYSICIANS ARE DESIGNATED AS DIPLOMATE S AND ISSUED A TIME-LIMITED CERTIFICATE. TO MAINTAIN CERTIFICATION, DIPLOMATES MUST PARTICIPATE IN THE MAINTENANCE OF CERTIFICATION PROCESS |
| FORM 990, PAGE 2, PART III, LINE 4B | MAINTENANCE OF CERTIFICATION AS FOLLOWS CONTINUOUSLY MAINTAIN MEDICAL LICENSURE IN COMPLIANCE WITH THE ABEM POLICY ON MEDICAL LICENSURE. COMPLETE ANNUAL LIFELONG LEARNING SELF ASSESSMENT (LLSA) TESTS BASED ON DESIGNATED READINGS. TAKE AND PASS THE SECURE, PROCTORED CONTINUOUS CERTIFICATION COGNITIVE EXPERTISE (CONCERT) EXAMINATION IN OR BEFORE THE YEAR IN WHICH THEIR CERTIFICATES EXPIRE. DIPLOMATES MUST COMPLETE A SPECIFIC NUMBER OF LLSA TESTS. IN ORDER TO REGISTER FOR A CONCERT EXAMINATION FOR CLINICALLY ACTIVE DIPLOMATES, MEET THE REQUIREMENTS OF THE ASSESSMENT OF PRACTICE PERFORMANCE COMPONENT WHEN THIS COMPONENT IS IMPLEMENTED |
| FORM 990, PAGE 6, PART VI, LINE 11B | A DRAFT COPY OF THE FORM 990 WILL BE PROVIDED TO THE EXECUTIVE DIRECTOR AND THE OFFICERS OF THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO BEING FILED |
| FORM 990, PAGE 6, PART VI, LINE 12C | EMPLOYEES ARE EXPECTED TO NOTIFY THEIR MANAGER AS SOON AS THEY BECOME AWARE OF CIRCUMSTANCES THAT COULD CONSTITUTE A CONFLICT OF INTEREST. WHEN THERE IS A DISAGREEMENT ON WHETHER THERE IS A REAL OR PERCEIVED CONFLICT OF INTEREST, THE ISSUE IS PRESENTED TO THE EXECUTIVE DIRECTOR FOR A FINAL DECISION |
| FORM 990, PAGE 6, PART VI, LINE 15A | THE EXECUTIVE COMMITTEE REVIEWS THE CURRENT MARKET DATA AND INVESTIGATES COMPENSATION DETERMINED BY OTHER BOARDS FOR COMPARABLE EXECUTIVE DIRECTORS. THE EXECUTIVE COMMITTEE BRINGS THEIR RECOMMENDATION TO THE BOARD, WHICH THEN VOTES TO APPROVE THE EXECUTIVE DIRECTOR'S COMPENSATION. ONCE THE BOARD APPROVES, THE PRESIDENT NOTIFIES THE EXECUTIVE DIRECTOR OF THE COMPENSATION DECISION AND ALERTS THOSE RESPONSIBLE FOR MAKING THE CHANGE IN THE PAYROLL SYSTEM |
| FORM 990, PAGE 6, PART VI, LINE 19 | GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST |